CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

BEGINNING 1910

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily.

B. [ ] Dispose of present accumulation, no additional accumulation anticipated.

C. [ ] Microfilm and destroy originals.

D. [X] Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs. and Micro. Perm.		YES [ ] NO [X]

12. DESCRIPTION OF RECORD. (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval: Robert E. Farber M.D. Title: Commissioner of Health Date: 3/28/63

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A. To be sold as scrap or waste paper	B. To be Burned or shredded	C. Historical, (to be transferred to Dept. of Legislative Reference.)
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	[ ]	[X]	[ ]

REMARKS: 2 negative Rolls

Records Management Officer: C Pearce Date: 3/28/63

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

53400 F 53400

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2341 Fredrick Ave St. 20-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 6 mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Everett McClellan Joy. If U. S. Veteran specify WAR .....

(a) Residence: No. Hollywood Md St., Ward. St. Mary's Co.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie M. Joy.

6. DATE OF BIRTH (month, day, year) March 17, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Himself.

10. Date deceased last worked at this occupation (month and year) 00's

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hollywood Md.

FATHER

13. NAME Frank Joy

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Mt Marys Co

17. INFORMANT Harry Joy.

(Address) 2341 Fredrick Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Hollywood, Md Date Dec 29, 1938

19. UNDERTAKER Roland L. Fenkler

(Address) Huntingtown Prince Geo. Co. Md.

20. FILED Dec 30 1938

Registrar

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular-Hypertension	
Chronic Nephritis	

Other contributory causes of importance:

Was an operation performed? ND Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? ND

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ND If so, specify .....

(Signed) W. Harris, M. D.

(Address) 1843 W Baltimore

53401

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 53401

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Volunteers of America Hosp. (St.) (Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME William H. Totten Totten

(a) Residence: No. 510 N. Fayette St St., Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eve Dighton Totten

6. DATE OF BIRTH (month, day, year) About 1876

7. AGE About 62 Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0066
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pittsburgh Penna.

FATHER
13. NAME Frank J Totten
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Mary O'Brien
16. BIRTHPLACE (city or town) (State or country) Pittsburgh Pa

17. DISPOSITION Records
Charles L Totten 6010 Centenary

18. BURIAL, CREMATION, OR REMOVAL
Place Pittsburgh Pa Date 12/27 1938

19. UNDERTAKER Wm. J. Tuckerman & Son
(Address) North Ave.

20. FILED DEC 28 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 1938 to Dec 24 1938
I last saw him alive on Dec 24 1938 Death is said to have occurred on the date stated above, at 6.00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary Thrombosis	12/23/38
Other contributory causes of importance: Terminal Pneumonia	12/20/38

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Howard R. Hummel M. D.
(Address) 418 N. Wyoming St
Vol of Americas Hosp

53402 E 53402

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

16th a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2642 Guilford St. 12-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Helen M Ireland

(a) Residence: No. 2642 Guilford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank H Ireland

6. DATE OF BIRTH (month, day, year) Apr 3, 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 4037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

FATHER

13. NAME John Holtheuer

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Nora Terrell

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. Frank H Ireland

(Address) 2642 Guilford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Dec 29 1938

19. UNDERTAKER Wm J. Tickner & Sons

(Address) North & Pa. Aves.

C 28 1938

19[illegible] Eugene Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide	
from Gasoline	12/27/38
Other contributory causes of importance:	
Cancer of Liver	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at Home

Manner of injury Suicide from Cooking Gas.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John W. Beam, M. D.
Coroner

(Address) Coroner

V 56

53403

HEALTH DEPARTMENT—CITY OF BALTIMORE

53403

CERTIFICATE OF DEATH

46-F

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 15-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Jeanette T. Becker

If U. S. Veteran specify WAR .....

(a) Residence: No. 1902 N. Pulaski St., ... Ward. 508

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Becker alt.

6. DATE OF BIRTH (month, day, year) April 22, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Life

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James W. Webb.

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Rebecca. Fox

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Hosp Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Dec. 29 1938

19. UNDERTAKER Wm. J. Tickner and Sons

(Address) North and Pa. Aves.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1938, to Dec 27, 1938

I last saw h.. alive on Dec 27, 1938 Death is said to have occurred on the date stated above, at 1.55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Gall Bladder	
C Carcinomatosis	

Other contributory causes of importance:

Was an operation performed? Yes Date of Oct 4, 1938

For what disease or injury? Carcinoma of Gall Bl.

Name of operation Ileo-colostomy

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Raymond Lipin, M. D.

(Address) Mercy Hospital

V0 3

DEC 28 1938

53404 E 53404

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 40185-PS

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 24-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lena Ann Holley

(a) Residence: No. 1433 Lowman St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John

6. DATE OF BIRTH (month, day, year) 8-17-1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44	44	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Isaac Conaway

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Caroline Metzdorf

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mem Cemetery Co. Date Dec 31 1938

19. UNDERTAKER Chas L. Stevens
(Address) 15-21 E 7 ext Balto

20. FILED 12-28-1938 Huntingtown Millersville, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-27-, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-22-, 1938 to 12-27-, 1938

I last saw her alive on 12-27- 1938 Death I said to have occurred on the date stated above, at 1.40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic glomerular nephritis	1937
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If ... city

(Signed) J. Wagenstein, M. D.

(Address) Balto City Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

53405

CERTIFICATE OF DEATH

95-BF 53405

Registered No. 16-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 N. Bentalou St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leonora Doty

If U. S. Veteran specify WAR

(a) Residence: No. 909 N. Bentalou St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elmer W. Doty

6. DATE OF BIRTH (month, day, year) August 6, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Jefferson (State or country) Maryland

FATHER

13. NAME John G. Etchison

14. BIRTHPLACE (city or town) Jefferson (State or country) Md.

MOTHER

15. MAIDEN NAME Julia Ann C. Etchison

16. BIRTHPLACE (city or town) Middletown (State or country) Md.

17. INFORMANT Mr. W. A. Doty (Address) 909 N. Bentalou St.

18. BURIAL, CREMATION, OR REMOVAL Place Jefferson, Md. Date Dec. 29, 19 38

19. UNDERTAKER [illegible] (Address) 1093 W. Baltimore St.

20. FILED , 19 Registrar

DEC 28 1938 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 27, 19 38

22. I HEREBY CERTIFY, That I attended deceased from 10/31 19 38, to 12/27 19 38

I last saw her alive on 12/27, 19 38 Death is said to have occurred on the date stated above, at 11.30 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Arteria sclerotic Cardia - Vascular Disease	
2) Hypertension	
3) Acute Cardiac Dilitation	
Other contributory causes of importance: Bronchial pneumonia Pulmonary embolus	

Was an operation performed? Yes Date of 11-5-38

For what disease or injury? Rupture of Urethra

Name of operation Resection of perineal urethra

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D Cleon Langdon, M. D.

(Address) 100 W. Payson St.

53406

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53406

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1101 Dorsey ave St., 9-8 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Adam Worch

If U. S. Veteran specify WAR .....

(a) Residence: No. 1101 Dorsey ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline Thum Worch

6. DATE OF BIRTH (month, day, year) Nov 26 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired p.h.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lithographer

10. Date deceased last worked at this occupation (month and year) 1909

11. Total time (years) spent in this occupation 42

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Henry Worch.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Kreistner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Leonice Hauser

(Address) 1101 Dorsey ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Pisgah Cem Date Dec 29th 1938

19. UNDERTAKER J. H. Amoroso & Sons

(Address) 903 N. Gay St.

20. FILED DEC 28 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 27 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 22 1938 to Dec 27 1938

I last saw h...alive on Dec 26 1938 Death is said to have occurred on the date stated above, at 8:15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	3 days
arteriosclerosis	6 mo
Other contributory causes of importance: Chronic interstitial nephritis	6 mo

Was an operation performed? no Date of .....

For what disease or injury? none

Name of operation .....

What test confirmed diagnosis? .....Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .....Date of Injury....., 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased? no

.....If so, specify .....

(Signed) Thos. F. A. Stevens M. D.

(Address) 2878 Hanford Rd

53407 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 53407

CERTIFICATE OF DEATH

X 159

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St. 4-W Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Baby Girl Kilgore
If U. S. Veteran specify WAR

(a) Residence: No. St. Ward. Sykesville Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) December 26, 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Carroll Co. Md.
(State or country)

FATHER
13. NAME Randall Kilgore
14. BIRTHPLACE (city or town) Md
(State or country)

MOTHER
15. MAIDEN NAME Beulah Cofuell
16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Randall Kilgore
(Address) Sykesville Md

18. BURIAL, CREMATION OR REMOVAL
Place Springfield Cem. Date Dec 29 1938

19. UNDERTAKER C. Harry Weber
(Address) Sykesville Md

20. FILED DEC 28 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 26, 1938, to December 27, 1938.
I last saw her alive on December 27, 1938 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	12-26-38
Other contributory causes of importance:	

Was an operation performed? Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No (If so, specify)

(Signed) Joseph M. George M. D.
(Address) University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

35462 0 35408 F 53408 154

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 9 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Zorn

(a) Residence: No. 811 Phila Rd, Rosedale, Md Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6. DATE OF BIRTH (month, day, year) 12-25-22

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
16			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George Zorn

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Gladys Zucker

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Samuel Hunt Date Dec 29, 1938

19. UNDERTAKER Tilly & Zumbrun
(Address) 603 N. Howard St.

20. FILED DEC 28 1938 Livingston Willis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1938, to Dec 25, 1938

I last saw h[illegible] alive on Dec 25, 1938. Death is said to have occurred on the date stated above, at 4:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Osteomyelitis Rt Femur	1932
Acute Exacerbation . . .	Nov 14 '38
Bacteremia - Seminal Vesiculitis, Pericarditis	over

Other contributory causes of importance:

Lung & Pleural Abscesses
Pyelonephritis etc - Staph Aureus

Was an operation performed? Yes Date of Nov. 17, 38

For what disease or injury? Osteomyelitis Rt Fem

Name of operation Incision & Curettage Rt. Fem

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. Rucker Ferguson M. D.

(Address) Johns Hopkins Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53409

CERTIFICATE OF DEATH

23 F 53409

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 1-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Julia Pitura (37744)

(a) Residence: No. 2213 Essex St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph

6. DATE OF BIRTH (month, day, year) ? ? 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Blazek Sarnkun (D)

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Sonya Goy

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Westminster Date Dec 30 193

19. UNDERTAKER Lilly & Zielenka
(Address) 1 [illegible] Boulevard

20. FILED [illegible] 19 [illegible] Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 6, 1938, to December 27, 1938

I last saw her alive on December 27, 1938 Death is said to have occurred on the date stated above, at 2:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	June 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. M. Curtis, M. D.

(Address) Balto. City Hospitals

KRONSTEINER

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53410

CERTIFICATE OF DEATH

82-a F 53410

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3801 Second St. 25-A Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... dy.

2. FULL NAME Catherine M. Kronsteiner

If U. S. Veteran specify WAR

(a) Residence: No. 3801 Second St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alexander Kronsteiner

6. DATE OF BIRTH (month, day, year) Feb. 22nd 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	9 10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Emanuel Kassler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Alexander Kronsteiner
(Address) 3801 Second St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cemetery Date 12/26/38

19. UNDERTAKER E. J. Fanning & Son
(Address) 1938 E. Lafayette Ave.

20. FILED DEC 28 1938 Harry Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 24 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 22 1938 to Dec 24 1938

I last saw h[illegible] alive on Dec 24 1938 Death is said to have occurred on the date stated above, at 1:15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	12/22/38
Arterio Sclerosis	1936
Hypertension	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify

(Signed) E. Hawkins M. D.

(Address) 1 E Randall St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53411

CERTIFICATE OF DEATH

124-B F 53411

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 20-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Michael Fitzmaurice

(a) Residence: No. 1844 W. Mulberry St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Katherine Fitzmaurice

6. DATE OF BIRTH (month, day, year) May 12, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	68	7	15	

OCCUPATION

a. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired - Motorman

b. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Walter Fitzmaurice

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Murray

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Frank Fitzmaurice
(Address) 519 E. London Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cath. Date 12/30 [illegible]

19. UNDERTAKER Morgan & Glynn
(Address) 2107 N. Gilmor St

20. FILED DEC 28 1938 19 ..... Registrar
Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1938, to Dec. 27, 1938

I last saw him alive on Dec. 27, 1938 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hepatic Cirrhosis	?
Pulmonary edema	Dec 27.
Congestive heart failure	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. B. Cudwell M. D.

(Address) Mercy Hospital

F 53412

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-MF 53412

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St. 2514 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lena D. Welde

(a) Residence: No. Halethorpe, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick H. Welde

6. DATE OF BIRTH (month, day, year) May 16, 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H. W.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Anton Gastel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Frederick Welde
(Address) Halethorpe Md.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Dec 29, 1938

19. UNDERTAKER Mc & Mrs. John M. Teufel & Son
(Address) 201 N. Fayette St. Huntington Williams, N.P.

20. FILED DEC 28 1938 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 26, 1938 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest and that said deceased came (Inquest, Autopsy or Inquiry)
to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures	
Broncho Pneumonia	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, Suicide, or Homicide? Dec. 23, Date of injury 19

Where did injury occur? Halethorpe Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Road

Manner of injury Crossing Wash. Pulv. at Halethorpe

Nature of injury Auto.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.
Coroner

(Address)

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53413

CERTIFICATE OF DEATH

× 159 F 53413

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) The Johns Hopkins Hospital St. 3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Hornecks

(a) Residence: No. Route 10: Box 303 North Point Rd St. ..... Ward.

(Usual place of abode) Sparrows Point, Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: none

6. DATE OF BIRTH (month, day, year): December 16, 1938

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. 5 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: John Hornecks

14. BIRTHPLACE (city or town) (State or country): Pennsylvania

MOTHER

15. MAIDEN NAME: Anna Firrence

16. BIRTHPLACE (city or town) (State or country): Pennsylvania

17. INFORMANT .....

(Address)

18. BURIAL, CREMATION, OR REMOVAL

JOHNS HOPKINS MEDICAL SCHOOL DEC 28 1938 19

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

20. FILED DEC 28 1938 19 Huntington Williams M.D. Registrar

5198

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): December 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 16, 1938, to December 17, 1938

I last saw her alive on December 17, 1938. Death is said to have occurred on the date stated above, at 12 40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Caroline Jackson, M. D.

(Address) The Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53414 — 5702 — + 119 F 53414

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 2-5 Ward)

Length of residence in city or town where death occurred ... yrs. 1 mos. 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Wills

(a) Residence: No. ..... La Plata St., ... Ward. Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 10-29-38

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1/2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Anna Wills

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date DEC 28 1938 19...

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. FILED DEC 28 1938 19... [illegible] Registrar.

4196

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1938 to Dec 15, 1938.

I last saw him alive on Dec 15, 1938. Death is said to have occurred on the date stated above, at 1 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Diarrhea, non-specific	12-10-38

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Wm. C. Stallworth Jr. M.D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53415

CERTIFICATE OF DEATH

23F 53415

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Dewey Harrison (39635) If U. S. Veteran specify WAR

(a) Residence: No. 815 E. Pratt St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 3, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Calvin

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Adele Rochel

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date DEC 28 1938, 19
COMMISSIONER OF HEALTH

19. UNDERTAKER
(Address) Per H. A. Moore

20. FILED DEC 28 1938, 19 Registrar.

DEC 28 1938

4194

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 3, 1938, to December 21, 1938

I last saw him alive on December 21, 1938. Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Nov. 1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. M. Curtis, M. D.

(Address) Balto. City Hospitals

F 53416

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

F 53416

Registered No. _____

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Presidents Hospital (Street) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

If U. S. Veteran specify WAR _____

2. FULL NAME Sarah Ed Hopkins

(a) Residence: No. 532 N. Bruce St., Ward. _____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year): Sept 1910

7. AGE: Years 28 | Months 3 | Days 0 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 9070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Jerry Hopkins

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Fannie Wright

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Mrs Louise Tucker

(Address) 312 n Bruce St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Dec 29, 1938

19. UNDERTAKER: Mr Kate R Williams

(Address) 322 n. Schroeder St.

20. FILED: DEC 28 1938 Huntington Williams, Asst

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12-25, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Apoplexy	12/25/38
Other contributory causes of importance:	

Was an operation performed? — Date of _____

For what disease or injury? _____

Name of operation — Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signature) George S. Allen M. D.

(Address) 1500 Eutaw Pl. (Corone)

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 53417

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53417

CERTIFICATE OF DEATH

48

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2526 Madison ave St. 13-3 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma J. Bundy

(a) Residence: No. 2526 Madison ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William P. Bundy

6. DATE OF BIRTH (month, day, year): Sept 3rd 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Stillpost Md.

FATHER

13. NAME: Anderson

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Rebecca Taylor

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Albert Bundy
(Address) 2526 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Lebanon Cem Date Dec 28 1938

19. UNDERTAKER: Archibald Gaudin
(Address) 2101 N. Caroline St.

20. FILED . 19 .
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 25 . 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30 . 1938 to Dec 25 . 1938

I last saw her alive on Dec 25 . 1938. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	2 yrs
Other contributory causes of importance:	
Chronic Valvular heart disease	2 yrs.

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. J. Keller M. D.

(Address) 222 W. Lanvale St

OCCUPATION is very important. See instructions on back of certificate.

F 53418

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53418

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. St. 2057 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Helen Richardson

(a) Residence: No. 422 Normandy Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter

6. DATE OF BIRTH (month, day, year) Feb. 12. 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R R

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Wm Mallonee

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah Santmyer

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Agnes Mallonee
(Address) 1422 Normandy

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Dec. 30. 1938

19. UNDERTAKER George A Farley
(Address) Fulton & Fayette

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27. 1938. 19

22. I HEREBY CERTIFY, That I attended deceased from 12-22-38. 19... to 12-27-38. 19...

I last saw her alive on 12-27-38, 19... Death is said to have occurred on the date stated above, at 5:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular Disease	
Congestive Heart Failure	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Leo. H. Brouillet M. D.

(Address) Bon Secours Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53419

CERTIFICATE OF DEATH

133 F 53419

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2548 Fraser St. 13-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dora Lotz Langford

If U. S. Veteran specify WAR

(a) Residence: No. 2548 Fraser St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of William P. Langford

6. DATE OF BIRTH (month, day, year) Aug 21-1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md

FATHER

13. NAME Thomas Lotz

14. BIRTHPLACE (city or town) (State or country) Baltimore Co Md

MOTHER

15. MAIDEN NAME Sarah Keeler

16. BIRTHPLACE (city or town) (State or country) Baltimore Co Md

17. INFORMANT Mrs Frank Frost

(Address) 2547 Fraser St

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Dec 30 1938

19. UNDERTAKER Sta Funeral Directors Inc

(Address) Balto

20. FILED DEC 28 1938 Clayton Will Registrar, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC. 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from DEC. 23, 1938, to DEC. 27, 1938

I last saw her alive on DEC. 27, 1938. Death is said to have occurred on the date stated above, at 5:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 UREMIA	12-22-38
Other contributory causes of importance:	
2 BRONCHO PNEUMONIA	12-24-38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? C.N.S. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. V. Hoffman M. D.

(Address) 8 East Read St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53420

CERTIFICATE OF DEATH

133 F 53420

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Paul Apts. St. 1-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Francis Patrick White

(a) Residence: No. St. Paul Apts St., Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Elizabeth White

6. DATE OF BIRTH (month, day, year) July 18, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Oil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Traveling salesman

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John White

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Sundan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Elizabeth White
(Address) St Paul Apts

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Dec. 29. 1938

19. UNDERTAKER Thos J Kelly & Sons
(Address) North & Penna. Ave

20. FILED Dec 28 1938 Martin Williams, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 26, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Dec 24.
Shock	Dec 24
Prostatic hypertrophy	10 yrs
Chronic Pyelonephritis	8 yrs
Generalized Arteriosclerosis	
Cerebral Thrombosis	1937

Other contributory causes of importance

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury Dec 24 1938

Where did injury occur? St Paul Apts Baltimd
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell and struck face

Nature of injury Contusion - External force

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Samuel B Wolfe M. D.
Attending Physician

(Address) 1331 E North Ave

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53421

CERTIFICATE OF DEATH

1084 F 53421

Registered No. 1872

1. PLACE OF DEATH Balto. City Hospitals

CITY OF BALTIMORE: (No. Bay View St. 20-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR ...

2. FULL NAME Fred Feirich

(a) Residence: No. 2134 Boyd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 4-89

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paper
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Jacob Feirich
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Annie Feirich
(Address) 2134 Boyd St

18. BURIAL, CREMATION, OR REMOVAL
Place St. Peters Cemetery Date Dec 29, 1938

19. UNDERTAKER Geo. L. Schwab
(Address) 2101 Frederick Ave

DEC 28 1938 ... Livingston Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)
his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	3 days
Coronary Thrombosis	3 days

Other contributory causes of importance:

Acute Alcoholism

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. E. Wood Coroner, M. D.

(Address) 1712 E. Monument St.

DEATH OCCURRED IN THE CITY OF BALTIMORE

See instructions on back of certificate.

V 5 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53422

CERTIFICATE OF DEATH

94-B F 53422

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2105 Rupp St. St. 15-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida Kaufholz.

If U. S. Veteran specify WAR .....

(a) Residence: No. 2105 Rupp St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ruben Kaufholz.

6. DATE OF BIRTH (month, day, year) May 21- 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Munscha Dornberg

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Emanuel Kaufholz

(Address) 2105 Rupp St.

18. BURIAL, CREMATION, OR REMOVAL. Place Oheb Shalom Cem. Date 12-29-38

19. UNDERTAKER J. Ahrens Co.

(Address) 823 W. Fayette St.

Filed DEC 28 1938, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above. 9 Dec. 1938

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Pneumonia	
2. Influenza	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) C. Hall, M. D. Coroner

(Address) 12 E. Hamilton

OCCUPATION is very important. See instructions on back of certificate.

V S 6

3423

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 53423

CERTIFICATE OF DEATH

Registered No. 195

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hosp St. 25-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Aaron D. Gartrell Jr.

If U. S. Veteran specify WAR ...

(a) Residence: No. Halethorpe Md St., Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Ma	Wh.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ...

6. DATE OF BIRTH (month, day, year) Apr. 30. 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	7.	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Aaron D Gartrell Sr.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Rachel E Dennibaugh

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. Edw Dennibaugh (Address) Halethorpe Md.

18. BURIAL, CREMATION, OR REMOVAL Place Morgan Chapel Cem. Date Dec. 30 1938

19. UNDERTAKER (Address) C. H. Watts Woodlawn, Md.

20. FILED DEC 29 1938 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to ... death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
Pulmonary Edema.	
	over

Other contributory causes of importance ...

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. J. Kearns Coroner, M. D.

(Address) 18 E. North Baltimore Md

OCCUPATION is very important. See instructions on back of certificate.

V S 6

53421

HEALTH DEPARTMENT—CITY OF BALTIMORE

53421

CERTIFICATE OF DEATH

92-a oc

1. PLACE OF DEATH Balto City Hospitals — Registered No. 1877

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bay View St., 653 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry C. Ritchie — If U. S. Veteran specify WAR

(a) Residence: No. 705 N. Duncan St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Carrie Ritchie

6. DATE OF BIRTH (month, day, year): May 3 - 890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: P.S.

10. Date deceased last worked at this occupation (month and year): Dec 27-38

11. Total time (years) spent in this occupation: 2 yrs.

12. BIRTHPLACE (city or town) (State or country): Augusta Co. Va.

FATHER

13. NAME: Joseph Ritchie

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Rebecca Early

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Mrs. Carrie Ritchie (Address) 705 N. Duncan St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Valley Gem Va Date: Wed 30 1938

19. UNDERTAKER: Lilly & Zeiler 1160 (Address) 403 S. Wolfe St.

20. FILED DEC 29 1938 Huntington Will Registrar. Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 28, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
detailed to said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came
his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	48 hours

Other contributory causes of importance: Valvular heart disease | 2 years

Was an operation performed? No Date of

For what disease or injury?

Name of operation: Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. E. Wood M. D. Coroner

(Address) 1712 N. Broadway

OCCUPATION is very important. See instructions on back of certificate.

V 8 6

F 53425

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53425

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hospital St. 19-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

U. S. Veteran specify WAR

2. FULL NAME Charles T. Bassler

(a) Residence: No. 40 Wade Ave. St. Catonsville Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Bassler

6. DATE OF BIRTH (month, day, year) Sept. 5, 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 4123

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chauffeur

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Charles Bassler

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah McLaughlin

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary E. Bassler

(Address) Catonsville Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Salem Cem. Date 12-31 1938

19. UNDERTAKER J. C. Higginbotham Jr.

(Address) Edmondson City Md.

20. FILED 19 Registrar

DEC 29 1938

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 28, 1938 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. B. C. Helm, M. D. Coroner

(Address) 3737 Juno

OCCUPATION is very important. See instructions on back of certificate.

53426

F 53426

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4130 Philadelphia Ave Ward)

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

If U. S. Veteran specify WAR ____

2. FULL NAME Margaret K. Trolandt

(a) Residence: No. 4730 Philadelphia Road St., ____ Ward. ____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John A.

6. DATE OF BIRTH (month, day, year) Jan 19 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	66	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Christopher Kehr

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John A. Trolandt (Address) 4730 Philadelphia

18. BURIAL, CREMATION, OR REMOVAL Place Balto. Mem. Date Dec 29 1938

19. UNDERTAKER Martin H. G. Dippel (Address) 37 S. Ann St.

20. FILED Dec 29 1938, 19__. W. H. Myers, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1938, to Dec. 26, 1938

I last saw her alive on Dec. 26, 1938 Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus (inoperable) with metastases into liver, etc.	?
Other contributory causes of importance: - - - - -	

Was an operation performed? no Date of - - -

For what disease or injury? - - - -

Name of operation - - - -

What test confirmed diagnosis? P.o.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(Signed) Harry Deibel M. D.

(Address) 1226 Hanover St.

53427 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 53427

CERTIFICATE OF DEATH

46-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 E. Eager St. St., 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Nellie Agnes Myers

If U. S. Veteran specify WAR

(a) Residence: No. 512 E. Eager St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of William F. Meyers

6. DATE OF BIRTH (month, day, year) not known

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
about 63Yrs.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Ward

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Campell

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT William F. Meyers
(Address) 512 E. Eager St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date Dec.-30-1938

19. UNDERTAKER Henry Houck & Sons Inc.
(Address) 1301 E. Eager St.

20. FILED 19 Registrar.

DEC 29 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec.-27-1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 20 1938 to Dec 26 1938

I last saw h alive on Dec 26 1938 Death is said to have occurred on the date stated above, at 8.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury? No

Name of operation

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. L. Hamilton M. D.

(Address) 733 Augusta St

53428 HEALTH DEPARTMENT—CITY OF BALTIMORE E 53428

CERTIFICATE OF DEATH

93-c

Registered No.....

1. PLACE OF DEATH Southern Home
CITY OF BALTIMORE: (No. 2520 Greenmount Ave. St., 12-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Capt. Arthur M Walker

(a) Residence: No. 2520 Greenmount Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, year): April 22/1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
90	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Sea Captain
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: unknown
14. BIRTHPLACE (city or town) (State or country): unknown

MOTHER

15. MAIDEN NAME: ?
16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Ida A. Whaley
(Address): 2520 Greenmount Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Western Cemetery Date: Dec. 30, 1938

19. UNDERTAKER: John D. Mitchell & Son Inc.
(Address): 1900 Eutaw Place

20. FILED: Dec 29 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1938 to Dec. 28, 1938.
I last saw him alive on Dec. 27, 1938. Death is said to have occurred on the date stated above, at 9.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	2 yrs
Other contributory causes of importance:	
old age.	

Was an operation performed? Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John D. C. Blake, M. D.
(Address) Medical Arts Bld.

Dr Blake

53429

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53429

CERTIFICATE OF DEATH

117-a

Registered No. .....

1. PLACE OF DEATH Church Home & Infirmary St. 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mr. James Louis Lambdin

(a) Residence: No. 1605 Harkerley Place St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	white.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Carrie

6. DATE OF BIRTH (month, day, year) Dec. 15th 1883.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	55	0	12.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Unemployed (1935)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brooklyn. Md.

FATHER

13. NAME Thomas R. Lambdin

14. BIRTHPLACE (city or town) (State or country) Taylor's Island. Md.

MOTHER

15. MAIDEN NAME Mary F. Burnaer.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs Carrie Lambdin (Address) 1605 Harkerley Place

18. BURIAL, CREMATION, OR REMOVAL Cedar Hill Date Dec 30 1938

Place London Park

19. UNDERTAKER Henry Lutz (Address) 1203 N. Broadway

20. FILED DEC 29 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27 1938.

22. I HEREBY CERTIFY, That I attended deceased from Dec. 24th 1938, to Dec. 27th 1938.

I last saw him alive on Dec. 27th 1938. Death is said to have occurred on the date stated above, at 9:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage.	12/24
Fracture or Duodenal ulcer	12/27
See. Anemia.	
very minute pin point ulcers not grossly seen.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) F. D. Whitworth, M. D.

(Address) Church Home & Infirmary

53430 HEALTH DEPARTMENT—CITY OF BALTIMORE F 53430

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 934 Franklin St., 8 Ward

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Susan Wright

(a) Residence: No. 934 Franklin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, ~~or divorced~~, HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Feb. 1862

7. AGE: Years 76 | Months 8 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Robert Johnson

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Harriet Rogers

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Theresa Wright

(Address) 934 Franklin

18. BURIAL, CREMATION, OR REMOVAL

Douglass Mem Cem Date Mar 29 1938

19. UNDERTAKER: Adolphus Hartsaw

(Address) 918 Lemmon Hill Ave.

20. FILED: Huntington Williams, M.D. Registrar.

MAR 29 1938

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12/25/38

22. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1938, to 12/25/38, 19....

I last saw h[er] alive on 12/25/38. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

Apoplexy — Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Frank Edwards M. D.

(Address) 627 Lemmon

53431 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 53431

CERTIFICATE OF DEATH

40054 JS

34-9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 4-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Alfred Coates

If U. S. Veteran specify WAR .

(a) Residence: No. 736 Worster St. St. ... Ward.

(Usual place of abode) WAESCHE ST (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-8-1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	3	5 15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Poultry Dresser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Poultry

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Richard Coates

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Matilda Pembrooks

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL
Longloan Mem Cem Date Dec 28 1938

19. UNDERTAKER Adolphus Howard
(Address) 918 N Mia Ave

DEC 29 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-23- 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-17- 1938 to 12-23- 1938

I last saw him alive on 12-23- 1938 Death is said to have occurred on the date stated above, at 9P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilitic heart disease	1937
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) [signature] M. D.

(Address) Balto City Hosp.

OCCUPATION is very important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

VS 3

53432

HEALTH DEPARTMENT—CITY OF BALTIMORE

53432

CERTIFICATE OF DEATH

46-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 Kenneth Ln St. 27-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Russell Fowler

(a) Residence: No. 721 Kenneth Ln St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eva V. Chardavoyne

6. DATE OF BIRTH (month, day, year) Oct. 18 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Joseph Allen

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Clara Broom

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Mrs Russell Fowler

(Address) 721 Kenneth Ln

18. BURIAL, CREMATION, OR REMOVAL Place Cortland, Ala Date 12/29/38

19. UNDERTAKER John J. Fahey & Son

(Address) 1129 St. Paul St.

DEC 29 1938 Registrar.

Huntington Williams, M.D.

VR 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-28, 1938

22. I HEREBY CERTIFY, That I attended deceased from July, 1938 to 12-28, 1938

I last saw h[illegible] alive on 12-28, 1938 Death is said to have occurred on the date stated above, at 8.50 P.M.

The principal cause of death and related causes of importance were as follows:

CARCINOMA OF THE COLON — Date of onset 1937?

Other contributory causes of importance:

Was an operation performed? YES Date of 12-7-38

For what disease or injury? CARCINOMA OF COLON

Name of operation EXPLORATORY LAPAROTOMY

What test confirmed diagnosis? — Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify.

(Signed) John J. Fahey M. D.

(Address) 1129 ST. PAUL ST.

53433 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 53433

CERTIFICATE OF DEATH

92-a

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2641 Edmondson Ave 20-7 Ward)

Length of residence in city or town where death occurred 73 yrs. 1 mos. 12 dds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR .....

2. FULL NAME EMMA. M. LENZ

(a) Residence: No. 2641 Edmondson Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEM.	WHITE	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of JOHN H LENZ

6. DATE OF BIRTH (month, day, year) NOV 15- 1865

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
73	1	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO MD

FATHER
13. NAME EMIL VOGEL
14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER
15. MAIDEN NAME ? BRIGGEMAN
16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMANT JOHN H LENZ (HUSBAND)
(Address) 2641 EDMONDSON AVE

18. BURIAL, CREMATION, OR REMOVAL
ST PAULS. VIOLETTSVILLE. 12-30. 1938

19. UNDERTAKER MRS CHAS A. BOHDE.
(Address) 2327 EDMONDSON AVE

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC. 27. 1938

22. I HEREBY CERTIFY, That I attended deceased from November 1 1923 to Dec 27 1938

I last saw h.. alive on Dec 26 1938 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-25-38
Other contributory causes of importance:	
Mitral Stenosis, rheumatic	1923
Congestive heart failure	1935

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Chas W Judd M. D.

(Address) 222 Wendover Road. Balto Md

DEC 29 1938

Dr JUDD - PHONE UNIVERSITY-9017

53431

HEALTH DEPARTMENT—CITY OF BALTIMORE

53434

CERTIFICATE OF DEATH

V 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 702 Walnut Ave. St., 28-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Bertha H. Koehler

(a) Residence: No. 702 Walnut Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced ~~HUSBAND of~~ wife of Late Francis X. Koehler

6. DATE OF BIRTH (month, day, year) March 30, 1859.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Edward Stein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Dietch

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. M. E. Zschiesche
(Address) 702 Walnut Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Western 12/29/38 19

19. UNDERTAKER Harry A. Dietz
(Address) 4101 Edmondson Ave.

20. FILED (By) Huntington Williams, Registrar

DEC 30 1938

DEC 30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from April, 1938, to Dec. 27, 1938

I last saw her alive on Dec 26, 1938. Death is said to have occurred on the date stated above, at 3:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteria Sclerosis	1934
Other contributory causes of importance:	
Ch. Nephritis	1935
Ch. Myocarditis	1938

Was an operation performed? no Date of

For what disease or injury? no.

Name of operation

What test confirmed diagnosis? usual signs. Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Geo. E. Wells, M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

F 53435

53435

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2313 E. Fairmount St Ave Ward) 23

Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U. S. If of foreign birth? 45 yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Ida Appelstein

(a) Residence: No. 2313 E. Fairmount Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Appelstein

6. DATE OF BIRTH (month, day, year) .....

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abraham

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Celia

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Louis Appelstein

(Address) 2313 E. Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Herring Run Date 12/29/38 19

19. UNDERTAKER Jack Levin Inc.

(Address) 1439 E. Baltimore St.

Huntingtown Williamsport, Md.

DEC 29 1938

V 66

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/28/38 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest, Autopsy or Inquiry, find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	

Other contributory causes of importance:

Cerebral Apoplexy

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schenken Coroner, M. D.

(Address) .....

53436 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 53436

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3502 Auchentoroly Ter, 13-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. if of foreign birth 35 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Toba Cohen

(a) Residence: No. 3502 Auchentoroly Ter St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. ~~Married~~ widowed, ~~Husband of~~ (or) WIFE of late Hillel Cohen

6. DATE OF BIRTH (month, day, year) unknown 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
85	—		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Yontef Katzew

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Zlotty Katzew

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Samson Cohen

(Address) 828 Broadway Eagle

18. BURIAL, CREMATION, or REMOVAL Date 12-14-38 19

19. UNDERTAKER Levi Levin Bro

(Address) 1437 E. Baltimore St

20. FILED 12-13-38 Washington Williams, Registrar.

DEC 29 1938

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1937 to Dec. 28, 1938

I last saw him alive on Dec. 28, 1938. Death is said to have occurred on the date stated above, at 9:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis	
Coronary Thrombosis	

Other contributory causes of importance:

Pulmonary Edema
Acute cardiac dialatation

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Benjamin Nadler M. D.

(Address) 2306 Eutaw Pl.

Hamlet

F 53437

53437

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 873 Bruce St. 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Grace Hamlet

(a) Residence, No. √873 Bruce St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Earl √Hamlet

6. DATE OF BIRTH (month, day, year) 12/10/11

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	27		18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Charleston W Va

FATHER

13. NAME Jesse Powell

14. BIRTHPLACE (city or town) (State or country) Richwood

MOTHER

15. MAIDEN NAME Alice Watkins

16. BIRTHPLACE (city or town) (State or country) Craigsville

17. INFORMANT Earl √Hamlet (Address) √873 Bruce St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Zion Date Dec 30, 1938

19. UNDERTAKER Mrs Katie R. Williams (Address) 322 N Schroeder St. Hillsdale, Mich

20. FILED DEC 29 1938 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/28/38

22. I HEREBY CERTIFY, That I attended deceased from Oct. 31 38 to 12/28/38 19 ... I last saw h... alive on 12/27/38 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Duration
Pul. Tuberculosis	
Other contributory causes of importance: Hard work	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Was there an autopsy? No

22a. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. Lee Stubbs M. D.

(Address) Grafton W Va

OCCUPATION is very important. See INSTRUCTIONS on back of certificate.

F 53438

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53438

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Hospitals St., 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William A Acton

If U. S. Veteran specify WAR

(a) Residence: No. 804 William St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mary E Acton

6. DATE OF BIRTH (month, day, year) Oct 21 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	2	6 7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charles Co Md

FATHER

13. NAME Isaiah Acton

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth Hicks

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Mary E Acton

(Address) 804 William st

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Dec 30. 1938

19. UNDERTAKER William M Mareck

(Address) 715 Light St

20. FILED 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and saw the evidence obtained by (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	12/29/38
	27 yrs

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury , 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) H. Littman, M. D. Coroner

(Address) 304 E Lanvale St.

DEC 29 1938

V 88

OCCUPATION is very important. See instructions on back of certificate.

F 53439

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53439

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Ernest Harrison Kiefer

(a) Residence: No. 1421 N. Henry St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

V

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian M Kiefer

6. DATE OF BIRTH (month, day, year) Nov 12 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wardsr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Binder

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER

13. NAME Wm Kiefer

14. BIRTHPLACE (city or town) (State or country) West Virginia

MOTHER

15. MAIDEN NAME Mollie Custer

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT Mrs Lillian M Kiefer

(Address) 1421 N Henry St

18. BURIAL, CREMATION, OR REMOVAL

Place Bath Natl Date 12/30 1938

19. UNDERTAKER Engel & Sulzer

(Address) Fulton & Fayette

20. FILED ... 19... Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-28-1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1938, to Dec 28, 1938, that I saw h.lim alive on Dec 28, 1938. Death is said to have occurred on the date stated above, at 8:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia, left lung	1 wk
Other contributory causes of importance: Uremia	"

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph E Whyte Jr M. D.

(Address) St Agnes Hospital

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

V 8 3

DEC 29 1938

DATE

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53440

53440

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4408 Raspe Ave. St., 26-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Anna Weiss

(a) Residence: No. 4408 Raspe Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Carl E. Weiss

6. DATE OF BIRTH (month, day, year) Jan. 3, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country) Germany

FATHER

13. NAME John J. Werner

14. BIRTHPLACE (city or town) Unknown
(State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country) Germany

17. INFORMANT Mrs. Wm. Schnibbe,
(Address) 4408 Raspe Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date Dec. 30, 1938

19. UNDERTAKER Frederick Lancaster
(Address) 7401 Belair Road

20. FILED , 19 Registrar

DEC 29 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1938 to Dec 27, 1938

I last saw her alive on Dec 27, 1938. Death is said to have occurred on the date stated above, at 9:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
Acute Dilatation Heart	

Other contributory causes of importance:

Arteriosclerosis
Chronic Interstitial Nephritis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert G Webster M. D.
(Address) 6409 Belair Rd

OCCUPATION is very important. See instructions on back of certificate.

53441

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53441

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St., 9-9 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. John C. Mitchell

(a) Residence: No. Fullerton Maryland St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine L. Mitchell

6. DATE OF BIRTH (month, day, year) Dec. 27, 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman 0032

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Co. Fire Dept

10. Date deceased last worked at this occupation (month and year) Dec. 1938

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Samuel Mitchell

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Unknown

17. INFORMANT Mrs. John Mitchell
(Address) Fullerton, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Dec. 31 1938

19. UNDERTAKER Frederick Langhorst
(Address) 7401 Belair Rd

20. FILED DEC 29 1938 19.... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 22, 1938, to December 29, 1938

I last saw her alive on December 28, 1938 Death is said to have occurred on the date stated above, at 5:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Chronic Nephritis	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John Costantini, M. D.

(Address) St. Agnes Hospital

53442 E 53442

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 620 N. Caroline St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Sam Brown

(a) Residence: No. 620 N. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta Brown

6. DATE OF BIRTH (month, day, year) April 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nansemond Co. Va.

FATHER

13. NAME Ganzy Brown

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Judy V.

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Katie Brown
(Address) 620 N. Caroline St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem. Date 12-30 1938

19. UNDERTAKER Peyton Jamison Wright
(Address) 1218 Mc Elderry St.

20. FILED 1938 Registrar.

DEC 29 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12. 28 1938

22. I HEREBY CERTIFY, That I attended deceased from 12. 27 1938 to 12. 28 1938

I last saw him alive on 12. 28 1938 Death is said to have occurred on the date stated above, at 5:30 p.m. A

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	9 yrs ago
	12.21.38
Other contributory causes of importance: chr. myocarditis	?

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, (specify)

(Signed) M. D.

(Address) 1500 E. Madison St

OCCUPATION is very important. See instructions on back of certificate.

53443 E 53443

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3317 W Garrison Ave Ward) Dec 27-38

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary A. Cross

(a) Residence: No. 3317 W. Garrison Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed
5a. If married, widowed, or divorced (or) WIFE of Hiram W. Cross
6. DATE OF BIRTH (month, day, year): Aug. 7, 1849
7. AGE: Years 89 | Months 4 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Harford Co. Md.

FATHER
13. NAME: William Howell
14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER
15. MAIDEN NAME: Mary E. Evans
16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT (Address): Minnie L. Guard 3317 W. Garrison Ave

18. BURIAL, CREMATION, OR REMOVAL: Loudon Park Dec. 29 1938

19. UNDERTAKER (Address): D. A. Covington 2117 E. 25th St

20. FILED DEC 29 1938 H. Livingston Willis (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 23- 1938 to Dec 27- 1938

I last saw her alive on Dec 26 1938 Death is said to have occurred on the date stated above, at 3.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure Myocarditis - chronic, Coronary heart failure	Dec 23-
Other contributory causes of importance: Chronic Nephritis	20 yrs.

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas W Lamond M. D.

(Address) 1327 Park Ave

OCCUPATION is very important. See instructions on back of certificate.

Chas W. Lamond
1327 Park Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53444

CERTIFICATE OF DEATH

95-B F 53444

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1522 Ellamont St St., 16-7 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George William Lueckert

If U. S. Veteran specify WAR

(a) Residence: No. 1522 Ellamont St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna B. Lueckert

6. DATE OF BIRTH (month, day, year) March 2, 1859

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	79	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 0037

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Ernest Lueckert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ? Clauss

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Emma E. Lueckert
(Address) 1522 Ellamont

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Dec. 30 1938

19. UNDERTAKER Wm. J. Tickner and Sons
(Address) North and Penna Aves.

20. FILED ... 19... Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1st 1938 to Dec. 27th 1938.

I last saw h. w. alive on Dec 27th 1938. Death is said to have occurred on the date stated above, at 11.05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic	
Cardio-Vascular	
disease	
Other contributory causes of importance:	
Senility	

Was an operation performed? None Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Nap Byrne M. D.

(Address) 3045 W. North Ave

OCCUPATION is very important. See instructions on back of certificate.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53445

CERTIFICATE OF DEATH

93 c F 53445

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 W. Wolfe St. 6-4 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosa Duffy

If U. S. Veteran specify WAR

(a) Residence: No. 411 W. Wolfe St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Wilmer Duffy.

6. DATE OF BIRTH (month, day, year) Aug. 16, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0670

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Horace Griffin

14. BIRTHPLACE (city or town) (State or country) Hurlettstown Va.

MOTHER

15. MAIDEN NAME Estella Barney

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Marie Griffin (Sister)
(Address) 411 W Wolfe St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date Dec. 29 1938

19. UNDERTAKER Robert H. Young
(Address) 804 W. Lafayette Ave Huntington Postmaster, Md

20. FILED DEC 29 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-25 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-24 1938 to 12-25 1938

I last saw h. alive on 12-25 1938 Death is said to have occurred on the date stated above, at 730 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Cyanosis	12/24/25

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George L. Allen M. D.
(Address) 569 Lexington St

OCCUPATION is very important. See instructions on back of certificate.

53446

HEALTH DEPARTMENT—CITY OF BALTIMORE

53446

CERTIFICATE OF DEATH

40106-FS

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Foultz

If U. S. Veteran specify WAR .....

(a) Residence: No. 950 Harford Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lee

6. DATE OF BIRTH (month, day, year) 5-8-1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
68	68	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0089

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Washington

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Nancy

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Pat Henry Cem Date 12/30 1938

19. UNDERTAKER Chas E Alexander

(Address) 12-00 garrison Blvd

Huntington Williams, M.D.

20. FILED DEC 29 1938

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 28. 1938

22. I HEREBY CERTIFY, That I attended deceased from December 19. 1938 to December 28. 1938

I last saw him alive on December 28 1938. Death is said to have occurred on the date stated above, at 10 25 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	1938

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. de Sautelle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 53447

CERTIFICATE OF DEATH

E 53447

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Provident Hospital
CITY OF BALTIMORE: (No. 1514 Hanover St. ... Ward)
Length of residence in city or town where death occurred ... yrs. ... mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Elwood Butler — If U. S. Veteran specify WAR .....
(a) Residence: No. 1 Brechville P.O. Md St.; ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1938

7. AGE — Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
—	8	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) — | 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER
13. NAME Albert Butler
14. BIRTHPLACE (city or town) (State or country) ? ?

MOTHER
15. MAIDEN NAME Nellie ?
16. BIRTHPLACE (city or town) (State or country) ? ?

17. INFORMANT (Address) From Record

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date DEC 29 1938 19..
Commissioner of Health

19. UNDERTAKER .....
(Address) .....

20. FILED DEC 29 1938 .....
Registrar.

4198

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-21-1938

22. I HEREBY CERTIFY, That I attended deceased from 12-11-38 19.. to 12-21-38 19..
I last saw h.. alive on 12-21-38 19.. Death is said to have occurred on the date stated above, at 4.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Marasmus	?
Other contributory causes of importance: Acute Bronchitis	?

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. F. Maloney M. D.
(Address) Provident Hospital Baltimore Md.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53448

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. 122-B

CITY OF BALTIMORE: (No. ..... St., 11-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Susan Peyton

If U. S. Veteran specify WAR .....

(a) Residence: No. 906 St. Paul St., St — Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cabell Y. Peyton

6. DATE OF BIRTH (month, day, year) 5-20-79

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME John Lamons

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary Grissom

16. BIRTHPLACE (city or town) (State or country) N. Car.

17. INFORMANT Records — JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. John's, Kingsville Md. Date 12/30 1938

19. UNDERTAKER Henry U. Meads & Son

(Address) 605 N. Calvert St.

20. FILED DEC 30 1938 19 — (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1938 to Dec 28, 1938

I last saw her alive on Dec 28, 1938. Death is said to have occurred on the date stated above, at 9:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	12-25
Other contributory causes of importance: Gangrenous Intestine due to adhesions	12-22

Was an operation performed? Yes Date of 12-25

For what disease or injury? Intestinal Obstruction

Name of operation Resection of Ileum

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. F. Jonas M. D.

(Address) The Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

53449

HEALTH DEPARTMENT—CITY OF BALTIMORE

53449

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Ellen Roberts

(a) Residence: No. Upper Marlboro - Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Kent Roberts.

6. DATE OF BIRTH (month, day, year) May 25, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	7	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife. 37 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington Co. - Md

FATHER

13. NAME Julius C. Stonebraker

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Louisa Thrasher

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Ellen Roberts.
(Address) Upper Marlboro - Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodland Park Cem. Date 12/30 1938

19. UNDERTAKER: Henry H. Meakins & Son
(Address) 505 N. Calvert St.

20. FILED ... Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 28 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1938 to Dec 28, 1938

I last saw her alive on Dec. 27, 1938 Death is said to have occurred on the date stated above, at 6:25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis C	12/27/38
Massive pulmonary Infarct.	12/28/38

Other contributory causes of importance:

Pneumonia	1 week

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Wilbur S. Brooks M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

VS 9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53450

CERTIFICATE OF DEATH

35 F 53450

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) John Hopkins Hospital (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Matthew Mason

If U. S. Veteran specify WAR .....

(a) Residence: No. 1918 Edgar St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year): June 4 1905

7. AGE: Years 33 | Months 6 | Days 22 23 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pleasant Dungow Va.

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Walthy Mason

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mattie Jones (Address) 1050 Hemstead Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 12/30 1938

19. UNDERTAKER Raymond Sanders (Address) 1413 E Preston St

20. FILED DEC 29 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-27, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry)

deposed by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Sarcomatosis of Left Groin — Date of onset 12/25/38

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Pathology Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Jones M. D.

(Address) 1050 Hemstead Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53451

CERTIFICATE OF DEATH

46-4 F 53451

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1814 Bolton St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 57 yrs. 4 mos. 16 ds.

2. FULL NAME Adele Harrison Parsons

If U. S. Veteran specify WAR NONE

(a) Residence: No. 1814 Bolton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Archer J. Parsons

6. DATE OF BIRTH (month, day, year): Aug-12-1881

7. AGE: Years 57 | Months 4 | Days 15/16 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): New York City N. Y.

FATHER

13. NAME: Henry F. Harrison

14. BIRTHPLACE (City or town) (State or country): Baltimore Md.

MOTHER

15. MAIDEN NAME: Sallie K. Chaney

16. BIRTHPLACE (city or town) (State or country): a. a. Co. Maryland

17. INFORMANT (Address): Mr A. J. Parson (Husband) 1814 Bolton St

18. BURIAL, CREMATION, OR REMOVAL: Place Druid Ridge Cem. Date Dec 30 1938

19. UNDERTAKER: STEWART & BROWEN COMPANY
(Address) (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

20. FILED DEC 29 1938 19 Huntington Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1936 to Dec 27, 1938

I last saw her alive on Dec 27, 1938 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Descending Colon — Date of onset: Gradual

Other contributory causes of importance:

Was an operation performed? No Date of Aug 19, 36

For what disease or injury? Resection Colostomy

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. H. Brady, M. D.

(Address) 1403 Park Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

53452

CERTIFICATE OF DEATH

131 F 53452

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 109 W. Monument St., 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred about 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME LUMAN LEONARD BROCKWAY

If U. S. Veteran specify WAR NONE

(a) Residence: No. 109 W. Monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	WIDOWED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of MARION FRINK BROCKWAY

6. DATE OF BIRTH (month, day, year) Jan. 4, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Funeral Director

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Funeral Director

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 42

12. BIRTHPLACE (city or town) (State or country) Richfield New York

FATHER

13. NAME Hiram Brockway

14. BIRTHPLACE (city or town) (State or country) Not Known N. Y.

MOTHER

15. MAIDEN NAME Alpha Randall

16. BIRTHPLACE (city or town) (State or country) West N. Y.

17. INFORMANT Mrs. Katharine Bieber (Daughter)
(Address) 170 Pelham Manor, N. Y.

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~
Place Loudon Park Date 12-30 19 38

19. UNDERTAKER STEWART & MOWEN COMPANY
(Address) (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

20. FILED DEC 29 1938 Lexington Millard, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-28 1938

22. I HEREBY CERTIFY, That I attended deceased (from) 10-27 1938 to 12-28 1938

I last saw him alive on 12/28 1938. Death is said to have occurred on the date stated above, at 5a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	12/24/38
Other contributory causes of importance:	
Chronic Intestinal Nephritis	6/15/37

Was an operation performed? no Date of

For what disease or injury? no

Name of operation no

What test confirmed diagnosis? Clinical sign Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury no 19

Where did injury occur? no
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place no

Manner of injury no

Nature of Injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Daniel Miller M. D.

(Address) 1500 E Bdway

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V6 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

53453 53453

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH West Balto Genl. Hosp

CITY OF BALTIMORE: (No. ..... St., 15-5 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran ——— specify WAR .....

2. FULL NAME William Gueuette

(a) Residence: No. 2642 W. North Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Gladys E. Guenette

6. DATE OF BIRTH (month, day, year) May 22nd 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 30

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sign 30

10. Date deceased last worked at this occupation (month and year) Dec 1938

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Mass

FATHER

13. NAME Nazaire Guenette

14. BIRTHPLACE (city or town) (State or country) Kankakee

MOTHER

15. MAIDEN NAME Anna V.

16. BIRTHPLACE (city or town) (State or country) Boston Mass

17. INFORMANT Gladys Guenette
(Address) 2642 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL Pinelawn Memorial Park Dec 30 1938

19. UNDERTAKER Wm Cook
(Address) 1217 E Fayette St

20. FILED ..... 19 ..... Registrar.

DEC 30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 1938 to Dec 27 1938

I last saw h[illegible] alive on Dec 27 1938 3:40 P.M. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension & Arteriosclerosis	2 yrs
Hypertension Heart Disease	
R[illegible] & left sided Paralysis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. E. Lear M. D.

(Address) W. P. G. H.

OCCUPATION is very important. See instructions on back of certificate.

53451

HEALTH DEPARTMENT—CITY OF BALTIMORE

53451

CERTIFICATE OF DEATH

✓ 94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 N Central Ave St. 2 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frank M. Hoffman

(a) Residence: No. 909 N. Central Ave St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Margaret

6. DATE OF BIRTH (month, day, year) July 10 - 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Balto

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Hoffman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT August Hoffman
(Address) 909 N. Central Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date 12/31 19 38

19. UNDERTAKER Williams Cook
(Address) 1217 St Paul St

20. DATE RECEIVED DEC 30 1938 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29. 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 8 1938 to Dec. 29 1938.

I last saw him alive on Dec. 28 1938. Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio - Sclerosis	1936.
Coronary Thrombosis	Oct. 8 1938.
Other contributory causes of importance: Acute Cardiac Dilatation	Dec. 28 1938.

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. Fiffman M. D.

(Address) 1304 E. Close St.

OCCUPATION is very important. See instructions on back of certificate.

VS-2

53455

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 53455

1. PLACE OF DEATH

Registered No. 591

CITY OF BALTIMORE: (No. 412 Pitman Place Ward) 12-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Emma F. Phillips

If U. S. Veteran specify WAR

(a) Residence: No. 412 Pitman Place Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of Harold B. Phillips

6. DATE OF BIRTH (month, day, year) Jan 6th 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Wm James Scharf

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Martha James

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Phillips
(Address) 39 W. Preston St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Dec 31st 1938

19. UNDERTAKER Wm Cook
(Address) 217 St Paul St

20. FILED DEC 30 1938 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 25, 1938 to Dec. 27, 1938

I last saw HER alive on Dec. 27, 1938. Death is said to have occurred on the date stated above, at 11:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Other contributory causes of importance:	
Exhaustion	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. Carmichael M. D.

12/30/38 (Address) 1644 Hanover St

OCCUPATION is very important. See instructions on back of certificate.

VS 3

53456

HEALTH DEPARTMENT—CITY OF BALTIMORE

53456

CERTIFICATE OF DEATH

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 1909 E. Baltimore St. 1-2 Ward)

Registered No. 1877

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Regina Schorr Schorn

If U. S. Veteran specify WAR

(a) Residence: No. 1909 E. Baltimore St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adolph Schorn

6. DATE OF BIRTH (month, day, year) Jan. 6 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Conrad Staff

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Joseph Simmons

(Address) 1909 E. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Dec 31, 1938

19. UNDERTAKER John Conrad

(Address) 2005 Aisquith St

Huntington Wilkinson (Registrar)

FILED DEC 30 1938

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 29, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis Chronic	Years.
Other contributory causes of importance: Senility	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. W. Wood, M. D. Coroner

(Address) 1712 N. Broadway

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Blosser

53457 HEALTH DEPARTMENT—CITY OF BALTIMORE 53457

CERTIFICATE OF DEATH

1-194-B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen. Hospital Ward) 11-3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clyde Odell Blosser

If U. S. Veteran specify WAR

(a) Residence: No. 62 Admiral St. Ward. Dundalk Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 22 1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steelplate Roller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel

10. Date deceased last worked at this occupation (month, day, year) Dec 28 38

11. Total time (years) spent in this occupation 6 Years

12. BIRTHPLACE (city or town) (State or country) Morgantown W. Va

FATHER

13. NAME Fred Blosser

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME Martha McKitrick

16. BIRTHPLACE (city or town) (State or country) Edmonds Md

17. INFORMANT (Address) Fred Blosser 62 Admiral St Dundalk Md

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Dec 31 1938

19. UNDERTAKER (Address) John Ulrich 2008 Orleans

20. FILED DEC 30 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the date stated above 6 20 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage and Shock	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12 28 1938

Where did injury occur? Bethlehem Steel Mills
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place industry

Manner of injury Fell on steel struck by cables

Nature of injury Crushing severe lacerations

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O Kay Coroner, M. D.

(Address) 1216 Hanover

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 53458

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53458

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1008 Argyle St. 17-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Albertus Butler

If U. S. Veteran specify WAR .....

(a) Residence: No. 1008 Argyle St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year): March 5 - 1895

7. AGE: Years 43 | Months 9 | Days 24 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: (35?0)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Alexandria Va

FATHER

13. NAME: Ignatius Butler

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Lucy ?

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT (Address): John C Butler 1008 Argyle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Jan 3 1939

19. UNDERTAKER: Jos. W. Sullivan Jr.

(Address) 638 N. Calvert

20. FILED DEC 30 1938

VS6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 29, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Cerebral Apoplexy

Date of onset: Dec 29 1938

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Geo Callen M. D.

(Address) 10 Pleasant St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

53459

HEALTH DEPARTMENT—CITY OF BALTIMORE

53459

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 131

CITY OF BALTIMORE: (No. 211 N. Carey St., 18-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Agusta Wayman — If U. S. Veteran specify WAR ...

(a) Residence: No. 211 N. Carey St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	A. A.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin Clayton Wayman

6. DATE OF BIRTH (month, day, year) April 29—1871

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
67	67	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Caroline County Maryland

FATHER

13. NAME John William Carson

14. BIRTHPLACE (city or town) (State or country) Caroline County Maryland

MOTHER

15. MAIDEN NAME Sarah Ellen Rose

16. BIRTHPLACE (city or town) (State or country) Caroline County Maryland

17. INFORMANT Mrs. Eva Thomas-Daughter (Address) 211 Carey Street

18. BURIAL, CREMATION, OR REMOVAL Mt. Zion Cem. Date 12-30-38

19. UNDERTAKER Francis A. Hemsley (Address) 522 N. Bradford

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/28, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/1, 1938, to 12/28, 1938

I last saw her alive on 12/28, 1938. Death is said to have occurred on the date stated above, at 6:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Cerebral Hemorrhage	12/26
2. Senile disease	12/26
3. Hypertension	12/26
4.	

Other contributory causes of importance:

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation none

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Carey C. Johnson, M. D.

(Address) 1802 Penna. Ave

OCCUPATION is very important. See instructions on back of certificate.

DEC 30 1938

53460 HEALTH DEPARTMENT—CITY OF BALTIMORE E 53460

CERTIFICATE OF DEATH

107-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Provident Hospital
CITY OF BALTIMORE: (No. 1514 Division St St. 13-3 Ward)

Length of residence in city or town where death occurred 9 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Agnes Cofield — If U. S. Veteran specify WAR .....

(a) Residence: No. 2259 Madison Ave St., Baltimore Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Cofield

6. DATE OF BIRTH (month, day, year) May 22 1917

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
21	7	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037
10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Wolfsthunda Co. Va.

FATHER
13. NAME Wassen Straughn
14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER
15. MAIDEN NAME Argie Clark
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Robert Cofield
(Address) 2259 Madison Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Hyacinth Va Date May 30 1938
19. UNDERTAKER Archibald A Gaddis
(Address) 2101 N Carrollton Ave

20. FILED ... 19 ... Registrar.

DEC 30 1938

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 12-27- 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-19-38 19... to 12-27- 1938
I last saw her alive on 12-27- 1938. Death is said to have occurred on the date stated above, at 11.55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	?
Other contributory causes of importance: Broncho-pneumonia	12-24-38

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ...
What test confirmed diagnosis? clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. F. McCloney M. D.
(Address) Provident Hospital Baltimore Md

OCCUPATION is very important. See instructions on back of certificate.

53461

HEALTH DEPARTMENT—CITY OF BALTIMORE

53461

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 15-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. 8 mos. 22 dds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Elmer Dyson (40237)

If U. S. Veteran specify WAR

(a) Residence: No. 1615 McKean Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 6, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William (D)

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Luvina Chaney (D)

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet. Date 12/30 1938

19. UNDERTAKER J. Fred McCally
(Address) 130 E. Fort Ave.
Huntington Maloney, Jr.

20. FILED 1938 Registrar.

DEC 30

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 24, 1938, to December 28, 1938

I last saw him alive on December 28, 1938. Death is said to have occurred on the date stated above, at 1:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	Oct 1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. M. Curtis, M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 53462

Matthews

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53462

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1706 Pierce St., 19-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Matthews

If U. S. Veteran specify WAR

(a) Residence: No. 1706 Pierce St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	ed	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

FATHER

13. NAME Wm Matthews

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Deane

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Louise Brown

(Address) 1706 Pierce St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 12/31 1938

19. UNDERTAKER Francis E. Kelly

(Address) 1303 Baltimore St.

20. FILED DEC 30 1938 Harrington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 25 1938 to Dec 28 1938

I last saw him alive on Dec 27 1938 Death is said to have occurred on the date stated above, at 6A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular-Renal	last year
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. J. Hafele M. D.

(Address) 1706 Pierce St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 53463

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53463

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital Ward) 2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Carolyn Forrest

(a) Residence: No. 1826 Presstman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 11-1938

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	15/6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby Dead

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME James Forrest

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Dorothea Blake

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) James Forrest 1826 Presstman St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Dec 30, 1938

19. UNDERTAKER (Address) Bowers E Kelson 803 Presstman St

20. FILED DEC 30 1938 By Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-27, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchopneumonia	12/24/38

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leo Kellum, M. D.

(Address) Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

53464

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53464

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 720 Vincent St. 16-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Hall —

if U. S. Veteran specify WAR

(a) Residence: No. 720 Vincent St., Ward.

(Usual place of abode) (If non-resident give city and town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Hall

6. DATE OF BIRTH (month, day, year) 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	—	—	

OCCUPATION

8. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Old Age Pension

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Florence Hall (Address) 720 Vincent St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Dec. 31, 1938

19. UNDERTAKER Thomas E. Kelson (Address) 1363 Pennsylvania Ave.

20. FILED Huntington Williams, Registrar

C 30 1938

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, year) 12-29-1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exhaustion —	12/27/38
Carcinoma Bronchus	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, when?

(Signed) Geo. Allen, M. D.

(Address) 7 Mercantile Bldg.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

53465 HEALTH DEPARTMENT—CITY OF BALTIMORE F 53465

CERTIFICATE OF DEATH

458

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2812 Strathmore Ave. St., Hamilton Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Leon. J. Fuld

(a) Residence: No. 2812 Strathmore Ave. St., 27-3 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Fuld

6. DATE OF BIRTH (month, day, year) Aug. 8, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman 0066

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, (State or country) Md.

FATHER

13. NAME Philip Fuld,

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Manche Straus,

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss. Laura Fuld,
(Address) 2812 Strathmore Ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Parkwood Cem. Date Dec. 30 1938

19. UNDERTAKER Laird Sondheim & Son
(Address) 1902 Eutaw Place.

20. FILED Dec 30 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 4th 1938 to December 28th 1938

I last saw him alive on December 28th 1938 Death is said to have occurred on the date stated above, at 2 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the tongue	
Other contributory causes of importance:	

Was an operation performed? yes Date of December 8th/38

For what disease or injury? Hemorrhage from tongue

Name of operation Ligation of lingual arteries: external carotid

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. Edward Fuld M. D.

(Address) 3005 St. Paul St.

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

53466 V 53466

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St., 16-7 Ward)

Length of residence in city or town where death occurred Lifetime yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR Span. Amer.

2. FULL NAME Joseph L. Stewart

(a) Residence: No. 2754 Winchester St., Balto. Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Florence Walter Stewart

6. DATE OF BIRTH (month, day, year) November 15, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Photography-Self

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 608

10. Date deceased last worked at this occupation (month and year) Dec. 1930

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore, (State or country) Maryland

FATHER

13. NAME George Stewart

14. BIRTHPLACE (city or town) Baltimore, (State or country) Maryland.

MOTHER

15. MAIDEN NAME Mollie Morsfield

16. BIRTHPLACE (city or town) Baltimore, (State or country) Maryland.

17. INFORMANT Records - U.S. Marine Hospital (Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL Place Balto. Cem. Date 12/31/38

19. UNDERTAKER Peter Smith (Address) Fred Church

20. FILED ..... 19 ..... Registrar

Dec 30 1938 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 17, 1938, to December 28, 1938

I last saw him alive on December 28, 1938. Death is said to have occurred on the date stated above, at 5 P. a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis, atrophic, non-alcoholic.	Unknown
Cystitis, chronic suppurative.	Unknown
Strictures, urethra,	Lurati
Pneumonia, hypostatic, right lung	Termina

Other contributory causes of importance:

Was an operation performed? Yes Date of Dec. 20, 1938

For what disease or injury? Stricture and Cystitis

Name of operation Ligation vas deferens, bilateral

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

(Over)

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. H. Bryant, M. D.

(Address) U. S. Marine Hospital, Balto.

VS 8

OCCUPATION is very important. See instructions on back of certificate. MISCAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statements of

Spec.—6-9-19—H. P. Co.—1000 Bks.

F 53467

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53467

CERTIFICATE OF DEATH.

92-a

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 2347 W. Lexington. St.: 20-2nd WARD)

2-FULL NAME Natalie Sünder

(a) RESIDENCE. NO. 2347 W. Lexington ST.. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. 0 mos. 0 ds How long in U. S., if of foreign birth? yrs mos. ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ernest Sünder

6 DATE OF BIRTH (month, day, and year) Aug. 24, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
78	0	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) none.

(c) Name of employer none.

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Ferdnand Reschke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Natalie Reschke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Frederick A. Pole (Address) 1700 W. Lombard

15 Filed DEC 30 [illegible] Huntington Indiana, [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 28 1938

17 I HEREBY CERTIFY, That I attended deceased from Dec. 10 . 1938 . to Dec. 28 . 1938 . that I last saw h[illegible] alive on Dec. 27 . 1938 . and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

① Arterio sclerosis.

② Mitral regurgitation

(duration) yrs. mos. ds

CONTRIBUTORY (Secondary) Acute myocarditis

(duration) yrs. mos. ds

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Charles S. Heistodt, M. D.

. 19 (Address) 1730 Linden ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	12/30/38

UNDERTAKER Frederick A. Pole ADDRESS 1700 W Lombard

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

53468

HEALTH DEPARTMENT—CITY OF BALTIMORE

53468

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2567 Frederick Ave. St., 20-5 Ward)

Length of residence in city or town where death occurred yrs. 4 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert R. Doyle

If U. S. Veteran specify WAR

(a) Residence: No. 2567 Frederick Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 25, 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Leo T. Doyle

14. BIRTHPLACE (city or town) (State or country) New Windsor, Md.

MOTHER

15. MAIDEN NAME Hilda M. Kaler

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Leo T. Doyle
(Address) 2567 Frederick Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 12/30/38

19. UNDERTAKER Frederick A. Cole
(Address) 1200 W. Lombard St

20. FILED DEC 30 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 28th, 1938, to Dec 28th, 1938

I last saw him alive on Dec 28th, 1938. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	12/20/38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Amelia E Link, M. D.

(Address) 1717 N. Caroline St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

va 3

F 53469

F 53469 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1309 Herkimer St. 21-2 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry Fiorentino

(a) Residence: No. 1309 Herkimer St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of late Mary C. Fiorentino

6. DATE OF BIRTH (month, day, year) Jan 22, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Morris Fiorentino

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mr Ernest Fiorentino
(Address) # 1309 Herkimer Street

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 12 / 31 / 1938

19. UNDERTAKER John J. Cowan & Son
(Address) # 901 Hollins Street.

20. FILED DEC 30 1938 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29th, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1935

Other contributory causes of importance:

Was an operation performed? no. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Exam. Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W. J. Hamme Coroner M. D.

(Address) # 1822 W. Baltimore St.

Information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 53470

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53470

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1230 Washington Blvd St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Emma C. Diehlmann

If U. S. Veteran specify WAR

(a) Residence: No. 1230 Washington Blvd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John G. Diehlmann

6. DATE OF BIRTH (month, day, year) Sept 7, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Conrad Beckert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Miller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr John G. Diehlmann

(Address) 1230 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 12/31, 1938

19. UNDERTAKER John F. Cowan & Son

(Address) 601 Lafayette Ave

20. FILED DEC 30 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/28/, 1938

22. I HEREBY CERTIFY, That I attended deceased from DEC 25, 1938 to DEC 28, 1938

I last saw her alive on DEC 28, 1938 Death is said to have occurred on the date stated above, at 1.45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
LOBAR PNEUMONIA	12-25-38
Other contributory causes of importance:	

Was an operation performed? NO Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? CLINICAL Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Edward L. Mican M. D.

(Address) 682 WASHINGTON BLVD

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

E 53471

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 53471

CERTIFICATE OF DEATH

186-a cc

1. PLACE OF DEATH Balto. City Hospitals — Registered No. 187

CITY OF BALTIMORE: (No.) Bay View St., 686 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Carl Reichelt

(a) Residence: No. 620 N. Regester St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Bertha Reichelt (d)

6. DATE OF BIRTH (month, day, year) April 12 - 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mary Reichelt

(Address) 620 N. Regester St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem. Date 12/31/38

19. UNDERTAKER Philip Herwig Sons

(Address) 2016 Eastern Ave

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 29, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	5 Days
Fracture Upper Left Femur	Dec.
Fracture-Surgical Neck	12-29-38
Left Humerus	
Other contributory causes of importance: Cataract Both Eyes	Some Time

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Dec. 29, 1938

Where did injury occur? 620 N. Regester St.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Slipped fell on pavement

Nature of injury Fracture as above

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood M. D.

Coroner

(Address) 1712 N. Broadway

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 30 1938

53472

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 F 53472

1. PLACE OF DEATH Union Memorial Hospital

Registered No.

CITY OF BALTIMORE: (No.) St., 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr Albert Kinsey Sherman

If U. S. Veteran specify WAR

(a) Residence: No. 120 E. 25 St., City Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Carrie C. Sherman

6. DATE OF BIRTH (month, day, year) March 14, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tax Asseror

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balt City - Govt

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John L. Sherman

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary E. Beckett

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Carrie C. Sherman

(Address) 120 E. 25th St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount, Balto. Co. Date Dec. 30, 1938

19. UNDERTAKER E. Leroy Stifflew, Inc.

(Address) 2308 E. North Ave.

20. FILED DEC 30 1938 Washington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1938 to Dec 28, 1938

I last saw h. alive on Dec 28, 1938 Death is said to have occurred on the date stated above, at 4 02 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Generalized Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) S. D. Sunday M. D.

(Address) Union Memorial Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V0 8

Spec.—6-9-19—H. P. Co.—1000 Bks.

53473 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓F 53473

CERTIFICATE OF DEATH

1-PLACE OF DEATH — REGISTERED NO. 92-2

CITY OF BALTIMORE: NO. Tacoma 2206 ST. Westport 25th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Prenzel

(a) RESIDENCE. NO. 2206 Tacoma ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Prenzel

6 DATE OF BIRTH (month, day, and year) April 13 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	8	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Shoemaker. Ret'd
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Fred Prenzel.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Martha Remshuster

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant (Address) 2206 Tacoma St

DEC 30 1938

Huntington W. Va. Undertaker

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29 1938

17 I HEREBY CERTIFY, That I attended deceased from Sept 8, 1938, to Dec 29, 1938, that I last saw him alive on Dec 27, 1938, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis and Chronic Nephritis

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus Disease

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Impression

(Signed) Raymond S Blanc, M. D.

Dec 29 1938 (Address) 2708 Wellington Ferry Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	Dec 31 1938
20 UNDERTAKER	ADDRESS
William M Mareck	715 Eutaw St

CAUSE OF DEATH in plain terms. Abbreviations not allowed. Every item must be answered. PLEASE WRITE PLAINLY. IMPORTANT. See instructions on back of certificates.

53471 HEALTH DEPARTMENT—CITY OF BALTIMORE 53471

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3709 6th St Brooklyn St., 25th Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Cressie D. Meyers

(a) Residence: No. 3709 6th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William C Meyers

6. DATE OF BIRTH (month, day, year) Sept 24 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lake Shore A.A. Co Md

FATHER

13. NAME Thomas C Foreman

14. BIRTHPLACE (city or town) (State or country) A. A. Co Md

MOTHER

15. MAIDEN NAME Catherine C Hartman

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT William C Meyers
(Address) 3709 6th St Brooklyn

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Dec 30 1938

19. UNDERTAKER William M Marsch
(Address) 713 Light St

... 19 ... Registrar.

DEC 30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-6-, 1938, to 12-27, 1938

I last saw her alive on 11-26, 1938 Death is said to have occurred on the date stated above, at 6 55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary embolism	
Other contributory causes (if important)	
Acute Right Lung Pneumonia (Left Lung)	12/6/38
Chronic nephritis with hypertension	12/6/38

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Physical Sign Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James Brown M. D.

(Address) 705 Medical Arts Bldg

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 8

Dr. J. H. Brown

F 53475

53475

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a 40238 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 1-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Margaret Donnelly

If U. S. Veteran specify WAR .....

(a) Residence: No. 1122 S. Potomac St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-23-1875 ?

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	? 63	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) B. C. H. Records

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Cemetery Date Dec 31 1938

19. UNDERTAKER Lilly & Sieferman (Address) 403 So Wood St

Registered DEC 30 1938 19 Registrar, Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 24 1938, to December 29, 1938

I last saw her alive on December 29, 1938. Death is said to have occurred on the date stated above, at 1:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	11-24-38

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

53476 HEALTH DEPARTMENT—CITY OF BALTIMORE 53476

CERTIFICATE OF DEATH

✓ 107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University of Md. Hospital Ward) 2

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Patricia Rogers

(a) Residence: No. 626 S. ELLWOOD AVE St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	infant.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 5, 1938

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) B ALTIMORE MD.

FATHER

13. NAME B ERNARD ROGERS

14. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

MOTHER

15. MAIDEN NAME DOLORES TAYLOR

16. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

17. INFORMANT BERNARD ROGERS (FATHER)
(Address) 626 S. ELLWOOD AVE.

18. BURIAL, CREMATION, OR REMOVAL
Place PARKWOOD CEM. Date DEC. 31

19. UNDERTAKER Lilly & Fielenbro.
(Address) 403 S. WOLFE ST.

20. FILED ..... 19 ..... Registrar.

DEC 30 1938

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 29th. 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 26th 1938 to Dec. 29th 1938

I last saw her alive on Dec. 29th 1938 Death is said to have occurred on the date stated above, at 3:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	12-26-38
Otitis Media	
m.	

Other contributory causes of importance:
malnutrition
dehydration.
no.

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Gibson L. Wells M. D.

(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 53477

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-B

Registered No. F 53477

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Louis Hoddy

(a) Residence: No. 319 W. Franklin St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb 16. 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Terre Haute, Ind

FATHER

13. NAME Lafayette Hoddy

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Sarah Patterson

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Jos. King (welfare official)

(Address) 327 St Paul place

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn (Date Dec 31. 1938)

19. UNDERTAKER John M Weber

(Address) 401 N. Chester St

(Date) DEC 30 1938 19 (Signature) ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27. 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock, Acute Cardiac Dilatation	4 hrs.
Other contributory causes of importance: Carcinoma of stomach	1 yr.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A Abrams, M. D. Coroner

(Address) 2360 Eutaw Place

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 53478

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53478

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1419 McCulloh St. 14-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Edward Key.

(a) Residence: No. 1419 McCulloh St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 11

6. DATE OF BIRTH (month, day, year) .....

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Louis W. Key

14. BIRTHPLACE (city or town) (State or country) Va. Fairfax Co. Va.

MOTHER

15. MAIDEN NAME Catherine Carter

16. BIRTHPLACE (city or town) (State or country) Hagerstown Md.

17. INFORMANT Catherine E. Key

(Address) 24 Longwood St. Mt. Vernon

18. BURIAL, CREMATION OR REMOVAL

Place Laurel Bem Date 12-31 1938

19. UNDERTAKER Mrs. R. C. Elliott & Son

(Address) 1129 N. Caroline St

FILED DEC 30 1938 19 ..... Registrar.

Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above, at Home, Brady & Penn,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. Kemp Coroner, M. D.

(Address) 1215 Hanover

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

53479

HEALTH DEPARTMENT—CITY OF BALTIMORE

53479

CERTIFICATE OF DEATH

115-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenhurst Hospital St., 25-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 9 mos. 14 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Janice Lorine Atkinson

(a) Residence No. 2121 Sidney ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) February 15-1935

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	10 9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Wilbur Atkinson

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Grace Reis

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Father

(Address) 2121 Sidney Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St. Paul's Cem. Date Jan. 2, 1939

19. UNDERTAKER Charles W. Dill.

(Address) 3109 Frederick Ave.

20. FILED 19 H. Easton Williams, Registrar.

DEC 30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 25, 1938 to December 29, 1938

I last saw her alive on December 29, 1938 Death is said to have occurred on the date stated above, at 7:55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis due to pneumococcus, pharyngitis & tuberculosis of neck	1/1/30

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Harry S. Ebbel, M. D.

(Address) Lyndenhurst Hospital

Information should be carefully supplied. Age should be stated EXACTLY. Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 53480

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53480

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1158 Longwood St., 16-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lulu B. Sebastian,

If U. S. Veteran specify WAR 1

(a) Residence: No. 1158 Longwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles W. Sebastian,

6. DATE OF BIRTH (month, day, year) December 26, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	-	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Hullett,

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Caroline Laib,

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Charles Schleicher,
(Address) 1158 Longwood St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date DEC 31 1938 19

19. UNDERTAKER Geo W Settles
(Address) 2700 Edmondson Ave.

20. FILED Huntington Williams, Jr.
Registrar.

DEC 30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 28 1938 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 24 1938 to Dec. 28 1938

I last saw h.. alive on Dec 27 1938. Death is said to have occurred on the date stated above, at 5 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec. 24
Hypertensive cardio-vascular disease	
Other contributory causes of importance:	
Bronchopneumonia	Dec 27

Was an operation performed? No Date of

For what disease or injury? none

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George Charlat M. D.

(Address) 5108 Park Heights ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

53481

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53481

CERTIFICATE OF DEATH

✓162

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 N. Fremont Ave St., 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sophia Fresh,

(a) Residence: No. 508 N. Fremont Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) ---?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Andrew Fresh,

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Pfetzing.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Bessie Murray.

(Address) 508 N. Fremont Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date DEC 31 1938 19

19. UNDERTAKER Geo H Little

(Address) 2700 Edmondson Ave.

20. FILED DEC 30 1938 19 Registrar

MEDICAL CERTIFICATE OF DEATH

DEC 29 1938

21. DATE OF DEATH (month, day, year) 19

22. I HEREBY CERTIFY, That I attended deceased from March 3 1938 to Dec 29 1938

I last saw her alive on Dec 29 1938. Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	March 3
Other contributory causes of importance:	
Ex Laceration	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bessie J. Murray M. D.

(Address) 510 N. Fremont Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

53482

HEALTH DEPARTMENT—CITY OF BALTIMORE

53482

40213-Ps

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 1-1 Ward)

Registered No. 106

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John F. Swieczkowski

If U. S. Veteran specify WAR

(a) Residence: No. 1020 S. Curley St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lottie

6. DATE OF BIRTH (month, day, year) 10-17-1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	55	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0062

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Joseph Swieczkowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Josephine Korda

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Martin W. E. Dugpel 19

19. UNDERTAKER Body sent here Dec 31-38

(Address) Huntington Williams, Inc.

20. FILED DEC 30 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 28 1938

22. I HEREBY CERTIFY, That I attended deceased from December 23 1938 to December 28 1938.

I last saw him alive on December 28 1938. Death is said to have occurred on the date stated above, at 2.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	12-22-38

Other contributory causes of importance:

No

Was an operation performed? Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) V. J. De Lucille M. D.

(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. If CHILD, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

53483 E 53483

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 21 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Pauline Hutson

If U. S. Veteran specify WAR .....

(a) Residence: No. Forrest Hill St., ... Ward. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James

6. DATE OF BIRTH (month, day, year) 5-31-16

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Wilmer Morton

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Edna Madron

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Md Date Jany 1 1939

19. UNDERTAKER Dean & Talbert

(Address) Baltimore Md

20. FILED ..... 19.. [illegible]

DEC 30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1938 to Dec 29, 1938

I last saw her alive on Dec 29, 1938. Death is said to have occurred on the date stated above, at 8:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epilepsy	Dec 3 '38
Bronchopneumonia	Dec 28 '38
Other contributory causes of importance: Diabetes mellitus	about 1928

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) S. Lemuel Mally M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 53484

53484

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 615 Washington Blvd St. 12-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mrs. Bernice Rangle

If U. S. Veteran specify WAR

(a) Residence: No. 615 Washington Blvd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of George Rangle

6. DATE OF BIRTH (month, day, year) 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	—		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc — 0039

10. Date deceased last worked at this occupation (month and year) 12/25/34

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME — — McKusky

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Bernice McKusky

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Raymond V. Rangle

(Address) 615 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cemetery Date 31 1938

19. UNDERTAKER Chas B. Kuchauskas

(Address) 637 S. Paca St

20. FILED ... 19... Registrar

DEC 30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 29 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	1/2 Hr

Other contributory causes of importance: Chr. Cardio-Vascular Disease 5 yrs

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of ...

What test confirmed diagnosis? Clinical History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Michael A Abrams, M. D. Coroner

(Address) 2360 Eutaw Place

INSTRUCTIONS—Information called for on this certificate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 53485

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53485

CERTIFICATE OF DEATH

93-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1414 Pennsylvania Ave St. 24 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Robinson

If U. S. Veteran specify WAR

(a) Residence: No. 1414 Pennsylvania Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Patrick Ricardo.
(Address)

18. BURIAL, CREMATION, OR REMOVAL UNIVERSITY MEDICAL SCHOOL DEC 30 1938
Place Date 19

Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

DEC 30 1938 Registrar 1302

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Cut Myocardium	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. Lam. M. D.
Coroner

(Address) 13 S. Hanover

INSTRUCTIONS: This certificate must be filled with typewriter or pen and ink and information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 53486

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53486

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 5-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Frank Fink (or Finkey)

If U. S. Veteran specify WAR

(a) Residence: No. 1110 E. Baltimore St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 55	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) unknown

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Balto Police Dept Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

UNIVERSITY MEDICAL SCHOOL Dec 30 1938, 19

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

20. FILED DEC 30 1938, 19 Registrar.

4601

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 5, 1938.

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

deceased by said Inquiry. find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel Brolle, M. D. Coroner

(Address) 1331 E. Northern Ave

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 30 1938

53487 HEALTH DEPARTMENT—CITY OF BALTIMORE 53487

CERTIFICATE OF DEATH V 122-a 40111-FS

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. S-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Jones

If U. S. Veteran specify WAR

(a) Residence: No. 152 East St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: laborer do do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): B.C.H. Records

18. BURIAL, CREMATION, OR REMOVAL — Place: UNIVERSITY MEDICAL SCHOOL Date: DEC 30 1938, 19

19. UNDERTAKER (Address): Commissioner of Health Per H. A. Moore

20. FILED: Huntington Williams M.D. Registrar

DEC 30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12-23, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-19, 1938, to 12-23, 1938

I last saw him alive on 12-23, 1938. Death is said to have occurred on the date stated above, at 6:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	5 days
Empyema, Herpes	?
Intestinal obstruction due to hernia	10 days

Other contributory causes of importance:

Was an operation performed? yes Date 12-22-38

For what disease or injury? Strangulated hernia

Name of operation Release of intestinal obstruction

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, state how

(Signed) H. L. Bourne, M. D.

(Address) Balto. City Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

4500

53488

HEALTH DEPARTMENT—CITY OF BALTIMORE

53488

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2908 Hyman Parkway St. 12-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Harvey J. Jones

If U. S. Veteran specify WAR

(a) Residence: No. 2908 Hyman Parkway St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bertha Owens Jones

6. DATE OF BIRTH (month, day, year) Sept. 5, 1865.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Law

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Joseph J. Jones

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Irene Davis Jones

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Harvey J. Jones
(Address) 2908 Hyman Parkway

18. BURIAL, CREMATION, OR REMOVAL
Place Fremont Cemetery Date 12/31/38 19

19. UNDERTAKER Harry A. Luckie
(Address) 4101 Woodson Ave.

20. FILED DEC 30 1938 Hamilton Wellington, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1938 to Dec. 28, 1938

I last saw him alive on Dec 28, 1938. Death is said to have occurred on the date stated above, at 7:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12/Dec/38
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) Jacob Frahm, M. D.

(Address) 1823 N. Wash. St.

X. B.—WRITE PLAINLY with pen and ink. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form 2—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53489

CERTIFICATE OF DEATH

✓ 46-3 F 53489

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1607 Aisquith ST., 9-9 WARD)

2—FULL NAME George Grant Tootle

(a) RESIDENCE NO. 1607 Aisquith ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julia J. Tootee

6 DATE OF BIRTH (month, day, and year) July 11/63

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	5	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Stone Mason

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Annapolis, Md.

PARENTS

10 NAME OF FATHER Lewis Tootee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Annapolis, Md.

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Annapolis Md.

14 Informant Julia Tootee

(Address) 1607 Aisquith St.

15 DEC 30 [illegible] Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27 1938

17

I HEREBY CERTIFY, That I attended deceased from Nov, 1938, to Dec 27, 1938,

that I last saw h/M alive on Dec 28, 1938

and that death occurred, on the date stated above, at 9-15 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma - Rectum

(duration) 2 yrs. + mos. ds.

CONTRIBUTORY (Secondary) Generalized Metastases

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) F. C. D. Mack, M. D.

, 19 (Address) 713 East 39th.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Anne's Cemetery, Annapolis Md. DATE OF BURIAL Jany 2 1939

20 UNDERTAKER H. A. Covington ADDRESS 2 W. 25th

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53490 CERTIFICATE OF DEATH 11-a F 53490

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2629 N. Calvert St. 12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Margaret B. Hall

If U. S. Veteran specify WAR .....

(a) Residence: No. 2629 N. Calvert St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence Hall

6. DATE OF BIRTH (month, day, year) June 4, 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	6	24 25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince George Co. Maryland

FATHER

13. NAME Henry Bowling

14. BIRTHPLACE (city or town) (State or country) Prince George Co. Maryland

MOTHER

15. MAIDEN NAME Margaret Norton

16. BIRTHPLACE (city or town) (State or country) ------- Maryland

17. INFORMANT Clarence A. Hall

(Address) 2629 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL

Place Marlboro, Md. Date 1/2 39

19. UNDERTAKER Henry Y. Meares & Son

(Address) 502 N. Calvert St.

20. FILED DEC 30 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 29, 1938.

22. I HEREBY CERTIFY, That I attended deceased from June 1938 to December 29, 1938.

I last saw h[illegible] alive on December 24 1938; Death is said to have occurred on the date stated above, at 6 33 p. m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia — Date of onset 12/25/38

Other contributory causes of importance:

Senility — Dec. 13.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Phy. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) James E. White M. D.

(Address) 5214 Harford Rd.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53491

CERTIFICATE OF DEATH

✓ 167 F 53491

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2203 Mayfield Avenue St. 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. 11 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis H. Becker

If U. S. Veteran specify WAR

(a) Residence: No. 2203 Mayfield Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Florence M. Hoover

6. DATE OF BIRTH (month, day, year) Jan. 23, 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Box Manufacturer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boxes

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Louis Becker

14. BIRTHPLACE (city or town) -------
(State or country) Maryland

MOTHER

15. MAIDEN NAME Amelia Kopp

16. BIRTHPLACE (city or town) -------
(State or country) Maryland

17. INFORMANT Mrs. Florence M. Becker
(Address) 2203 Mayfield Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date 12/31, 19 38

19. UNDERTAKER Henry H. Meeks & Son
(Address) 503 N. Calvert St.

20. FILED DEC 30 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 27, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet Wound of head	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 12/27, 1938

Where did injury occur? 2203 Mayfield Ave. Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Shot self in head

Nature of injury revolver

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

Signed Paul Schreiber Coroner, M. D.

(Address) Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

vse

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53492

CERTIFICATE OF DEATH

48 F 53492

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3500 Forest Pk Ave. St. 15-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rebecca Michael.

If U. S. Veteran specify WAR

(a) Residence: No. 3500 Forest Pk Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emil Michael

6. DATE OF BIRTH (month, day, year) Feb 22-1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Abraham Berwnger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry Berwnger
(Address) 2227 N. Longwood St

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Friendship Cem Date Jan-1s 1939

19. UNDERTAKER J. Abrams & Co
(Address) 1321 Eutaw Pl

20. FILED DEC 30 1938 Egbert Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1938 to Dec. 30, 1938

I last saw her alive on Dec 30, 1938. Death is said to have occurred on the date stated above, at 11:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix Uteri	June, 1938
First symptoms	?
Other contributory causes of importance: Hypertension	1930

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Biopsy Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) A. B. Stern M. D.

(Address) 3703 Garrison Blvd.

V8 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53493

CERTIFICATE OF DEATH

93-F 53493

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 N. Charles St., 11-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Cecilia A. Bowman

If U. S. Veteran specify WAR .....

(a) Residence: No. 520 N. Charles St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, Widowed, or Divorced — HUSBAND of (or) WIFE of: Henry R. Bowman

6. DATE OF BIRTH (month, day, year): May 5

7. AGE — Years: 54 | Months: 7 | Days: 24 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): 1938

11. Total time (years) spent in this occupation: 11

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: Roger

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: McKeown

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Henry R. Bowman 520 N. Charles St

18. BURIAL, CREMATION, OR REMOVAL — Place: Greenmount Date: 12/31 19 38

19. UNDERTAKER (Address): William Cook 1217 St Paul St

20. FILED ... 19 ... Registrar.

DEC 31 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 26th, 1938, to Dec 29th, 1938

I last saw her alive on Dec. 28, 1938. Death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis with Acute dilatation	Unknown

Other contributory causes of importance:

Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Personal Observation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Conrad Boden M. D.

(Address) 1900 Maryland Ave.

V 0 3

INSTRUCTIONS.—Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53494

CERTIFICATE OF DEATH

167 F 53494

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 27-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Myrll M. Sommers.

If U. S. Veteran specify WAR

(a) Residence: No. 4624 Belair Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) October 26, 1913

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 66

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas & Electric Co 66

10. Date deceased last worked at this occupation (month and year) 12/25/35

11. Total time (years) spent in this occupation 1 mo

12. BIRTHPLACE (city or town) (State or country) Balto; Md.

FATHER

13. NAME Martin Sommers

14. BIRTHPLACE (city or town) (State or country) Balto; Md.

MOTHER

15. MAIDEN NAME Charlotte Buddemeier

16. BIRTHPLACE (city or town) (State or country) Balto; Md.

17. INFORMANT Martin Sommers

(Address) 4624 Belair Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place St Paul's (Bachmans Cemetery) Date Dec 31st 1935

19. UNDERTAKER Wm Cook

(Address) 1217 E. Pratt St

20. FILED DEC 31 1935 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 29, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet Wound of head.	
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Suicide Date of injury 12/29, 1935

Where did injury occur? Balto, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Shot self in head

Nature of injury with a revolver.

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) Paul Schreiber Coroner, M. D.

(Address) Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

53495

CERTIFICATE OF DEATH

1131 F 53495

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5211 St. George Ave St. 27-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adela S. Miller

If U. S. Veteran specify WAR

(a) Residence: No. 5211 St. George Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed, or Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of George C. Miller

6. DATE OF BIRTH (month, day, year) Aug 8th 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Samuel Taylor

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Frances Brown

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Clarence E. White

(Address) Rockysville Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Dec 31st 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19.....

DEC 31 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1 1937 to Dec 28 1938

I last saw h.. alive on Dec 28 1938. Death is said to have occurred on the date stated above, at 2.15 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chron. Myocarditis	1934
Chr. Arter. Nephritis	1934
Other contributory causes of importance:	
Influenza	1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. H. Bishop M. D.

(Address) 501 Shendale

V 8 3

Huntington Williams, Nov 8

N. B.—WRITE PLAINLY, with pen and ink. Use no abbreviations. Fill every blank. If information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 53496

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53496

CERTIFICATE OF DEATH

46-e

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4327 Belair Rd. St. 26-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Katherine Schroeder

If U. S. Veteran specify WAR .....

(a) Residence: No. 4327 Belair Rd. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick C.

6. DATE OF BIRTH (month, day, year) July 23, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Louis Trossback

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizebeth Delker

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Christian F. Schroeder

(Address) 3402 Odonnell St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Matthews Cem. Date Jan 1 39

19. UNDERTAKER Geo. W. Zirkler

(Address) 1737 Eager St.

Filed DEC 31 1938, 19 ..... [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from May, 1938, to Dec 29, 1938

I last saw her alive on Dec 29, 1938 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon	
Other contributory causes of importance: Cirrhosis of Liver	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Eugene Zirkler, M. D.

(Address) 2339 Eastern Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 35593² F 53497 — 95 F 53497

Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 6-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Alice Davis

(a) Residence: No. 122 N. Castle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 5-18-82

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ga.

FATHER

13. NAME Wm Davis

14. BIRTHPLACE (city or town) (State or country) Ga.

MOTHER

15. MAIDEN NAME Mattie Jones

16. BIRTHPLACE (city or town) (State or country) Ga

17. INFORMANT Records
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvery Cem. Date 12-31-193[illegible]

19. UNDERTAKER Bernard Francis W. Wright
(Address) 1318 N. Eden St.

20. FILED St. Augustine Williams, M.D. Registrar.

DEC 31 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1938 to Dec 29, 1938

I last saw her alive on Dec 29, 1938 Death is said to have occurred on the date stated above, at 3.50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Disease	?
Cardiac Hypertrophy.	
Subarachnoid Hemorrhage	2wks.
Uremia.	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? L. P. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Roger B. Scott M. D.

(Address) Johns Hopkins Hosp.

53498

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53498

CERTIFICATE OF DEATH

79-a

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sydenham Hospital) (Ward) 3

Length of residence in city or town where death occurred 20 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Alexander Nelson

If U. S. Veteran specify WAR .....

(a) Residence: No. 1847 Druid Hill Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Elizabeth Nelson

6. DATE OF BIRTH (month, day, year) 7-6-1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butler do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Tappahannock, Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Mary Page

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Elizabeth Nelson

(Address) 1847 Druid Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Date 12/31/38

19. UNDERTAKER Thomas E. Kelly

(Address) 130 S. Pine Street

20. FILED ... 19... Registrar.

DEC 31 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 26, 1938 to December 28, 1938

I last saw him alive on December 28, 1938. Death is said to have occurred on the date stated above, at 6:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcic meningitis	12/25/38
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry S. Gimbel, M. D.

(Address) Sydenham Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53499 CERTIFICATE OF DEATH 23 F 53499

1. PLACE OF DEATH Fruhlis Sq. Hsp. — 26-E Registered No.

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Charles Keiser (CHARLES E. KEISER)

(a) Residence: No. 410 S. Conkling St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Myrtle Keiser

6. DATE OF BIRTH (month, day, year) Sept. 13. 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min
	55	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Adam Keiser

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Ella Fairley

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mr. Adam Keiser (Father)
(Address) 1823 Fleet St.

18. BURIAL, CREMATION, OR REMOVAL
St. Paul's 5th Ref. Cem. Dec. 31. 1938
Place Date 19

19. UNDERTAKER HENRY SANDER & SONS. INC. Hy. F. Sander
(Address) Baltimore & Broadway.

DEC 31 1938

(Signature) Hampton Williams, Dep.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 29 . 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. [illegible] 27. 1938. to Dec. 29, 1938

I last saw him alive on Dec. 29, 1938 Death is said to have occurred on the date stated above, at 2:30 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar pneumonia (R. lower lob.)	
Type I.	

Other contributory causes of importance:

Pulmonary Tuberculosis (left upper) (chronic)	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. P. Friedman, M. D.

(Address) Fruhlis Sq. Hsp.

V S 3

S. E.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 53500 HEALTH DEPARTMENT—CITY OF BALTIMORE F 53500

CERTIFICATE OF DEATH

13-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 17-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William H. Brown

(a) Residence: No. 912 Argyle Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, year) Jan 9, 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	11	20 19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bottlack for 86

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unemployed

10. Date deceased last worked at this occupation (month and year) [illegible] 1938

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Chestertown Md

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Mary Yoker

16. BIRTHPLACE (city or town) (State or country) Chestertown Md

17. INFORMANT William O Brown (Son)

(Address) 912 Argyle Ave

18. BURIAL, CREMATION, OR REMOVAL.

Place Mt Auburn Date 12-31- 1938

19. UNDERTAKER Charles S. Cooper

(Address) 674 N. Calhoun St.

20. FILED 1938 Huntington Williams, Supt.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-28-1938

22. I HEREBY CERTIFY, That I took charge of the remains deceased above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dysentery	12/
bacillary	12/
	38

Other contributory causes of importance:

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George S. Allen M.D.

(Address) 1 E. Pleasant St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 31 1938

E 53501

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 53501

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1815 N. Gay St. St., 8-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John M. Reilly

If U.S. Veteran specify WAR .....

(a) Residence: No. 1815 N. Gay st. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Carroll Reilly

6. DATE OF BIRTH (month, day, year) Mar. 5, 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
84 yrs	9 mo	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Compositor Paper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore Sun

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George Reilly

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Catherine Green

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Daughter Mrs. Thomas Gorman

(Address) 1815 N. Gay St

18. BURIAL, CREMATION, OR REMOVAL Parkwood Cemetery Date Jan 2, 1939

19. UNDERTAKER Elmer W. Conklin, Sr.

(Address) 924 E. Eager St.

DEC 31 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 1 1938 to December 29 1938

I last saw him alive on December 29, 1938 Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	12/11/36
Coronary Insufficiency	
Chronic Tuberculosis Meninges	

Other contributory causes of importance:

Uraemia and Cardiac Dilatation	12/14/38

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Physical Signs & Urinalysis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, what was the relation?

(Signed) Albert Eisenberg, M. D.

(Address) 2025 E. Monument St.

E. B.—WRITE PLAINLY, with unfading ink—THIS IS A PERMANENT RECORD. Any item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53502

CERTIFICATE OF DEATH

23 F 53502

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md. Registered No.

CITY OF BALTIMORE: (No. St., 4-25 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Vernon Geyer If U. S. Veteran specify WAR

(a) Residence: No. 738 W. Lexington St., Balto., Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vernie Andrews Geyer

6. DATE OF BIRTH (month, day, year) June 17, 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

FATHER

13. NAME Charles Geyer.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

MOTHER

15. MAIDEN NAME Ida Weaker

16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

17. INFORMANT Records - U. S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place National Cemetery Date Jan 3rd 1939

19. UNDERTAKER Frank Della Rose
(Address) 52 N. Morley St.

20. FILED Huntington Williams, Registrar

DEC 31 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 28, 1938 to December 30, 1938

I last saw him alive on December 30, 1938 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Cardiac failure, myocarditis, chronic Unkno

Tuberculosis, moderately advanced, Unknow chronic

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. M. N. Anderson M. D.
T. B. Anderson

(Address) U. S. Marine Hospital, Md.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 53503

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53503

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH Provident Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Division St. 19 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rebecca Wroten

If U. S. Veteran specify WAR

(a) Residence: No. 20 W Gilmor St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas Wroten

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
37			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Southport N.C.

FATHER

13. NAME Terry Westcott

14. BIRTHPLACE (city or town) (State or country) Southport N.C.

MOTHER

15. MAIDEN NAME Lizzie Frink

16. BIRTHPLACE (city or town) (State or country) Southport N.C.

17. INFORMANT Thomas Wroten

(Address) 20 W Gilmor St

18. BURIAL, CREMATION, OR REMOVAL

Place Wilmington NC. Date Jan 2, 1939

19. UNDERTAKER Mrs Kate B. Williams

(Address) 322 N Schroeder St.

20. FILED DEC 31 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-30-38

22. I HEREBY CERTIFY, That I attended deceased from 12-22- 1938 to 12-30- 1938

I last saw her alive on 12-22- 1938. Death is said to have occurred on the date stated above, at 11.10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriola-Sclerosis	?
	over

Other contributory causes of importance:

Cardiac Failure	?

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. F. Maloney M. D.

(Address) Provident Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

53504 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 53504

CERTIFICATE OF DEATH

✓ 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1121 Druid Hill St., 11-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME James Wilson

If U. S. Veteran specify WAR .....

(a) Residence: No. 1121 Druid Hill St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joanna Wilson

6. DATE OF BIRTH (month, day, year) Sept 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	3 2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) /

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salisbury Md

FATHER

13. NAME Benjamin Wilson

14. BIRTHPLACE (city or town) (State or country) Salisbury Md

MOTHER

15. MAIDEN NAME Nellie Wilson

16. BIRTHPLACE (city or town) (State or country) Salisbury Md

17. INFORMANT Joanna Wilson

(Address) 1121 Druid Hill

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lookout Date Dec 31, 1938

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Schroeder St

20. FILED DEC 31 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1938 to Dec 28, 1938

I last saw h— alive on Dec 28, 1938 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	11-1-38

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. McKay, M. D.

(Address) 1126 Druid Hill

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 53505

F 53505

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1523 W Lexington St. Ward) 19-2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George T Olsen

If U. S. Veteran specify WAR .....

(a) Residence: No. 1523 W Lexington St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Wh	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 24-1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	0	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Olsen

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Belle Carpenter

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Belle Snead

(Address) 1523 W Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Dec 31, 1938

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 N Schroeder St

20. FILED DEC 31 1938 Huntington Williams, Registrar

V 8 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-28-1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	12/25/38
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) George S. Allen M. D.

Coroner

(Address) 30 Fairmount Ave

F 53506

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53506

CERTIFICATE OF DEATH

V 164

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Rear 1 523 Beaumont Ave. St. 27-10 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Otto Braudan
If U. S. Veteran specify WAR .....

(a) Residence: No. 523 Beaumont Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 28, 1915

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Truck
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mfr.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER
13. NAME William Braudan
14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER
15. MAIDEN NAME Lea White
16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT William Braudan
(Address) 523 Beaumont Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 12/31- 1938

19. UNDERTAKER Forest Brooks & Son
(Address) Calhoun & Hollins sts

20. FILED ..... 19.. ..... Registrar

DEC 31 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 29, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide Poisoning (Automobile Exhaust)	

Other contributory causes of importance:

Was an operation performed? No Date of .....
For what disease or injury? —
Name of operation — Date of .....
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Suicide Date of injury 12-29- 1938
Where did injury occur? Rear 1 523 Beaumont Ave. Balto., Md.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Rear 1 Home
Manner of injury Turned on automobile engine
Nature of injury + closed garage door

24. Was disease or injury in any way related to occupation of deceased? — If so, specify .....

(Signed) Paul Schreiber Coroner, M. D.
(Address) Coroner

INSTRUCTIONS—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53507 F 53507

CERTIFICATE OF DEATH

23 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Queen Esther Day (38035) If U. S. Veteran specify WAR

(a) Residence: No. 828 N. Whatcoat St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Ferale	Colored	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward

6. DATE OF BIRTH (month, day, year) Dec. 25, 1914 ~~1911~~

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23 ~~24~~		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Hilliard Braham

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Lula Pigram

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Arlington Date 1/1 1939

19. UNDERTAKER Thomas E. Nelson
(Address) [illegible]

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 15, 1938 to December 26, 1938

I last saw her alive on December 26, 1938 Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Apr. 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 8

H 53508

HEALTH DEPARTMENT—CITY OF BALTIMORE

53508

CERTIFICATE OF DEATH CGK--40350 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 15-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Spencer Rusk

If U. S. Veteran specify WAR

(a) Residence: No. 1422 N. Gilmore St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married (Sep)

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Blanche (Sep)

6. DATE OF BIRTH (month, day, year) 12-18-1878

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	60	0	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME John Rusk

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Lucy ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Arbutus Cemtery Date Jan 1 38

19. UNDERTAKER Thos. E. Nelson (Address) 1303 Freisman St.

20. FILED DEC 31 1938 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 28, 1938 to December 29, 1938

I last saw him alive on December 29, 1938 Death is said to have occurred on the date stated above, at 6.45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Sautelle M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53509

CERTIFICATE OF DEATH

93-8

F 53509

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 806 Newington Ave St. 13-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. McClain

If U.S. Veteran specify WAR

(a) Residence: No. 806 Newington Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

6a. If married, widowed, or divorced — BUSBAND of (or) WIFE of William H. McClain

6. DATE OF BIRTH (month, day, year) Jan. 15, 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER

13. NAME James M. Trowbridge

14. BIRTHPLACE (city or town) (State or country) West Virginia

MOTHER

15. MAIDEN NAME Sarah J. Snyder

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT Mrs Winona Manown

(Address) 806 Newington Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Terra Alto, West Virginia Date Dec. 31, 1938

19. UNDERTAKER E. Leroy Stabler, Inc.

(Address) 1252 E. North Ave.

20. [illegible] Huntington Williams, Jr.

Registrar.

DEC 31 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29/38, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1938 to Dec 29/38, 19

I last saw h as alive on Dec 28, 1938 Death is said to have occurred on the date stated above, at 7a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocarditis	about Dec 1/38
Other contributory causes of importance: arteriosclerosis	?

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Walter Stabler M. D.

(Address) 2220 Garrison Blvd

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

53510

HEALTH DEPARTMENT—CITY OF BALTIMORE

53510

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH St Agnes Hospital

Registered No.

CITY OF BALTIMORE: (No. Wilkens Ave, St. 15-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Holmes

If U. S. Veteran specify WAR ...

(a) Residence: No. 2404 Elsinore Ave St., ... Ward ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 5-1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80		25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 1868

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School Teacher

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Va Va

FATHER

13. NAME M Scott Holmes

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Catherine Krager

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Raymond Holmes

(Address) 2404 Elsinore Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Jan 2 '38 19

19. UNDERTAKER Chas E Fosnock

(Address) 832 Madison Ave

20. FILED ... 19 ... Registrar.

DEC 31 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-30, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-8, 1938 to 12-30, 1938

I last saw h[illegible] alive on December 29, 1938 Death is said to have occurred on the date stated above, at 2:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Degenerative cardio vascular disease with Chronic myocarditis	

Other contributory causes of importance:

Was an operation performed? No Date of None

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Robert Sheppard, M. D.

(Address) St. Agnes Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53511

CERTIFICATE OF DEATH

V 23 F 53511

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Kernan Hospital for Crippled Children St. [illegible] Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances Johnson

If U. S. Veteran specify WAR

(a) Residence: No. 1703 E. Eager St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced WIFE of HUSBAND of

6. DATE OF BIRTH (month, day, year) 12-16-30

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	0	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Elroy Johnson

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Julia ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Elroy Johnson father (Address) 1703 E. Eager St.

18. BURIAL, CREMATION, REMOVAL Place Baltimore Md Date 12-31- 1938

19. UNDERTAKER Elroy O. Wilson (Address) 1510 Orleans ST

20. FILED DEC 31 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-29- 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-17-38 to 12-29- 1938

I last saw her alive on 12-29- 1938 Death is said to have occurred on the date stated above, at 6:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
TBC ? T 4, 5, 6 vertebral with abscess formation	3-17-38
Pleural effusion	12-22-38
Mediastinal abscess	12-22-38

Other contributory causes of importance:

Was an operation performed? yes Date of 11-4-38

For what disease or injury? TBC abscess

Name of operation Drainage ? abscess

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Moses Gellman, M. D.

(Address) Kernan Hospital.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53512

CERTIFICATE OF DEATH

93-c

F 53512

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St. 15-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Franklin Lewis

If U. S. Veteran specify WAR

(a) Residence: No. 2924 Walbrook Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 4 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P.R.R.

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation 40 5

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Rowland Lewis

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Christina Lutz

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Hattie Lewis

(Address) 1702 Lansing Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore, Cemetery Date Jan 2, 1939

19. UNDERTAKER William J. Tickner & Sons

(Address) North & Pennsylvania Aves.

20. FILED DEC 31 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 29. 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 5.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis + Thrombosis	

Other contributory causes of importance Chronic Nephritis Carcinosis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.
Coroner

(Address)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53513

CERTIFICATE OF DEATH

97 F 53513

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3102 Liberty Hts Ave, St., 15-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 83 yrs. 9 mos. 23 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eliza Shirley Gilroy

If U. S. Veteran specify WAR

(a) Residence: No. 3102 Liberty Hts Ave, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Gilroy

6. DATE OF BIRTH (month, day, year) Dec. 8/1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Fisher

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Susan Perry

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Miss Ruth Perry Gilroy

(Address) 3102 Liberty Hts Ave

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cem. Date Dec 3. 1938

19. UNDERTAKER Wm Tucker Sons.

(Address) North & Ta. ave.

20. FILED DEC 81 1938, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 37 to Dec 31, 38

I last saw h... alive on Dec 27, 1938. Death is said to have occurred on the date stated above, at 1 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	Yrs
Other contributory causes of importance: Arteri Sclerosis	Yrs

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) W. S. Gilroy, M. D.

(Address) 6772 Forest Av

V8 8

NOTE—Information required should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53514

CERTIFICATE OF DEATH

82-a

F 53514

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp St., 20 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mr. Eugene M. Farman

(a) Residence: No. 5 N Bentalou St St., 20 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 7-1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Water Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cafe Belvedere Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Thomas F. Farman

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret A. Abbegail

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Farman
(Address) 5 N. Bentalou St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date Jan 2/39

19. UNDERTAKER Wm. F. B. Gilbert & Son
(Address) 1324 Eutaw place

20. FILED DEC 31 1938 By Katherine Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-30-38. 19

22. I HEREBY CERTIFY, That I attended deceased from 12-24-38 to 12-31-38 19

I last saw h[illegible] alive on 12-30-38 Death is said to have occurred on the date stated above, at 12:50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leo A. Brouillet M. D.

(Address) Bon Secours Hosp

V0 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

35-5-65-2

35 53515

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

× 23 F 53515

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 7-5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Edith Beck

(a) Residence: No. Rockhall - St., ... Ward, Kent Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/1/03

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
35	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Marcellus Beck

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Arlinda Hopkins

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records -
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Edesville Cem. Date Jan 2 - 1939

19. UNDERTAKER Mayo Williams
(Address) Chestertown Maryland

20. FILED DEC 31 1938 By Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1938 to Dec 30, 1938

I last saw her alive on Dec 30, 1938. Death is said to have occurred on the date stated above, at 4:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary abscess (tuberculous)	

Other contributory causes of importance:

Bright's nephritis

Was an operation performed? yes Date of Dec 16, 1938

For what disease or injury? Chronic Carcinoma Bladder

Name of operation Cystostomy

What test confirmed diagnosis? Death Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Kenneth L. Piccadilly M. D.

(Address) Johns Hopkins Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53516

CERTIFICATE OF DEATH

216-M

F 53516
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St. 15-L Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anthony Geppi

If U. S. Veteran specify WAR

(a) Residence: No. 2803 Baker St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 12, 1929

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
9	10 9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Geppi

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Margaret Potthast

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT John Geppi
(Address) 2803 Baker St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 12/31/38 19

19. UNDERTAKER Thos. Kelly & Son
(Address) 1 E Fallsway

20. FILED DEC 31 1938 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 29, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)
to H18 on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? Accident Date of injury Dec. 29, 1938, 19

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Walking Baker St struck by Auto.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) 2757 Wms

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

53517

HEALTH DEPARTMENT—CITY OF BALTIMORE

53517

CERTIFICATE OF DEATH

V 117a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 22-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Howard Abram Wiener

If U. S. Veteran specify WAR ...

(a) Residence: No. 332 W. 30th St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 23, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation 43 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Co.

FATHER

13. NAME Abraham Wiener

14. BIRTHPLACE (city or town) (State or country) Baltimore Co. Germany

MOTHER

15. MAIDEN NAME Nol Kurzon

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Mrs Louis Wiener

(Address) 337 West 30th Street

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Sinai Balto Co. Date Jan 2nd 1939

19. UNDERTAKER H. B. Marshall

(Address) 2339 Falls Road.

20. FILED JAN 1 - 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-29-1938

22. I HEREBY CERTIFY, That I attended deceased from 12/29/38, to 12/29/38

I last saw h[illegible] alive on 12/29/38. Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured gastric ulcer	
& peritonitis	12/28

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) Hammon J Dugan, M. D.

(Address) Union Memorial Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 53518

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53518

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3314 Edmondson Ave St., 16-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna M. Weyrich

If U. S. Veteran specify WAR

(a) Residence: No. 3314 Edmondson Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John H. Weyrich

6. DATE OF BIRTH (month, day, year) January 2, 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Brauer

14. BIRTHPLACE (city or town) (State or country) Waldeck Germany

MOTHER

15. MAIDEN NAME Meta Behrman

16. BIRTHPLACE (city or town) (State or country) Hanover Germany

17. INFORMANT Henry J. Weyrich
(Address) 3314 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jan 2, 1939

19. UNDERTAKER Robt F. B. Walter
(Address) Pratt & Stricker St

20. FILED JAN 1 - 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1937 to Dec 30 1938

I last saw her alive on Dec 30 1938 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Oct 37
Hypertension	indef
cerebral hemorrhage	Oct 37
Other contributory causes of importance:	
Lobar pneumonia	Dec 29-38

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. Lyons M. D.

(Address) 3321 Harford Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

6176 Durham ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53519

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 6-2 Ward) 157-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lois Ann Slythian

If U. S. Veteran specify WAR .....

(a) Residence: No. 25-01 E. Fayette St., St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 5/8/38

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Stephenson Slythian

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Fayette Wells

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date Jan 2, 1939

19. UNDERTAKER John Ulrich
(Address) 200 E Pleasant

20. FILED JAN 1 - 1939 Hunter Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1938 to Dec 30, 1938

I last saw her alive on Dec 30, 1938 Death is said to have occurred on the date stated above, at 11:05 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia, primary	12-1938
Other contributory causes of importance: ? Congenital laryngeal stridor.	

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Wm. C. Stiffler Jr. M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V0 0

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53520

CERTIFICATE OF DEATH

53-E

Registered No. 53520

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Inf. Ward) 7-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME MRS. REBECCA EHRHART

(a) Residence: No. 958 Collington Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	White	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of MR. JAMES EHRHART

6. DATE OF BIRTH (month, day, year) MAY 16, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) MARYLAND

FATHER

13. NAME FRANK BRASHEARS

14. BIRTHPLACE (city or town) (State or country) MARYLAND

MOTHER

15. MAIDEN NAME MARY PRITCHEE

16. BIRTHPLACE (city or town) (State or country) MARYLAND

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodland Memorial Park Date June 1939

19. UNDERTAKER John Ullrich
(Address) 2102 Pulaski

20. FILED JAN 1 - 1939 Registrar. Huntington Williams

EHS

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from SEPT. 7, 1938 to DECEMBER 30, 1938

I last saw her alive on Dec. 30, 1938 Death is said to have occurred on the date stated above, at 1:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Carcinomatosis	
Site Undetermined	
Other contributory causes of importance:	
None	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Howard W. Jones, M. D.

(Address) Church Home & Infirmary

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

53521

HEALTH DEPARTMENT—CITY OF BALTIMORE

53521

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1001 St. Paul St. 11-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Codrington Carrington

If U. S. Veteran specify WAR

(a) Residence: No. Foreley - Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

(on a visit)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Wilkes Preston

6. DATE OF BIRTH (month, day, year) April 10 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Govt

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Washington

FATHER

13. NAME Edward C. Carrington

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Florida Harrison

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs Edw C. Carrington

(Address) 1001 St Paul St City

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date Jan 2 1939

19. UNDERTAKER Henry W. Jenkins Son & Co

(Address) N. Eutaw - Orchard Sts

20. FILED 19 Registrar.

JAN 1 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-30, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-1, 1938, to 12-30, 1938

I last saw h[illegible] alive on 12-30, 1938 Death is said to have occurred on the date stated above, at 1.00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CEREBRAL HEMORRHAGE	12-28-38
ARTERIOSCLEROSIS	
HYPERTENSION	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John [illegible] Gray M. D.

(Address) 1129 ST. PAUL ST.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V0 8

53522 ✓ E 53522

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 2022 Madison Ave St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4/6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosetta M. Shipley — If U. S. Veteran specify WAR

(a) Residence: No. 2022 Madison Ave, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of L. Murray

6. DATE OF BIRTH (month, day, year) 3/28/1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Nelson H. Murray

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Anna Price

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Lewis H. Murray
(Address) 2022 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Memorial Date Jan 14 1939

19. UNDERTAKER Archibald B. Gaddis
(Address) 2101 N. Gilmor St.

20. FILED 19 Huntington Williamsport, Md JAN 1 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12.30 1938

22. I HEREBY CERTIFY, That I attended deceased from 10.1 1937 to 12.30 1938

I last saw her alive on 12.29 1938 Death is said to have occurred on the date stated above, at 10 m. A.

The principal cause of death and related causes of importance were as follows:

	Date of onset
chronic myocarditis	fall '37

Other contributory causes of importance:

chronic interstitial Nephritis	unknown
arterio-sclerosis	"

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) L. Howe M. D.
(Address) 1500 E. Madison St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 2

HEALTH DEPARTMENT—CITY OF BALTIMORE

53523

53523

CERTIFICATE OF DEATH

172-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen'l St. [illegible] Ward)

Length of residence in city or town where death occurred 6 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR NONE

2. FULL NAME Anna Munroe

(a) Residence: No. 2906 Presbury St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry R Munroe

6. DATE OF BIRTH (month, day, year) March 15 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Chestertown Md

FATHER

13. NAME Wm. A. Smith.

14. BIRTHPLACE (city or town) (State or country) Chestertown Md

MOTHER

15. MAIDEN NAME Anna Frances Chestertown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Wm. Donald W. Munroe (son)

(Address) 2907 Chesbrit Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Jan 2, 1939

19. UNDERTAKER STEWART & MOWEN COMPANY

(Address) ~~(W. J. WOODEN SUC.) 100 W. NORTH AVENUE~~ [illegible]

20. FILED JAN 1 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1938, to Dec 30, 1938

I last saw her alive on Dec 30, 1938. Death is said to have occurred on the date stated above, at 6 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated femoral hernia	12-24-38
Ch. myocarditis	
cardiac decompensation	12-28-38

Other contributory causes of importance:

Was an operation performed? yes Date of 12-28-38

For what disease or injury? Strangulated hernia

Name of operation Herniaplasty

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

53524

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 53524

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. St. 27-16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Wm Bruce Ogle

(a) Residence: No. 3351 Belvedere St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Soloman

6. DATE OF BIRTH (month, day, year) July 3, 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dairyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dairy

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fredericks Ct. Md.
(State or country)

FATHER

13. NAME Geo. Wm Ogle

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Hines

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Mark C. Ogle

(Address) 3351 Belvedere ave

18. BURIAL, CREMATION, OR REMOVAL

Place Forestview Md. Date Jan 2 1939

19. UNDERTAKER John Quinlan & Son

(Address) 1705 Eutaw Place, Balto, Md

20. FILED JAN 1 - 1939 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-30 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-7 1938 to 12-30 1938

I last saw him alive on 12-30 1938. Death is said to have occurred on the date stated above, at 5:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease & Coronary Occlusion and Infarction.	Dec 9, 38
Immediate cause Ruptured Heart	Dec 30 38

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) D. J. Baltzley M. D.

(Address) Franklin Square Hosp.

v s. 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

53525

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 59 F 53525

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harriett R. Chichester

If U. S. Veteran specify WAR

(a) Residence: No. Olney, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
79			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Washington B Chichester

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Lydia A.

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Chichester Fallsaway
(Address) Silverspring Md

18. BURIAL, CREMATION, OR REMOVAL
Place Olney Md Date Jany 3 19 39

19. UNDERTAKER John A Mitchell Funl
(Address) 400 Eutaw Place

20. FILED 19 Registrar.

JAN 1 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-31- 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/10/38, 1938, to 12-31, 1938

I last saw her alive on 12-31, 1938. Death is said to have occurred on the date stated above, at 10:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Accident (Hemorrhage)	12-31-38
Arteriosclerotic Cardio Vascular	
Disease	?
Other contributory causes of importance:	
Diabetes Mellitus.	?
Thrombosis of Ant-Post Tibial Artery, right leg	12-28

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Roland E Brown M. D.

(Address) University Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

53526 E 53526

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 15-10 Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mr. John F. Mickey

(a) Residence: No. 3816 Dellcastle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Maude Mickey

6. DATE OF BIRTH (month, day, year) Aug 18 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telegrapher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Operator - retired

10. Date deceased last worked at this occupation (month and year) 6 38

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME Louis Mickey

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Sally Charles

16. BIRTHPLACE (city or town) State or country) Penna.

17. INFORMANT Mrs. L. Mickey

(Address) 510 Langham Road - Hill. Drumm

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Jany 3 1939

19. UNDERTAKER John Oruteluet & Sons

(Address) 1910 Eutaw Place

20. FILED ..... 1939 Registrar

JAN 1 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1938, to Dec. 31, 1938

I last saw h/she alive on Dec. 31, 1938. Death is said to have occurred on the date stated above, at 12 30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CARCINOMA RECTOSIGMOID	1937
PERFORATED WITH GENERALIZED	DEC 1938
PERITONITIS	
Other contributory causes of importance:	

Was an operation performed? YES. Date of Dec. 28, 1938

For what disease or injury? PERITONITIS

Name of operation LAPAROTOMY

What test confirmed diagnosis? CLIN. Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Roland R. Brien M. D.

(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

53527

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53527

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3207 White Ave St. 27-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna M. Hoerr

If U. S. Veteran specify WAR

(a) Residence: No. 3207 White Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 28 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME John Hoerr

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Margaret Norman

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT John Hoerr

(Address) Belair Ave Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Bakewood Date Jan. 2 1939

19. UNDERTAKER Fredk. Lazzelnn

(Address) 7401 Belair Rd.

20. FILED JAN 1 - 1939 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-6- 1938 to 12-31 1938

I last saw her alive on 12-31 1938 Death is said to have occurred on the date stated above, at 10:30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardio vascular renal disease	1932
Other contributory causes of importance: Chr. myocarditis	1936

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) S. A. Alessi M. D.

(Address) 6411 Harford Rd.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

53528

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53528

CERTIFICATE OF DEATH

121

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. West Baltimore General Hospital St. 1303 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Schalitzky
If U. S. Veteran specify WAR

(a) Residence: No. 2014 Presstman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Christina Schalitzky

6. DATE OF BIRTH (month, day, year) Nov. 4 - 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	1	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ice Dealer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER
13. NAME Anton Schalitzky
14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER
15. MAIDEN NAME Bertha Gerber
16. BIRTHPLACE (city or town) Baltimore Md
(State or country)

17. INFORMANT Mrs. Bertha R. Stewart
(Address) 3816 Harford Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Linden Park Date Jan. 2, 1939

19. UNDERTAKER George L. Schmidt
(Address) 710 Fredrick Ave.

Jan 1 - 1939 19 Registrar.

Huntington Millwaukee, Wis.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/30, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/26, 1938 to 12/30, 1938
I last saw him alive on 12/30, 1938 Death is said to have occurred on the date stated above, at 10:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia, bilateral	12-25-38
Generalized pneumonia	12-26-38

Other contributory causes of importance:

Was an operation performed? yes Date of 12-26-38
For what disease or injury? Lobar pneumonia, bilateral
Name of operation Bilateral thoracentesis
What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible] M. D.
(Address) [illegible]

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

53529 F 53529

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4816 Gwynnoak ave St., 28-W Ward)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Ida Hamilton

If U.S. Veteran specify WAR .....

(a) Residence: No. 4816 Gwynnoak ave St., ... Ward, ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 4th 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Chestertown Md

FATHER

13. NAME William H. Hamilton

14. BIRTHPLACE (city or town) (State or country) Chestertown Md

MOTHER

15. MAIDEN NAME Frances Amelia Prichard

16. BIRTHPLACE (city or town) (State or country) Chestertown Md

17. INFORMANT Frances A. Hamilton
(Address) 4816 Gwynnoak ave

18. BURIAL, CREMATION, OR REMOVAL Burial
Place London Park Date Jan 2 . 1939

19. UNDERTAKER George E. Smith
(Address) 1400 Edgar Place Huntington Williams, N.Y.

20. FILED JAN 1 - 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 30th. 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1936. to Dec. 30th. 1938.

I last saw her alive on Dec. 30th. 1938. Death is said to have occurred on the date stated above, at 5.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1- Broncho-Pneumonia	2 days.
2- Arterio-Sclerotic Heart Disease.	5 yrs.?

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? None.

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) Earl L. Humphreys M. D.

(Address) 410 S. Liberty St. Apt.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

53530

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53530

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE, (No.) Aged Home Sinai Hosp. St., 7-5-2 Ward)

Length of residence in city or town where death occurred 5D yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Melnicove

(a) Residence: No. Aged Home - Sinai Hospital St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married~~, Widowed, or Divorced (write the word)
male	w	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None.

6. DATE OF BIRTH (month, day, year) August(?) 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79	+ —	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Peddler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Meyer Melnicove

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Emma Melnicove

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Date 1-1-39
Mount Wilson

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED JAN 1 1939 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/30/38. 19

22. I HEREBY CERTIFY, That I attended deceased from 12/30/38, 19..., to ..... 19.....

I last saw h... alive on 12/30/38. 19... Death is said to have occurred on the date stated above, at 7.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary disease (?)	

Other contributory causes of importance:

Uremia

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? NO.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Herbert N. Gundersheimer M.D.

(Address) Sinai Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53531 — 53534 — 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3401 Woodbrook Ave, 3-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 70 yrs. ... mos. ... ds.

2. FULL NAME Nathan Morr

If U. S. Veteran specify WAR .....

(a) Residence: No. 3401 Woodbrook Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Rachael

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Morris

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Peak

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mr. Morr

(Address) 3401 Woodbrook Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 1-1-39 19

19. UNDERTAKER Jack Levin Inc.

(Address) 1439 E. Baltimore St

20. FILED JAN 1 1939 19 Huntington Mitchell, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-30-38 19

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1938, to Dec. 30, 1938

I last saw him alive on Dec 30, 1938. Death is said to have occurred on the date stated above, at 7:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic C. V. Disease	1938
Other contributory causes of importance: Bronchial Asthma	1905

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Manuel Levin, M. D.

(Address) 4818 Reisterstown Rd

MAIN CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V0 8

53532

HEALTH DEPARTMENT—CITY OF BALTIMORE

53532

CERTIFICATE OF DEATH

127-a

1. PLACE OF DEATH Hebrew Home for Aged Infirm
CITY OF BALTIMORE: (No. Belvedere & Greenspring Ave. (If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? one yr. ___ mos. ___ d.

2. FULL NAME Schoen, Yetta — If U. S. Veteran specify WAR

(a) Residence: No. Levindale St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Max Schoen

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	89			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sigmund Hamblen
(Address) Belvedere & Greenspring

18. BURIAL, CREMATION, OR REMOVAL Riverdale Jan 1. 39
Place ___ Date ___, 19___

19. UNDERTAKER Jack Levin Inc
(Address) 1319 E. Baltimore St

20. FILED ___, 19___ Dept

APR 1 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-31, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-21, 1920, to 12-31, 1938

I last saw her alive on 12-31, 1938. Death is said to have occurred on the date stated above, at 8 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-25-38
Arteriosclerosis	
Hypertension	

Other contributory causes of importance:
Chr. Bronchitis

Was an operation performed? No Date of ___

For what disease or injury? ___

Name of operation ___

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ___

(Signed) Edmund Levin Jr. M. D.

(Address) Levindale

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

53533 F 53533

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto. City Hospital — Registered No. 1877

CITY OF BALTIMORE: (No. Bay View St. 26 Ward 17) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Gertrude Lena Hegamyer — If U. S. Veteran specify WAR ...

(a) Residence: No. 3131 Griffin Ave. St. ... Ward. ...
(Usual place of abode) Richmond, Va. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ WIFE of Oscar W. Hegamyer

6. DATE OF BIRTH (month, day, year) Aug. 14-1905

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ocracoke N.C.

FATHER

13. NAME W. L. Williams

14. BIRTHPLACE (city or town) (State or country) Ocracoke N.C.

MOTHER

15. MAIDEN NAME Virginia J. O'Neill

16. BIRTHPLACE (city or town) (State or country) Ocracoke N.C.

17. INFORMANT Oscar W. Hegamyer (husband)
(Address) 3131 Griffin Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Richmond Va. Date 1/4/39

19. UNDERTAKER Ashby E. Bailey Inc
(Address) 2435 E. Marshall St

20. JAN 1 - 1939 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 1, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to ... death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Minutes
Other contributory causes of importance: Valvular Heart Disease	Years

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. W. Wood Coroner M. D.

(Address) 1712 N. Boulevard

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53534 + 50 F 53534

CERTIFICATE OF DEATH

Registered No. 3213

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St. 25-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Louise Ritter

If U. S. Veteran specify WAR ...

(a) Residence: No. Glen Burnie Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Ritter

6. DATE OF BIRTH (month, day, year) Nov. 13 - 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ... 60

10. Date deceased last worked at this occupation (month and year) Dec. 27, 1938

11. Total time (years) spent in this occupation 38 yrs

12. BIRTHPLACE (city or town) (State or country) Lemgu. Germany

FATHER

13. NAME Fred. Ridder Bush.

14. BIRTHPLACE (city or town) (State or country) Lemgu Germany

MOTHER

15. MAIDEN NAME Amelia Ploeger

16. BIRTHPLACE (city or town) (State or country) Lemgu Germany

17. INFORMANT Henry Ritter

(Address) Glen Burnie, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Jan. 3 1939

19. UNDERTAKER Thomas W Dumpleton

(Address) Glen Burnie, Md

20. FILED JAN 2 - 1939 21. Huntington Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN. 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1938 to JAN. 1, 1939

I last saw her alive on JAN. 1, 1939. Death is said to have occurred on the date stated above, at 12⁴⁰ A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CARCINOMA of BREAST, RIGHT	1933

Other contributory causes of importance:

STREPTOCOCCUS INFECTION, RIGHT BREAST, POST-OPERATIVE

Was an operation performed? YES Date of DEC 30, 1938

For what disease or injury? CARCINOMA, RIGHT BREAST

Name of operation RADICAL MASTECTOMY

What test confirmed diagnosis? BIOPSY. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Charles H. Lough M. D.

(Address) St Agnes Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53535 — CERTIFICATE OF DEATH — 108 F 53535

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1922 Hope St. St. 9-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Johns L. Healy

If U. S. Veteran specify WAR

(a) Residence: No. 1922 Hope St. St., 9 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eleanor Walters

6. DATE OF BIRTH (month, day, year) 8-9-1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk in Co

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railway Station

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Dennis Healy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Burns

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Eleanor Healy
(Address) 1922 Hope St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Jan 2. 1939

19. UNDERTAKER Mary M. Whitfield
(Address) 2212 E. Lanvale St.

20. FILED JAN 2 - 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 30 38

22. I HEREBY CERTIFY, That I attended deceased from December 29 1938 to December 30 1938

I last saw him alive on Dec 30 1938 Death is said to have occurred on the date stated above, at 10 20 m. about

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	about Dec 26 38
Other contributory causes of importance: Heart failure	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Reginald T. Townsend M.D.

(Address) 414 E. Monument

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53536 — 49-T 53536 — Registered No.

1. PLACE OF DEATH: Franklin Square Hospital

CITY OF BALTIMORE: (No.) Fayette & Calhoun St. (Ward) 9-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME: Carrie L. Cheney

(a) Residence: No. 1714 Cole St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas Cheney

6. DATE OF BIRTH (month, day, year) August 18th 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	63	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: (home)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Louis H. Miller

14. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER

15. MAIDEN NAME: Sue Green

16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: Thomas Cheney

(Address) 1714 Cole Street

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Olivet Cem Date 1-1- 1939

19. UNDERTAKER: Robert Brooks & Son

(Address) Calhoun & Hollins Sts

FILED JAN 2 1939 — [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/30/1938

22. I HEREBY CERTIFY, That I attended deceased from 12/27/ 1938 to 12/30/ 1938

I last saw her alive on 12/30/ 1938 Death is said to have occurred on the date stated above, at 10:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cyst of ovary with Carcinomatous Degeneration	

Other contributory causes of importance:

Generalized arteriosclerosis Cardiac muscular insufficiency

Name of operation Laparotomy Date of 12/29/38

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. T. Baughman M. D.

(Address) Franklin Square Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53537

CERTIFICATE OF DEATH

131 F 53537

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1115 N. Stricker St. 16-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Lee

(a) Residence: No. 1115 N. Stricker St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Phoebe Lee

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic, Pa

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... Pa

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Kilmonarch Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Kilmonarch Va.

MOTHER

15. MAIDEN NAME Sarah Brown

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Payonus Lee
(Address) 1514 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lancaster, Co Va Date Jan 2 35 19

19. UNDERTAKER Thos E Kolen
(Address) 1203 Presstman St
Huntington Mutual, Va.

JAN 2 - 1939

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 30 . 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 2nd . 1937 to Dec 30 . 1938
I last saw h. him alive on Dec 29 . 1938. Death is said to have occurred on the date stated above, at 8:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	about 14
Nephritis	11 yrs
Arteriosclerosis	10 yrs
Cerebral Hemorrhage	2 days

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis Physical Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dr. E. J. Lawler M. D.

(Address) 1139 N. Carey St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53538

CERTIFICATE OF DEATH

X 164-a

F 53538 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. St. W. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edith Marie Dempsey Henderson

If U. S. Veteran specify WAR

(a) Residence: No. Dover Delaware St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leon Clifford Henderson

6. DATE OF BIRTH (month, day, year) June 19. 1916.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	6	13.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse. Pt

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital. Pt

10. Date deceased last worked at this occupation (month and year) Dec 1938

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) Delaware.

FATHER

13. NAME Thomas Chas P. Dempsey

14. BIRTHPLACE (city or town) (State or country) Del.

MOTHER

15. MAIDEN NAME Edith Vaughn

16. BIRTHPLACE (city or town) (State or country) Delaware.

17. INFORMANT Edith Weir

(Address) Chestnut, Del.

18. BURIAL, CREMATION, OR REMOVAL

Place Dover Del. Date Jan 4. 39

19. UNDERTAKER Lilly and Federoff

(Address) 403 S. Walnut St

Filed JAN 2 1939 Huntington Wilmer, Registrar

VS 6

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Jan 1. 1939

22. I HEREBY CERTIFY: That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to Her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating Gas Poison	1/1/39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Exam Was there an autopsy? No

23. If death was due to external causes, (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 1/1. 1939

Where did injury occur? Baltimore Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home 347 S. Pentalow St.

Manner of injury Inhalation Illuminating Gas

Nature of injury Poison (Gas)

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. Hamm M. D.
Coroner

(Address) 822 W Baltimore St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

53539

CERTIFICATE OF DEATH

59 F 53539
Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 7-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Estelle Collmus
(a) Residence: No. 929 N. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of William Collmus

6. DATE OF BIRTH (month, day, year) May 8th 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	6	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER
13. NAME Andrew Reese
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Eleanor Young
16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Carrie S. Reese
(Address) 929 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Jan 3rd 1939

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

JAN 2 - 1939 Huntington Williams Reg. Asst.

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1938 to Dec 31, 1938
I last saw her alive on Dec 31, 1938 Death is said to have occurred on the date stated above, at 1:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
A Diabetes Mellitus	?
Chronic Myocarditis	?
Terminal Broncho Pneumonia	12-17-38
Other contributory causes of importance:	
Arteriosclerosis	?

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. R. Cunnapt M. D.
(Address) St. Josephs Hosp.

Exact statement of CAUSES OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53540

CERTIFICATE OF DEATH

23 F 53540

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 21-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret M. Conort (31223)

If U. S. Veteran specify WAR

(a) Residence: No. 1026 S. Paca St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 27, 1922

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md.

FATHER

13. NAME John Conort

14. BIRTHPLACE (city or town) Balto (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret Hoffman

16. BIRTHPLACE (city or town) Balto (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Jan 3rd 1939

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED JAN 2 1939 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 28, 1938 to December 30, 1938

I last saw her alive on December 30, 1938. Death is said to have occurred on the date stated above, at 11:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Dec. 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Leo M. Curtis M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53541

CERTIFICATE OF DEATH

1 F 53541

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hosp St. 26-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Benjamin F. Randall

If U. S. Veteran specify WAR

(a) Residence: No. 330 S. Macon St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed,~~ or ~~Divorced~~ (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 25th 1902

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brown Cork + Seal Co.

10. Date deceased last worked at this occupation (month and year) 11/8/38

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Francis J. Randall

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Catherine Himmel

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Irene Suoka

(Address) 330 S. Macon St

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Park Date Jan 3rd 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JAN 3 1939 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 21 1938 to Dec 31 1938

I last saw him alive on Dec 31 1938. Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

Typhoid Fever - Toxemia + Hemorrhage

Date of onset

Other contributory causes of importance:

Uremia

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Dy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury, 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. Crumpt, M. D.

(Address) St Josephs Hosp.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53542

CERTIFICATE OF DEATH

82-W 40242 JS

F 53542

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME James Brown

(a) Residence: No. 685 W. Mulberry St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	?

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ? 1873 ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ? ?

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL.

Place Mt Calvary Date 1/2 1939

19. UNDERTAKER Rayner Sanders

(Address) 1413 E. Preston St

Huntington Williams, Jr.

Registrar.

JAN 2 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 28. 1938

22. I HEREBY CERTIFY, That I attended deceased from December 24, 1938 to December 28, 1938.

I last saw him alive on December 28, 1938. Death is said to have occurred on the date stated above, at 6:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec. 1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. DeSantelle M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53543

CERTIFICATE OF DEATH

CGK--40337 F 53543

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 27-19 Ward) 43

Registered No. 107-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Campbell

If U. S. Veteran specify WAR .....

(a) Residence: No. 5503 Park Heights Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Lavina

6. DATE OF BIRTH (month, day, year): Sept. 25, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	68	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Isaac Campbell

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Margaret Huston

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Calvary Date: 1/3 1939

19. UNDERTAKER: Rayner Sanders

(Address) 1413 E. Preston St.

20. FILED JAN 3 1939 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): December 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 27 1938 to December 29 1938

I last saw him alive on December 29, 1938. Death is said to have occurred on the date stated above, at 10.22 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-25-38

Other contributory causes of importance: .....

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. De Lantelle, M. D.

(Address) Baltimore City Hospitals

V0 2

REFERENCE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53544

CERTIFICATE OF DEATH

46-F 403 F 53544

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Josephine Meyers

(a) Residence: No. 3038 Boston St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Meyers

6. DATE OF BIRTH (month, day, year) 6-29-1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME David C.

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Mary Caroline

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Greenly Clem Date 1/2/39 19

19. UNDERTAKER St. Chas. J. Kealy Undertaker
(Address) 1000 S. Kenwood Ave.

20. FILED JAN 2- 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 28, 1938, to December 31, 1938

I last saw her alive on December 31, 1938. Death is said to have occurred on the date stated above, at 4:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of pancreas	1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Lautalle M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53545

CERTIFICATE OF DEATH

F 53545

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 804 PONTIAC St. 25-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. 2 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JOHN LINSENMEYER

If U. S. Veteran specify WAR

(a) Residence: No. 804 PONTIAC St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of MARY LINSENMEYER

6. DATE OF BIRTH (month, day, year) OCTOBER 18 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CHECKER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. PULLMAN-STANDARD CAR CO INC

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MD

FATHER

13. NAME GEORGE LINSENMEYER

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME CATHERINE SCHEIDEL

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMANT MARY LINSENMEYER (WIFE)
(Address) 804 PONTIAC ST.

18. BURIAL, CREMATION, OR REMOVAL
Holy Cross A.A.C. Date JAN. 3rd 1939

19. UNDERTAKER Bernard G. Hoale
(Address) 121 E Mad St

20. FILED DEC 2 - 1938 H. Augustus Wilson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DECEMBER 30 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 17 1938 to Dec 30 1938

I last saw him alive on Dec 30 1938 Death is said to have occurred on the date stated above, at 7.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	2 days
Other contributory causes of importance Arteriosclerosis	6 mos

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) C. B. White M. D.

(Address) 1209 Fallsway

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53546 632 — 27-B F 53546

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. .....

CITY OF BALTIMORE: (No. ..... St. 7-5 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Henry Smith — If U. S. Veteran specify WAR .....

(a) Residence: No. Federalsburg St., ... Ward. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 10-13-18

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	20	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Will Smith

14. BIRTHPLACE (city or town) (State or country) N. Car

MOTHER

15. MAIDEN NAME Annie Hill

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Federalsburg Date Jan 4, 1939

19. UNDERTAKER J. J. Trumatem Sons
(Address) J. J. Federalsburg Md.

20. FILED JAN 10 1939 — [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1938 to Jan 1, 1939

I last saw him alive on Jan 1, 1939 Death is said to have occurred on the date stated above, at 930 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Rt Hip	1937
& Secondary	
Pos. Spinal Fistula	1938

Other contributory causes of importance:

Tuberculosis Fistula
Pyelonephritis

Was an operation performed? Yes Date of 6/30/38

For what disease or injury? Tbc Hip - Rt

Name of operation Debridement Rt. Hip

What test confirmed diagnosis? Biop Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Milton L. Lobay, M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

JAN 2 1939

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53547

CERTIFICATE OF DEATH

93-F 53547

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 261 S. Ellwood Ave. St. 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Louis E. Broom

(a) Residence: No. 261 S. Ellwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary A. Broom

6. DATE OF BIRTH (month, day, year) Oct. 4, 1849

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	89	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marine Salvage (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Broom

14. BIRTHPLACE (city or town) (State or country) not known

MOTHER

15. MAIDEN NAME Ellen Stansbury,

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Wilson Auld,
(Address) 261 S. Ellwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date Jan 3 1939

19. UNDERTAKER Geo. W. Zeskler
(Address) 1737 Eager St.

JAN 2-1939 Huntington Williamsport, Md.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1938. to Dec 31, 1938.

I last saw him alive on Dec 31, 1938. Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	
Arteriosclerosis	

Other contributory causes of importance:

Urinary fistulae	

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) John J. Gould, M. D.

(Address) 14 N. East ave.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53548

CERTIFICATE OF DEATH

F 53548

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 8-7 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Cassidy

(a) Residence: No. 1429 N. Bond St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 10-1870

7. AGE	Years	Months	Days	If LESS than 1 day.....hrs. or min.
	67	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Luke Cassidy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Dunn

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Ellen Kelly
(Address) 1212 E. Federal St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 1/4 1939

19. UNDERTAKER Chas F. Kraus & Son Inc
(Address) 115 W. Fayette St Baltimore, Md.

JAN 2 - 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 31-1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
— If so, specify

(Signed) Paul Schreiber Coroner, M. D.

(Address) Coroner

V 5 6

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53549

CERTIFICATE OF DEATH.

+82-a

F 53549

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3716 Kemble Road ST., 9-3 WARD)

2-FULL NAME Laura J Martin

(a) RESIDENCE NO. Hampstead Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If ~~married, widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of: Thomas A Martin

6 DATE OF BIRTH (month, day, and year): Apr 12 1864

7 AGE — Years: 74 | Months: 8 | Days: 19 | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): own home

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: William Hampstein

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Elizabeth Baublitz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs Vernon Stevens

(Address): Hampstead Md

15 Filed JAN 2 - 1939 H Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): JAN 1 1939

17 I HEREBY CERTIFY, That I attended deceased from DECEMBER 27 1938 to JAN. 1 1939.

that I last saw her alive on JAN 1 1939,

and that death occurred, on the date stated above, at 830 P. m.

The CAUSE OF DEATH* was as follows:

APOPLEXY

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary): arteriosclerosis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Arthur J Dawes M. D.

1-1- 1939 (Address) 800 W 33rd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Md — DATE OF BURIAL: Jan 4 1939

20 UNDERTAKER: Edw A Tipton — ADDRESS: Hampstead Md

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53550

CERTIFICATE OF DEATH

95-B F 53550

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gertrude Elizabeth Schmidt Wagner

If U. S. Veteran specify WAR ...

(a) Residence: No. 404 Ambassador apts St., ... Ward. Baltimore, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Carl Edward Wagner

6. DATE OF BIRTH (month, day, year) Aug 27-1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New York City
(State or country) N.Y.

FATHER

13. NAME Mr. David Henry Schmidt

14. BIRTHPLACE (city or town) New York City
(State or country) N. Y.

MOTHER

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) Brooklyn, N.Y.
(State or country)

17. INFORMANT Mr. Carl E. Wagner
(Address) Ambassador Apt.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date Jan. 3 1939

19. UNDERTAKER Wm. J. Tickner and Sons
(Address) North and Penna. Aves.

20. FILED JAN 2 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1938, to Jan 1, 1939.

I last saw h[illegible] alive on Jan 1, 1939. Death is said to have occurred on the date stated above, at 11:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	1932 ?
Rheumatic Heart Disease	1908 ?
	1

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Richard W. Watterson Jr. M. D.

(Address) 1111 Mercantile Trust Bldg.

OCCUPATION is very important. See instructions on back of certificate.

F 53551

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 F 53551

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1545 Clifton Ave. St., 13-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. August Gross

If U. S. Veteran specify WAR

(a) Residence: No. 1545 Clifton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Ernestine Gross

6. DATE OF BIRTH (month, day, year) August 6, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teamster - 3

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stable 0

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (city or town) (State or country) West Prussia Germany

FATHER

13. NAME ? Gross

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Edith Gross
(Address) 1545 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date January 3 1939

19. UNDERTAKER Wm. J. Tickner and Sons
(Address) North and Penna. Aves.

20. FILED JAN 2 1939 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1938 to Dec. 31, 1938

I last saw h/m alive on Dec. 31, 1938 Death is said to have occurred on the date stated above, at 7.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Dec. 30.
Chronic Nephritis	
Arteriosclerotic Heart Disease	

Other contributory causes of importance:

Uremia

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Benjamin Hirshstein M. D.
(Address) 601 S. Fillmore Ave.

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

53552

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 F 53552

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Baldo Jewl Hospital (Ward) 6

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Barbara Jamison

If U. S. Veteran specify WAR

(a) Residence: No. 2921 Westwood Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Daniel Jamison

6. DATE OF BIRTH (month, day, year) April 9, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Nicholas Brendel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Willand

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Daniel W. Jamison

(Address) 719 Edgewood St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date January 3 1939

19. UNDERTAKER Wm. J. Tickner and Sons

(Address) North and Pennat Ares.

20. FILED JAN 2 — 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-29-38, 19... to 12-31-38, 19...

I last saw her alive on 12-31-38, 19... Death is said to have occurred on the date stated above, at 5:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, left lobar	?
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel L. Lee M. D.

(Address) Balto Jewl. Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V2 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

53553

CERTIFICATE OF DEATH

59 F 53553

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1639 Branch Ave St. 9-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella V Hockensmith

If U. S. Veteran specify WAR

(a) Residence: No. 1639 Branch Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Calvin N.

6. DATE OF BIRTH (month, day, year) June 3 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shippensburg Pa.

FATHER

13. NAME Mc Clure

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mr William Hockensmith

(Address) 3124 Harvey Ave

18. BURIAL, CREMATION, OR REMOVAL East Harrisburg Cem Date Jan 3 1939

19. UNDERTAKER William Dickson & Sons

(Address) North & Pennsylvania Aves

20. FILED JAN 2 1939 . 19 H. Clifton Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30 . 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/28 . 1938 . to 12/30 . 1938.

I last saw her alive on 12/28 . 1938. Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	12/28/38
Other contributory causes of importance: Hypertension Cardio Vascular Renal Diabetes Mellitus	? ?

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? PE Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr. Dr. M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

V6 5

53554

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 53554

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2207 Ashland Ave. Ward) 9-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Frances Kaucky

(a) Residence: No. 2207 E. Ashland Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Anton Kaucky

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	X	X	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1903

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Anton Vancura

(Address) 906 Gladesia St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Cem. Date 1/2 39

19. UNDERTAKER C. E. SCHIMUNEK

(Address) 2603 E. MADISON ST.

JAN 2 - 1939 Huntington Mitchell, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31. 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1938 to Dec 31, 1938

I last saw her alive on Dec 31, 1938 Death is said to have occurred on the date stated above, at 11:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Pleurisy with effusion	over

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. B. Marek, M. D.

(Address) 801 N. Eutaw Ave

OCCUPATION is very important. See instructions on back of certificate.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

53555

CERTIFICATE OF DEATH

46-BF 53555

Registered No. .....

1. PLACE OF DEATH St. Agnes Hospital
CITY OF BALTIMORE: (No. Fulton & Catan Ave St. 25-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR ...

2. FULL NAME Mrs. Katie Stone

(a) Residence: No. Calloway P.O. St. Marys Co. Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mr. William Stone

6. DATE OF BIRTH (month, day, year) 1908

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME ...
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ida Redgell
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. William Stone (Address) Calloway P.O. St. Marys Co.

18. BURIAL, CREMATION, OR REMOVAL Place Leonardtown Date 1/2/ 1939

19. UNDERTAKER C. A. Robertson (Address) Leonardtown Md

Filed JAN 2 1939 Washington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 2. 1939

22. I HEREBY CERTIFY, That I attended deceased from 11-26 1938 to 1-2- 1939

I last saw h[illegible] alive on 1-2- 1939. Death is said to have occurred on the date stated above, at 12:01 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the duodenum	?
Other contributory causes of importance:	

Was an operation performed? Yes Date of 12/31/38

For what disease or injury? Exploratory Laparotomy

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Robert Sheppard M. D.

(Address) St Agnes Hospital

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53556

CERTIFICATE OF DEATH

146 F 53556

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St. 11-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah H. Grace

If U. S. Veteran specify WAR .....

(a) Residence: No. 116 Hazel ave St., Londedown, Md. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Earl E. Grace

6. DATE OF BIRTH (month, day, year) Oct 1901

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
37	3	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME W. Schildt

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Bradley — Mary

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Earl

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place London PK Date 1/3 19 39

19. UNDERTAKER Edward Loulon

(Address) 2349 Wash Blvd

20. FILED JAN 2 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 1 1939

22. I HEREBY CERTIFY, That I attended deceased from December 26 1938 to January 1 1939

I last saw h.C.t. alive on January 1 1939. Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxemia of Pregnancy (Nephritis)	
Other contributory causes of importance: Uremia	

Was an operation performed? Yes Date of December 28, 1938

For what disease or injury? Toxemia of Pregnancy

Name of operation Vaginal Hysterotomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so specify .....

(Signed) Irene P. Blenkowski M. D.

(Address) Maryland General Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 53557 HEALTH DEPARTMENT—CITY OF BALTIMORE F 53557

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Wilson Tb Hosp St., 15-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr William WOLFE Kaufman

If U. S. Veteran specify WAR

(a) Residence: No. 2207 Clifton Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vena Kaufsman

6. DATE OF BIRTH (month, day, year) 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant 2047

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Sol Kaufman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Dinnia Fay

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT J. D. Taylor (Address) U B G H

18. BURIAL, CREMATION, OR REMOVAL Hebrew Cemetery Place Date 1-2- 1939

19. UNDERTAKER Jack Lewis Inc (Address) 1439 E. Baltimore St

JAN 2 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 1-1-39, 19

22. I HEREBY CERTIFY, That I attended deceased from 12-23, 1938 to 1-1-39, 19

I last saw h alive on 1-1-, 1939 Death is said to have occurred on the date stated above, at 11:08 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Coronary occlusion	12-23-38
Cardiac Decompensation	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

53558

CERTIFICATE OF DEATH

#6-E

Registered No. E 53558

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 N Monroe St. 20-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6/ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Celia Mooney

(a) Residence: No. 512 N Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Mooney

6. DATE OF BIRTH (month, day, year) June 27 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Michael Furry

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Ming

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Catherine Mooney

(Address) 512 N Monroe St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 1/3 1939

19. UNDERTAKER George H. Talley

(Address) Fulton & Fayette Sts

JAN 3 - 1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/31, 1938

22. I HEREBY CERTIFY, That I attended deceased from 8/5, 1938, to 12/31, 1938

I last saw her alive on 12/31, 1938 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Daniel L. Wyatt M. D.

(Address) 1945 W. Dale.

OCCUPATION is very important. See instructions on back of certificate.

V8 3

M. D. B. 1268-9

53559 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 F 53559

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3000 Rayner ave St., 16-6 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Mc Manus

(a) Residence: No. 3000 Rayner ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Mc Manus

6. DATE OF BIRTH (month, day, year) Nov-25-1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Co Down Ireland

FATHER

13. NAME Hugh Mc Gauran

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Pond

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John Mc Manus
(Address) 3000 Rayner Ave

18. BURIAL, CREMATION OR REMOVAL
Place New Cathedral Date 1/3/39, 19

19. UNDERTAKER H B Manning & Son
(Address) 2924 Edmondson Ave

Huntington Williams, Registrar.

JAN 2 — 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1938, to Dec 31, 1938

I last saw h alive on Dec 31, 1938. Death is said to have occurred on the date stated above, at 9.45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	3 days
Other contributory causes of importance:	
Diabetes Mellitus	1932

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Manley Toag, M. D.

(Address) 729 Wash. Blvd.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

53560

CERTIFICATE OF DEATH

159 F 53560

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Bamberger (Carol Ann) If U. S. Veteran specify WAR

(a) Residence: No. 924 N. Calvert St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 12/21/38

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
0	0	12.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Premature Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Isaac Bamberger

14. BIRTHPLACE (city or town) (State or country) ~~Russia~~ ~~Md~~ Baltimore Md

MOTHER

15. MAIDEN NAME ~~Sara Hecht~~ Lillian Hale

16. BIRTHPLACE (city or town) (State or country) Maryland Md.

17. INFORMANT Mercy Hospital
(Address) N. Calvert St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Jan 2 1939

19. UNDERTAKER N. W. Masterson
(Address) 605 N. Calvert St

20. FILED JAN 2 - 1939 Lington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/2/39 , 19

22. I HEREBY CERTIFY, That I attended deceased from 12/21/38 , 19 ... to 1/2/39 , 19 ...

I last saw her alive on 1/2/39 , 19 ... Death is said to have occurred on the date stated above, at 12:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity.	
Other contributory causes of importance:	
Bronchio Pneumonia	2 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto Evans , M. D.

(Address) Mercy Hospital

Mail CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53561

CERTIFICATE OF DEATH

93-C F 53561

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital S. 10 - Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME John Grimes

(a) Residence: No. 1202 E. Madison St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

6a. If married, widowed, or divorced. HUSBAND of ~~WIFE of~~ Catherine Grimes

6. DATE OF BIRTH (month, day, year) Sept 10. 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Stevedoring

10. Date deceased last worked at this occupation (month and year) 12/29/38

11. Total time (years) spent in this occupation 24 yrs.

12. BIRTHPLACE (city or town) (State or country) Queen Ann Co. Md

FATHER

13. NAME Philip Grimes

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Emma Anderson

16. BIRTHPLACE (city or town) (State or country) Queen Anne Co. Md

17. INFORMANT Catherine Grimes
(Address) 1202 Madison St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Date Jan- 1 1939

19. UNDERTAKER Mrs R. C. Elliott-Daughter
(Address) 1129 N. Caroline St

JAN 2 1939 Huntington Williams, Sig. Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 29, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4 hrs.
Other contributory causes of importance: Chr. Myocarditis; Hypertension	6 mos.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of ...

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? O Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Michael A. Abrams, M. D. Coroner

(Address) 2360 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

V S 6

3562 6241

HEALTH DEPARTMENT—CITY OF BALTIMORE 53562

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ____ St., 8-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME John Coleman

If U. S. Veteran specify WAR

(a) Residence: No. 2520 E Federal St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lotta

6. DATE OF BIRTH (month, day, year): 5-15-82

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
56	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Wholesale Grocery

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 042

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Penn.

FATHER

13. NAME: Joseph Coleman

14. BIRTHPLACE (city or town) (State or country): Penn

MOTHER

15. MAIDEN NAME: Ella Ackerly

16. BIRTHPLACE (city or town) (State or country): Penn

17. INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Balt Cemetery Date 1-4-39 19

18. UNDERTAKER Leonard J Roth

(Address) 6305 Belair Road

20. FILED JAN 3 1939 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1938 to Dec 31, 1938

I last saw him alive on Dec 31, 1938 Death is said to have occurred on the date stated above, at 12 m. daylight

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	Dec 31
Other contributory causes of importance:	
arteriosclerosis	

Was an operation performed? ____ Date of ____

For what disease or injury? ____

Name of operation ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Wilson M. Dot, M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

53563 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 53563

CERTIFICATE OF DEATH

✓ 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2406 Chesley Ave St., 27-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George J Miller

If U. S. Veteran specify WAR .....

(a) Residence: No. 2406 Chesley Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Miller

6. DATE OF BIRTH (month, day, year) Aug 1-1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	Aug	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pilot

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George J Miller

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Teresa Hummel

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Margaret Miller

(Address) 2406 Chesley Ave.

18. BURIAL, CREMATION, OR REMOVAL

Greenland Date Jan 3 1939

19. UNDERTAKER Leonard Rush

(Address) 205 Harford Road

20. FILED JAN 3 1939 19 ... Registrar. Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31st 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1938, to Dec 31, 1938

I last saw him alive on Dec 31st, 1938. Death is said to have occurred on the date stated above, at 12 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1936
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel B Wylie M. D.

(Address) 1371 E North Ave

OCCUPATION is very important. See instructions on back of certificate.

V0 8

53564

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53564

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 5922 Belvoir Ave St., 27-L Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran —— specify WAR

2. FULL NAME James Francis McCarrier

(a) Residence: No. 5922 Belvoir Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. Color or Race White
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Coramay M. McCarrier
6. DATE OF BIRTH (month, day, year) Apr 2, 1865
7. AGE Years 73 Months 8 Days 30 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) 2 yrs
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME James McCarrier
14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER
15. MAIDEN NAME Mary Jane Leach
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Coramay McCarrier
(Address) 5922 Belvoir Ave

18. BURIAL, CREMATION, OR REMOVAL Date Jan 4 1939
Place Dolphin Mowry Funeral Home

19. UNDERTAKER Wilson & Foulds
(Address) 1101 Eutaw Pl

20. FILED JAN 3 – 1939 Washington Williams Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1 1939

22. I HEREBY CERTIFY, That I attended deceased from 10-14 1937 to 1-1- 1939
I last saw him alive on 1-1- 1939 Death is said to have occurred on the date stated above, at 11:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vasculo-renal disease	Unknown
Other contributory causes of importance:	
Apoplexy	1-1-39

Was an operation performed? No. Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, state fully

Signed) Jno. B. Sybert M. D.
(Address) 2807 Harford Ave

53565

HEALTH DEPARTMENT—CITY OF BALTIMORE

53565

CERTIFICATE OF DEATH

V133

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 2 & 4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. George Payne

If U. S. Veteran specify WAR No Record

(a) Residence: No. 417 Westgate Rd, City St. ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of Mrs. Louise Payne

6. DATE OF BIRTH (month, day, year) Sept 24, 1887

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
51	3	11 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Vice-Consul (G.B.)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Great Britain

10. Date deceased last worked at this occupation (month and year) 11/26/38

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Amsterdam Holland

FATHER

13. NAME Mr. George Payne

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME F. Muller

16. BIRTHPLACE (city or town) (State or country) Holland

17. INFORMANT Mrs. Payne.
(Address) Above.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Jan 5th 1939

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

Registrar

20. FILED JAN 3 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/1, 1939

22. I HEREBY CERTIFY, That I attended deceased from 12/30 1938 to 1/1 1939

I last saw him alive on 1/1 1939 Death is said to have occurred on the date stated above, at 9:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
POLYCYSTIC K. DISEASE (CONGENITAL)	
(Polycystic)	
Other contributory causes of importance:	
HYPERTENSION.	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) S. D. Sunday M. D.
(Address) Owen

OCCUPATION is very important. See instructions on back of certificate.

VOID JAN 3 1939

53566

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53566

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 415 Rosecroft Terrace Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles F. Berbus

If U. S. Veteran specify WAR

(a) Residence: No. 415 Rosecroft Terrace St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Bertha Berbus

6. DATE OF BIRTH (month, day, year) Nov 1st 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	1	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Window Dresser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woolworth Co

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation do

12. BIRTHPLACE (city or town) (State or country) Charleston S. C.

FATHER

13. NAME John Berbus

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edward C. Berbus
(Address) 415 Rosecroft Terrace

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 3rd 1939

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul st

20. FILED JAN 3 - 1939 19 Baltimore, Md. Dec 31 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31st 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 1938 to Dec 31 1938

I last saw him alive on Dec 31 1938 Death is said to have occurred on the date stated above, at 11½ P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral insufficiency	Feb
mitral stenosis	Feb
arteriosclerosis	
Other contributory causes of importance:	
cardiac decompensation	2 wks

Was an operation performed? no Date of

For what disease or injury? ✓

Name of operation ✓

What test confirmed diagnosis? Clin Phy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury, 19

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Fred J. Kipley, M. D.

(Address) 3321 Fredk Ave

OCCUPATION is very important. See instructions on back of certificate.

53567

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 53567

CERTIFICATE OF DEATH

V 82-6

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1510 N. Bethel St., 8-6 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Josephine Kiesewetter

(a) Residence: No. 1510 N. Bethel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Emil Kiesewetter

6. DATE OF BIRTH (month, day, year) May 15 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Franz Duran

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Wagenbrenner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Francis Kiesewetter

(Address) 4259 Nicholas Ave.

18. BURIAL, CREMATION, OR REMOVAL

Holy Redeemer Date 1-3-39 19

19. UNDERTAKER Wendell E. Humphreys

(Address) 15-21 N. Broadway

20. FILED JAN 3 - 1939 19 Eugene Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 30, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	

Other contributory causes of importance: Cerebral Hemorrhage

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Paul Schenken Coroner, M. D.

(Address) Coroner

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

V S 6

$3568 F 53568

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3544 Ash St. St. 13-8 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Edward Crawford

If U. S. Veteran specify WAR.....

(a) Residence: No. 3547 Ash St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amanda Crawford

6. DATE OF BIRTH (month, day, year) April 30, 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trucker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton mill

10. Date deceased last worked at this occupation (month and year) April 1932

11. Total time (years) spent in this occupation 3 yrs.

12. BIRTHPLACE (city or town) (State or country) Rockingham Co. Va.

FATHER

13. NAME Isaac Crawford

14. BIRTHPLACE (city or town) (State or country) Rockingham Co. Va.

MOTHER

15. MAIDEN NAME Mary Crawford

16. BIRTHPLACE (city or town) (State or country) Rockingham Va.

17. INFORMANT Denny Crawford

(Address) 3547 Ash St.

18. BURIAL, CREMATION, OR REMOVAL

St. Mary's Lorraine Date Jan 3, 1939

19. UNDERTAKER Thenow & Son

(Address) 3615 Pennsylvania Ave

20. DATE RECEIVED JAN 3 - 1939 Baltimore, Md. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1939, to Jan. 2, 1939

I last saw him alive on Jan 2 1939. Death is said to have occurred on the date stated above, at 2.55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan.
Chronic Nephritis	
Arteriosclerotic Heart Disease	
Hemiplegia	1936

Other contributory causes of importance:

Uremia

Pulmonary Edema

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Benjamin Hyglestein, M. D.

(Address) 601 S. Ellwood Avenue

OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B 1268-9

53569 HEALTH DEPARTMENT—CITY OF BALTIMORE 53569

CERTIFICATE OF DEATH ✓ 117a

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Fayette & Calhoun St., 18 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Henry H Imhofe

(a) Residence: No. 115 N. Carey St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence N. Imhofe

6. DATE OF BIRTH (month, day, year) July 3. 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73	5	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year) Fall 1938

11. Total time (years) spent in this occupation 45 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Herman H. Imhofe

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Dierker

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Louise Imhofe
(Address) 3313 Liberty Heights Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 4. 1939

19. UNDERTAKER Mr. & Mrs. John W. Teufel & Son
(Address) 801 W. Fayette St

20. DEAD JAN 3 - 1939 Huntington, Williamsburg, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/2/ 1939

22. I HEREBY CERTIFY, That I attended deceased from 12/20/ 1938 to 1/2/ 1939

I last saw him alive on 1/2/ 1939. Death is said to have occurred on the date stated above, at 9:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastric Ulcers with massive Gastric Hemorrhage	

Other contributory causes of importance:

General debility & Senility

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) D. J. Battaglia M. D.

(Address) 7 Franklin Sq. Hosp.

V S 3 OCCUPATION is very important. See instructions on back of certificate.

53570

HEALTH DEPARTMENT—CITY OF BALTIMORE

53570

CERTIFICATE OF DEATH

34-94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1135 Wicomico St., 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry Nispel

(a) Residence: No. 1135 Wicomico St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 11, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cuts Finisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Veneer Door Co.

10. Date deceased last worked at this occupation (month and year) Nov 25 / 37

11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME John Nispel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louisa Nispel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Louisa Musch
(Address) 1135 Wicomico St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 3, 1939

19. UNDERTAKER Mc & Mc. John W. Tenfelde Son
(Address) 801 W. Fayette St.

20. FILED ..... 19 ..... Registrar.

JAN 3 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1936 to Dec 30 1938

I last saw him alive on Dec 20 1938 Death is said to have occurred on the date stated above, at 11:09 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary sclerosis	
myocardial failure	
and chronic pancreatitis	
Emphysema & Emphysematous cysts	

Other contributory causes of importance:

Latent syphilis	
generalized arteriosclerosis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Wass. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert J. Glass, M. D.

(Address) 876 Wash. Blvd.

OCCUPATION is very important. See instructions on back of certificate.

53571 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 53571

CERTIFICATE OF DEATH

✓ 93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 810 N. Carey St. 16-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Young

If U. S. Veteran specify WAR .....

(a) Residence: No. 810 N Carey St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Young

6. DATE OF BIRTH (month, day, year) Feb. 6, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME James Patterson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Julia Ward

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Blanche Young

(Address) 810 N Carey St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Jan 3 19 39

19. UNDERTAKER James Briggs

(Address) 142 W. Hill St

JAN 3 - 1939

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1938 to Dec 30, 1938

I last saw h alive on Dec 30, 1938 Death is said to have occurred on the date stated above, at 10.10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	—
Myocardial Chg	
Other contributory causes of importance:	
Pulmonary Edema	12/29/38

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. F. Haviland M. D.

(Address) 611 N Carrollton Ave

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

V 0 3

F 53572

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53572

CERTIFICATE OF DEATH

93-c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2649 ~~Wilkins~~ Ave. St. 20-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William R. Staylor

(a) Residence: No. 2649 Wilkins Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude M. Terpenning

6. DATE OF BIRTH (month, day, year) May 26, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Motorman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Railways Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

FATHER

13. NAME William A. Staylor

14. BIRTHPLACE (city or town) Balto. Md.
(State or country)

MOTHER

15. MAIDEN NAME Caroline Menzer

16. BIRTHPLACE (city or town) Balto. Md.
(State or country)

17. INFORMANT Gertrude M. Staylor
(Address) 2649 Wilkins Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Jany 5, 1939

19. UNDERTAKER John A. Mitchell & Sons
(Address) 1900 Eutaw Place, 19[illegible] Baltimore

20. FILED Jan 3 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from May, 1935 to Jan 1, 1939

I last saw him alive on Dec 31, 1939. Death is said to have occurred on the date stated above, at 7:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	Dec 31 1938
Myocarditis	1936
Other contributory causes of importance:	
Senile debility	1936

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify Edwin Flaming, M.D. 1904 W. Baltimore St.

(Signed) ..... M. D.

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

F 53573

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53573

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 225 S. Gilmore St. 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Margretta M. Farley

(a) Residence: No. 225 S. Gilmore St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John L. Farley

6. DATE OF BIRTH (month, day, year) Nov. 3, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Brown

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME --

16. BIRTHPLACE (city or town) (State or country) ---

17. INFORMANT Mrs. Ida Lutz
(Address) 225 S. Gilmore St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cemy. Date 1/4/39 19

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 31, 19 38

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21, 19 38 to Dec 31, 19 38

I last saw her alive on Dec. 30, 19 38 Death is said to have occurred on the date stated above, at 11:50 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	
Other contributory causes of importance: apoplexy	12/24/38

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Signs & Symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) William J. Burgess M. D.

(Address) 1326 W. Lombard St.

OCCUPATION is very important. See instructions on back of certificate.

VS. 1939

53574 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 53574

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 16-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Horace N Geary

If U. S. Veteran specify WAR

(a) Residence: No. 2576 Edmondson ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nellie C. Neale

6. DATE OF BIRTH (month, day, year) June 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Geary

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Pearson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Belle Albert
(Address) 2572 Edmondson ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Co Date Jan 4 1939

19. UNDERTAKER Miss Mitchell Sons
(Address) 1900 Eutaw Place

20. FILED Jan 4 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 24, 1938 to January 2 1939

I last saw him alive on January 1, 1939 Death is said to have occurred on the date stated above, at 3:10A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydropyopneumothorax - right	
Hydropneumothorax - right	
Metastatic calculus - right	

Other contributory causes of importance:

Arteriosclerotic heart disease
Pulmonary edema

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Holland Cohen, M. D.

(Address) Sinai Hospital

F 53575

53575

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2829 St. Paul St. Ward) 12-3

Length of residence in city or town where death occurred 76 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Elmina Lohrfink

(a) Residence: No. 2829 St. Paul St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Lohrfink

6. DATE OF BIRTH (month, day, year) Feb 16-1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

FATHER

13. NAME Robert Hannon

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Elizabeth Byerly

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Miss Emma Lohrfink
(Address) 2829 St Paul St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Jan 4-39

19. UNDERTAKER Certainly & Co
(Address) 2224 N Charles St

Huntington Williams Registrar

JAN 3 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2nd 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr ... 1900 to Jan 2 1939

I last saw her alive on Jan 1st 1939 Death is said to have occurred on the date stated above, at 5A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	Jan 1 1939
Arterial Sclerosis	Apr 1900

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of ...

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) R. Stanley Gorsuch M. D.

(Address) 2900 Kenwood Ave

OCCUPATION is very important. See instructions on back of certificate.

53576 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 53576

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 N. Streeper St., 7-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marie Rohrbach

If U. S. Veteran specify WAR .....

(a) Residence: No. 511 N. Streeper St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julius Rohrbach

6. DATE OF BIRTH (month, day, year) March 30 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Michael Pfetzer

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Mary Kuhl

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Julius Rohrbach

(Address) 511 N. Streeper St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 1/4, 1939

19. UNDERTAKER Margaret G. Flynn

(Address) 2107 N. Eden St

20. FILED ....., 19.....

Registrar.

JAN 4 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1938, to Jan 2, 1939

I last saw her alive on Jan 1, 1939 Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Anemia	12/30/38
(Coma)	
Other contributory causes of importance: Cellulitis Left Arm	6 wks ago
Thrombophlebitis Left Arm	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Microscopic examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify .....

(Signed) C. V. Meyer Jr. M. D.

(Address) 1506 E. 33rd St.

OCCUPATION is very important. See instructions on back of certificate.

53577

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53577

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 607 Penn ave Ward 17-1)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie E. Ross

If U. S. Veteran specify WAR

(a) Residence: No. 607 Penn ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/14 1873.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md
(State or country)

FATHER

13. NAME Henry Forte

14. BIRTHPLACE (city or town) Baltimore, Md
(State or country)

MOTHER

15. MAIDEN NAME Georgiana Lowrie

16. BIRTHPLACE (city or town) Baltimore, Md
(State or country)

17. INFORMANT Emory Ross

(Address) 607 Penn ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Jan. 4 '39

19. UNDERTAKER Mrs. George H. Bowland

(Address) 1631 Richard Hill Ave

20. FILED JAN 3 - 1939 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/1/39 . 19

22. I HEREBY CERTIFY, That I attended deceased from Aug. 14 '38 to Jan. 1 '39 . 19

I last saw her alive on Jan. 1 '39. Death is said to have occurred on the date stated above, at 8 P. M.

The principal cause of death and related causes of importance were as follows:

	Duration
Organic Heart Disease	

Other contributory causes of importance:

Hard work

Age

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Lee Slemp M. D.

(Address) 524 Mosher

OCCUPATION IS VERY Important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

53578 HEALTH DEPARTMENT—CITY OF BALTIMORE 53578

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2021 McCulloh St. 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. 11 mos. 9 dys How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Joseph Lawrence Chambers If U. S. Veteran specify WAR

(a) Residence: No. 2021 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice Chambers

6. DATE OF BIRTH (month, day, year) Jan 22-1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1068

10. Date deceased last worked at this occupation (month and year) Oct 5&6-1935

11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Alfred Chambers.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Katherine Holmes

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Alice Chambers
(Address) 2021 McCulloh St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Jan. 3 - 39

19. UNDERTAKER Mrs. George N. Holland
(Address) 1631 Druid Hill Ave

20. FILED 1[illegible] 19[illegible] [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1935 to Dec 31, 1938

I last saw him alive on Dec 31, 1938 Death is said to have occurred on the date stated above, at 9.50 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3 yrs.
Other contributory causes of importance: Interstitial Nephritis	1935
Arteriosclerosis	

Was an operation performed? No Date of

For what disease or injury?

Nature of operation

What test confirmed diagnosis? Physical Examination Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. H. Wright, M. D.

(Address) 1304 Orleans St

VS 8

JAN 3 - 1939

53579 Bowser F 53579

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1305 Division St. 17-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary A. Bowser

(a) Residence: No. 1305 Division St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of not Known

6. DATE OF BIRTH (month, day, year) 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hse. Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Late

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia, Pa.

FATHER

13. NAME Edward Grimm

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME not Known

16. BIRTHPLACE (city or town) (State or country) not Known

17. INFORMANT Miss Irene Bowser
(Address) 1305 Division St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date Jan 3, 1939

19. UNDERTAKER Mrs Francis A. Hemsley
(Address) 578 N. Biddle St.

20. FILED 1939 Huntington Hollenbeck, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1938 to Dec. 31, 1938

I last saw her alive on Dec. 30, 1938 Death is said to have occurred on the date stated above, at 8:15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial Nephritis	2 years

Other contributory causes of importance:

None

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. C. Pelletier, M. D.

(Address) 817 N. Charles Terr.

OCCUPATION is very important. See instructions on back of certificate.

F 53580

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53580

CERTIFICATE OF DEATH

178-a cc

1. PLACE OF DEATH Balto. City Hospitals — Registered No. 187

CITY OF BALTIMORE: (No. Bay View St. 26 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Daniel D. Haggerty JR. — If U. S. Veteran specify WAR ...

(a) Residence: No. 30 Woodridge Ave. St., ... Ward. Spring Gr Ter

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	✓

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Oct. 21-1938

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME ? Collie

14. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

MOTHER

15. MAIDEN NAME Helen Smith

16. BIRTHPLACE (city or town) (State or country) Johnstown Pa.

17. INFORMANT Daniel D. Haggerty (Address) 30 Woodridge Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date 1/3 1939

19. UNDERTAKER John G. Connelly (Address) Essex Md.

20. FILED JAN 3 1939 ... Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 2, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia result of Carbon Monoxide gas poisoning.	2 days.
Other contributory causes of importance:	

Was an operation performed? No Date of ✓

For what disease or injury? ✓

Name of operation ... Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident No Date of Injury Dec 28 1938

Accident, suicide, or homicide? ... Where did injury occur? 30 Woodridge Road Woodlawn (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of Injury Mother attempted suicide by gas, Gas, stove

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Bond St.

E 53581

53581

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1340 Homestead St. 9-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clayborne G. Giles

(a) Residence: No. 1340 Homestead St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia B. Giles

6. DATE OF BIRTH (month, day, year) Jan 17 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mach Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Garage

10. Date deceased last worked at this occupation (month, day, year) Jan 1939

11. Total time (years) spent in this occupation 6 mos.

12. BIRTHPLACE (city or town) (State or country) Richmond Virginia

FATHER

13. NAME John Giles

14. BIRTHPLACE (city or town) (State or country) Richmond Va

MOTHER

15. MAIDEN NAME Fanny Clayborne

16. BIRTHPLACE (city or town) (State or country) Richmond Va

17. INFORMANT Mrs. M. Walker

(Address) 1340 Homestead Street

18. BURIAL, CREMATION, OR REMOVAL

Place Richmond Va Date Jan. 4th 1939

19. UNDERTAKER E. R. Lamoreaux

(Address) 1003 N. Gates Street

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7th 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 2 1938 to Jan 2 1939

I last saw him alive on Jan 2 1939. Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Cardiac Intractable	2 Dec
Other contributory causes of importance: Arterio Sclerosis	1937

Was an operation performed? No Date of —

For what disease or injury?

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. L. Zimmerman M. D.

(Address) 9858 Harford Rd

OCCUPATION is very important. See instructions on back of certificate.

JAN 3 - 1939

53582

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53582

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 N. Monastery Ave. St. 20-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alan Gray Emory

If U.S. Veteran specify WAR .....

(a) Residence: No. 15 N. Monastery Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hilda F. Emory

6. DATE OF BIRTH (month, day, year) Jan. 29th 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Novelties

10. Date deceased last worked at this occupation (month and year) Dec. 1938

11. Total time (years) spent in this occupation 12 Yrs.

12. BIRTHPLACE (city or town) (State or country) Centreville, Md.

FATHER

13. NAME Blanchard Emory

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Kerr

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Hilda F. Emory 15 N. Monastery Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Cem. Date Jan. 3rd 1939

19. UNDERTAKER (Address) 4005 West Baltimore St.

20. FILED ..... 19 ..... Registrar.

N 3-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 31st 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1938 to Dec 31 1938

I last saw him alive on 12/31/38 2.15 P.M. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows: Pneumonia Apoplexy — Date of onset 12/30/38

Other contributory causes of importance: Arterio Sclerosis, Chronic Myocarditis, High Blood Pressure

Was an operation performed? ..... Date of ..... No

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dright Snyder M. D.

(Address) 3373 E Baltimore St

OCCUPATION is very important. See instructions on back of certificate.

E 53583

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 53583

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3008 Virginia Ave. St. 27-16 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Albert N. DeHoff

(a) Residence: No. 3008 Virginia Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie V. DeHoff

6. DATE OF BIRTH (month, day, year) January 27, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Levering Coffee Co.

10. Date deceased last worked at this occupation (month and year) December 1938

11. Total time (years) spent in this occupation 21 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John DeHoff

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Sophia Cramblitt

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Albert N. DeHoff

(Address) 3008 Virginia Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Jan. 4 19 39

19. UNDERTAKER [illegible]

(Address) 1008 N. Baltimore St.

20. FILED 19 Registrar.

JAN 3 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 2 19 39

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible] thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Embolism — Date of onset 1/2/39

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John Haines Coroner M. D.

(Address) 612 E. 40th St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Gertrude McGinnis

F 53584

53584

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-e

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp St., 16-e Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Gertrude Mc Ginnis

(a) Residence: No. 2034 Edmonson Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
fe.	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Mc Ginnis

6. DATE OF BIRTH (month, day, year) April 26-1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64 63	8	7 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Crisfield Maryland

FATHER

13. NAME William W. Bealton

14. BIRTHPLACE (city or town) (State or country) Somerset Co. Maryland

MOTHER

15. MAIDEN NAME Nellie Dawson

16. BIRTHPLACE (city or town) (State or country) Somerset Co Maryland

17. INFORMANT Mary Marie Somers

(Address) 2034 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Ashley Cem. Date Jan 5- 1939

19. UNDERTAKER Contract pd John C. Miller Inc

(Address) 2435 E. Oliver st.

20. FILED ..... 19..... Registrar.

JAN 3 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-2-39 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 8 1938 to Jan 2 1939

I last saw her alive on Jan 2 1939 Death is said to have occurred on the date stated above, at 3 A M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of intestine
Metastasis of liver

Date of onset

Other contributory causes of Importance:

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) Franklin Sq. Hosp.

53585 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 53585

CERTIFICATE OF DEATH

X/108

1. PLACE OF DEATH

Registered No.....

CITY OF BALTIMORE: (No.) St. Joseph's Hospital St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 2 mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Gill Reuter

If U. S. Veteran specify WAR .....

(a) Residence: No. Essex Maryland St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) December 30 1938

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Milton O. Reuter

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Irma L. Hawkins

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Milton O. Reuter
(Address) Essex Ave Essex Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Jan 3 1939

19. UNDERTAKER Leonard J. Roche
(Address) 5305 Harford Rd.

20. FILED JAN 3 1939, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2 1939

22. I HEREBY CERTIFY, That I attended deceased from December 30 1938 to Jan 2 1939

I last saw her alive on Jan 2 1939 Death is said to have occurred on the date stated above, at 9.50 AM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Atelectasis	12/30/38
bilat pneumonia	1/1/38

Other contributory causes of importance:

Was an operation performed? Yes Date of .....

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Aut Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. R. Cunniffe M. D.

(Address) St. Josephs Hosp.

V8 3

53586 F 53586

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St., 7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Wagner

(a) Residence: No. 2112 E. Madison St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pikesville Md.

FATHER

13. NAME Wm Wagner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Walstonne
(Address) 2112 E Madison St

18. BURIAL, CREMATION, OR REMOVAL
Date Jan 4 1938
Where Lederer

19. UNDERTAKER Jos J Storr & Son
(Address) 3001 Pinkney Ave

Jan 3 1939 Huntington W. Va. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 1 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 25 1938 to Jan. 1 1939

I last saw him alive on Jan 1 1939. Death is said to have occurred on the date stated above, at 1:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	2
Left lobar pneumonia	8 das

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Duncan P. Allen M. D.

(Address) 3316 Eutaw St

OCCUPATION is very important. See instructions on back of certificate.

V 6 3

12

53587

HEALTH DEPARTMENT—CITY OF BALTIMORE

53587

CERTIFICATE OF DEATH

93-C ✓

8-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1205 N. Montford Ave Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 96 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Dwayze

If U. S. Veteran specify WAR

(a) Residence: No. 1205 N. Montford Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm L. Dwayze

6. DATE OF BIRTH (month, day, year) Nov. 8, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Conrad Becker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Edw. Becker

(Address) 3033 Arunah Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Carroll-Wash Co. Jan. 4 1939

19. UNDERTAKER Wm J Fickler & Son

(Address) North & Pearls.

20. FILED JAN 3 1939 Hennigan, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 11 1938 to Jan. 2 1939

I last saw h[illegible] alive on Jan. 1 1939. Death is said to have occurred on the date stated above, at 4.45a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis.	
Other contributory causes of importance: Aortic heart failure.	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm Schmidt M. D.

(Address) 701 N. Eutaw St.

V0 8

53588

HEALTH DEPARTMENT—CITY OF BALTIMORE

53588

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH Rest home a Infirmary

Registered No.

CITY OF BALTIMORE: (No. 1501 E. Baltimore St., 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? 30 yrs. mos. da.

2. FULL NAME Abraham Gerber

If U. S. Veteran specify WAR

(a) Residence: No. 1501 E Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
~~WIFE~~ (or) WIFE of Ennie

6. DATE OF BIRTH (month, day, year) Sept 11, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 3 yrs ago

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Peter Gerber

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Van Praag

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Ennie Gerber
(Address) 1521 E Baltimore St

18. BURIAL, CREMATION, OR REMOVAL 1-3-39
Pikesville Date 19

19. UNDERTAKER Geary Funeral Home Inc
(Address) 1423 Eutaw Place

20. FILED JAN 3 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from November 7, 1938 to Jan 2, 1939

I last saw him alive on Jan 2, 1939. Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	3 days
Carcinomatosis	2 yrs
	over

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard W Jones M. D.

(Address) Church Home & Infirmary

N-8—1939

53589 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 53589

CERTIFICATE OF DEATH

161-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1502 N. Eden St. St., 9-9 Ward) V

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Judith Lee Miller

If U. S. Veteran specify WAR .....

(a) Residence: No. 1502 N. Eden St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Child

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Child

6. DATE OF BIRTH (month, day, year): Dec 30, 38

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Thomas H. Miller

14. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER

15. MAIDEN NAME: Elizabeth E. Insley.

16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: Thomas H. Miller

(Address): 1502 N. Eden St.

18. BURIAL, CREMATION, OR REMOVAL

Place: New Cathedral Date: Jan 4, 1939

19. UNDERTAKER: John A. Moran

(Address): 3000 E. Baltimore St

20. FILED ..... 19 ..... Registrar

E-1038

VD 5

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 30, 1938 to January 2, 1939

I last saw her alive on January 2, 1939 Death is said to have occurred on the date stated above, at 6.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
A Atelectasis	12/30/38
Pneumonia	12/30/38

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? Physical examination Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Albert Greenberg M. D.

(Address) 702 N. Eutaw St

Whittie

F 53590 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 53590

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1217 Greenmount Ave St., 70 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Ellen Whittie

If U. S. Veteran specify WAR

(a) Residence: No. 1217 Greenmount Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Whittie

6. DATE OF BIRTH (month, day, year) Feb 12 1860

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
78	10	12	19

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John O'Neill

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Ellen

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Alice Whittie

(Address) 1217 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Jan 7, 1939

19. UNDERTAKER Rita Wunderlich

(Address) 914 Greenmount Ave

20. FILED JAN 3 1939 Huntingtown Calvert Co Md

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31st, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 1938, to Dec 31, 1938

I last saw her alive on Dec 31, 1938. Death is said to have occurred on the date stated above, at 7-30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Dec 31
Other contributory causes of importance: Chronic Myocarditis	Dec/37

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) William M Pearce, M. D.

(Address) 1 E Preston St

V8 8

53591

HEALTH DEPARTMENT—CITY OF BALTIMORE

53591

CERTIFICATE OF DEATH

122 45

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 23 Ward

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Breeden

(a) Residence: No. 1609 Marshall St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie

6. DATE OF BIRTH (month, day, year) 3-27-1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Richard A. Calvert

14. BIRTHPLACE (city or town) Calvert County (State or country) Md.

MOTHER

15. MAIDEN NAME Betty Smith

16. BIRTHPLACE (city or town) Calvert County (State or country) Md.

17. INFORMANT ..... D. C. [illegible], nearest
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date Jan. 4, 1939

19. UNDERTAKER R. H. Arnold & Son
(Address) 400 E. Chase St.

20. FILED Jan 4 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-2-1939

22. I HEREBY CERTIFY, That I attended deceased from 1-1-1939 to 1-2-1939

I last saw h[illegible] alive on 1-1-1939 Death is said to have occurred on the date stated above, at 12[illegible]43 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Incarcerated inguinal hernia	12/31/38
Arteriosclerotic heart disease	?

Other contributory causes of importance:

Was an operation performed? yes Date of 1-1-39

For what disease or injury? .....

Name of operation Inguinal Herniaplasty

What test confirmed diagnosis? Surgery Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto. City Hosp.

V8 3

M. D. B 1268-9

F 53592

F 53592 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 522 W. Mulberry St. St., 17-1 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth 28 yrs. mos. ds.

2. FULL NAME Elisa Nardinocchi

(a) Residence: No. 522 W. Mulberry St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Filippo Nardinocchi

6. DATE OF BIRTH (month, day, year) Nov. 9 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ascoli Piceno Italy

FATHER

13. NAME Raffaele Melloni

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Modestina Molitano

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Filippo Nardinocchi (Husband)
(Address) 522 W. Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Jan. 4th 1939

19. UNDERTAKER Frank Della Noce
(Address) 52 N. Morley St.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1938 to Dec 31 1938

I last saw h[illegible] alive on Dec 31 1938. Death is said to have occurred on the date stated above, at 6.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 24, 1938
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Eugene L. Cassagno M. D.

(Address) 514 Drury Lane

OCCUPATION is very important. See instructions on back of certificate.

S 3

N 3 - 1939

Alpheus Lewis

HEALTH DEPARTMENT—CITY OF BALTIMORE

53593

51-FE-34

CERTIFICATE OF DEATH

CCH--36950

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Alpheus Lewis

(a) Residence: No. 1037 Brantley Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-22-1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va. Richmond

FATHER

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Jan 4, 1939

19. UNDERTAKER Mrs Kate R. Williams
(Address) 322 S Schroeder St.

20. FILED ..... 19... Registrar.

JAN 3 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-1, 1939

22. I HEREBY CERTIFY, That I attended deceased from 9-13, 1938 to 1-1, 1939.

I last saw h/ive. alive on 1-1, 1939. Death is said to have occurred on the date stated above, at 9:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Penis with metastasis ?	
Other contributory causes of importance:	

Was an operation performed? yes Date of 9-17-37

For what disease or injury?

Name of operation Amputation Penis

What test confirmed diagnosis? Pathology Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
none If so, specify .....

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto City Hosp.

53594 HEALTH DEPARTMENT—CITY OF BALTIMORE L 53594

CERTIFICATE OF DEATH

108 39134 JS

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp't. St., 3-1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da. If U. S. Veteran Specify WAR

2. FULL NAME Rose Warsonek or Rozalia-MARCISZONEK

(a) Residence: No. 231 S. Bond St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of Michael

6. DATE OF BIRTH (month, day, year) 1887 ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	1 ?		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER
13. NAME Mitchell
14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT B. C. of R. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Jan 5 1939

19. UNDERTAKER William Fiaschetti
(Address) 1618 Eastern Ave

20. FILED Jan 3 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-2, 1939

22. I HEREBY CERTIFY, That I attended deceased from 11-19, 1938, to 1-2, 1939

I last saw h[illegible] alive on 1-1, 1939. Death is said to have occurred on the date stated above, at 5:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia with Empyema	7 weeks
Bilateral Popliteal thrombosis	4 weeks
Bilateral gangrene legs	3 weeks

Other contributory causes of importance:

Was an operation performed? Yes Date of 11/26 - 12/31/38

For what disease or injury? (1) Empyema (2) Gangrene Legs

Name of operation (1) Thoracotomy (2) Amputation legs

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto City Hosp.

JAN 3-1939

53595 ✓ 53595

HEALTH DEPARTMENT—CITY OF BALTIMORE

53595 X131

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mo General Hosp. Linden Ave. & Mad. Sts) (Ward) 3

Length of residence in city or town where death occurred ... yrs. ... mos. 38 hrs. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hanna S. Welling

If U. S. Veteran specify WAR .....

(a) Residence: No. Ivy Resoiella, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Welling

6. DATE OF BIRTH (month, day, year) 10-14-87

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ellicott City Md.

FATHER

13. NAME M. Eliot Sykes.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Mary Ann Gaither

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Mr. William Welling
(Address) Sykesville, Md

18. BURIAL, CREMATION, OR REMOVAL
Place St. Johns Cemy Date Jan. 5, 1939

19. UNDERTAKER C. M. Waltz
(Address) Sykesville Md.

20. FILED ..... 19... Registrar.
JAN 5 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-3-1939

22. I HEREBY CERTIFY, That I attended deceased from 1-1-39 to 1-3 1939

I last saw h.e.r alive on 1-3 1939 Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hem'd	12-28-38
Pneumonia	"
Hypertension cardio-arteriosclerosis-renal disease	"
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) M. J. Hunkowelle M. D.

(Address) Md. General Hosp.

53596 DeLat

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53596

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 14-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Virginia Gertrude DeLat

Mrs. Virginia (Jenny) DeLat

If U. S. Veteran specify WAR .....

(a) Residence: No. 1415 W. Pratt St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Franciskus H. DeLat

6. DATE OF BIRTH (month, day, year) May 5, 1880

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	58	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Charles H. Irvin

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary M. Smith

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Franciskus H. DeLat

(Address) 1415 W. Pratt St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date Jan 4, 1939

19. UNDERTAKER Lott & B. M. Walters

(Address) N.E. Cor Pratt & Stricker Sts

20. FILED Huntington Wilson Registrar JAN 3 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1938, to Jan 1, 1939

I last saw her alive on Dec 31, 1938. Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Glomerulo. nephritis	?
Generalized arteriosclerosis	?
Senile Dementia	?

Other contributory causes of importance:

Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) S. T. R. Revell Jr. M. D.

(Address) Univ. Hosp.

53597 ✓ E 53597

HEALTH DEPARTMENT—CITY OF BALTIMORE

53-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 W Franklin St., 18-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. + mos. + ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Rebecca Crittington

If U.S. Veteran specify WAR .....

(a) Residence: No. 406 W Franklin St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) ——— 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mackin burg Virginia

FATHER

13. NAME James Fabin Sims

14. BIRTHPLACE (city or town) (State or country) Mackinburg Virginia

MOTHER

15. MAIDEN NAME Louise Daily

16. BIRTHPLACE (city or town) (State or country) Mackinburg Virginia

17. INFORMANT Emma Crittington

(Address) 406 W Franklin St

18. BURIAL, CREMATION, OR REMOVAL

Place Wadsworth Va Date Jan 4th 1939

19. UNDERTAKER Elroy O Wilson

(Address) 1000 Brantley

DEC 31 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from July-1, 1938, to Dec-30, 1938

I last saw her alive on Dec 29, 1938 Death is said to have occurred on the date stated above, at 1:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	4 yrs
Other contributory causes of importance: Myocarditis - Arteriosclerosis	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D Franklin M. D.

(Address) 1424 W Lee

53598 HEALTH DEPARTMENT—CITY OF BALTIMORE F 53598

CERTIFICATE OF DEATH CGK--31733

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 4-1 Ward) 59 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ?yrs. ?mos. ?ds. How long in U. S. If of foreign birth? ?yrs. ?mos. ?ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Williams

(a) Residence: No. 241 N. Pearl St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry

6. DATE OF BIRTH (month, day, year) 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ?hrs. or ?min.
45 46	45	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md. Eastern Shore

FATHER

13. NAME John Bank

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Harriett

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date Jan 5th 1939

19. UNDERTAKER Edwin O Wilson
(Address) 1000 Brantley ave

20. FILED ?, 19 ? Registrar.

JAN 3 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 17 1938 to January 1, 1939

I last saw her alive on January 1, 1939 Death is said to have occurred on the date stated above, at 8:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-16-38
Other contributory causes of importance: Diabetes mellitus	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. G. de Lantable M. D.

(Address) Baltimore City Hospitals

53599 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 53599

94-b

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1434 N Broadway St., 8-7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Frank McMahon — If U. S. Veteran specify WAR Worlds

(a) Residence: No. 1434 N. Broadway St., ... Ward Maryland
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Margaret McMahon

6. DATE OF BIRTH (month, day, year) June 1st, 1899

7. AGE — Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
39	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland,

FATHER

13. NAME John McMahon.

14. BIRTHPLACE (city or town) Baltimore. (State or country) Maryland

MOTHER

15. MAIDEN NAME Alice Shannesy

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Mrs. Margaret McMahon
(Address) 1434 N. Broadway.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Jan. 4th, 1939

19. UNDERTAKER Geo. M. Fink & Son
(Address) 811 N. Wolfe St.

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 1st. 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 25. 1938 to Jan. 1, 1939

I last saw him alive on Jan. 1, 1939. Death is said to have occurred on the date stated above, at 6 A. M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Dec. 25. 1938
Other contributory causes of importance:	
Acute Cardiac Dilatation	1/1/39

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Chas. Litterer, M. D.
(Address) 1204 E. Oliver St.

JAN 3 - 1939

53600 HEALTH DEPARTMENT—CITY OF BALTIMORE 53600

CERTIFICATE OF DEATH

x 79-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Pietro Rivera

(a) Residence: No. Pleasant View Terr. Ward. Frederick 2nd

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 12-1938

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
		1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Md

FATHER

13. NAME Rafael Rivera

14. BIRTHPLACE (city or town) (State or country) Cuba

MOTHER

15. MAIDEN NAME Ethel Howard

16. BIRTHPLACE (city or town) (State or country) Frederick Co Md

17. INFORMANT Rafael Rivera

(Address) Pleasant View Terr

18. BURIAL, CREMATION, OR REMOVAL Fairview Cem Jan 3rd 1939

19. UNDERTAKER Bernard P. Hendry

(Address) Frederick Md.

20. FILED JAN 3 - 1939 Huntington, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 2. 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1 1939 to January 2 1939

I last saw him alive on Jan. 2 1939 Death is said to have occurred on the date stated above, at 12:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcic Meningitis	12/28/38
Other contributory causes of importance: Upper respiratory infection two	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Spinal Puncture Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) S. E. Rosenberg M. D.

(Address) Univ. Hospital

53601 ✓ F 53601

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hospital St. 15-1 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edward Thompson

(a) Residence: No. 1342 Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year): Aug 7 1896

7. AGE: Years 42 | Months 4 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Coal Co
10. Date deceased last worked at this occupation (month and year): Retired
11. Total time (years) spent in this occupation: 2

12. BIRTHPLACE (city or town) (State or country): Richmond Va

FATHER
13. NAME: —
14. BIRTHPLACE (city or town) (State or country): —

MOTHER
15. MAIDEN NAME: Mary Thompson
16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT (Address): Mrs Rosie Dobbins 1342 Carey St

18. BURIAL, CREMATION, OR REMOVAL: Florence Mary Va Date 1/2/39 19

19. UNDERTAKER (Address): C. E. Kellam 1303 Pennsylvania Ave

20. FILED JAN 3 - 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 31 38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) on the person and from the evidence obtained by said (Inquest, Autopsy or Inquiry) I declared that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Congestion — Date of onset: Dec 31 1938

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. E. Kellam M. D.

(Address) 1303 Pennsylvania Ave

OCCUPATION is very important. See instructions on back of certificate.

53602 F 53602

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B #38464 SF

1. PLACE OF DEATH

Registered No.....

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Carrie C. King

If U. S. Veteran specify WAR .....

(a) Residence: No. 1444 N. Gay St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert King

6. DATE OF BIRTH (month, day, year) 5/30/1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W. #7

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Henry Propt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Lena Krieger

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date 1-4, 1939

19. UNDERTAKER Albert L. Tilt Jr.

(Address) 1201 N. Charles St.

20. FILED JAN 3 1939 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from October 29, 1938, to January 2, 1939

I last saw her alive on January 2, 1939. Death is said to have occurred on the date stated above, at 10 15 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart disease	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. De Lautelle M. D.

(Address) Baltimore City Hospitals

VS 3

1939

53603 HEALTH DEPARTMENT—CITY OF BALTIMORE E 53603

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp St., 16-8 Ward)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Keelan

If U. S. Veteran specify WAR

(a) Residence: No. 610 Linard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Leonard Keelan

6. DATE OF BIRTH (month, day, year) Oct 26 - 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Cashier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Daniel Miller

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 +

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Bernard Keelan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret King

16. BIRTHPLACE (city or town) (State or country) Harpers Ferry

17. INFORMANT Mrs. Thomas A Keelan wife

(Address) 610 Linard street

18. BURIAL, CREMATION, OR REMOVAL

Place New Calvary Date 1/4/39 19

19. UNDERTAKER Harry [illegible] & Son

(Address) 2924 Edmondson Ave

20. FILED [illegible] Whitman, Registrar

JAN 3 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-1-1939

22. I HEREBY CERTIFY, That I attended deceased from 12-31- 1938 to 1-1- 1939

I last saw him alive on 1-1- 1939. Death is said to have occurred on the date stated above, at 6 59 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arterial Haemorrhage	12-30-38
arterial Hypertension	?
Arterio sclerosis	?
chr. Nephritis	?
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. P. Cumpst M. D.

(Address) St. Josephs Hosp.

3604

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 53604

CERTIFICATE OF DEATH

93-c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2306 Fleet St. 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Mary Dehring

(a) Residence: No. 2306 Fleet St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martin Dehring

6. DATE OF BIRTH (month, day, year) Feb. 12, 1860

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	78	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0057

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Meyer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Frieda Rau

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Maymie Dehring
(Address) 2306 Fleet Street

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Jan, 5, 19 39

19. UNDERTAKER H. Sander & Son, Inc.
(Address) Baltimore St. & Broadway

20. FILED JAN 3 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 26- 1938 to Jan. 1- 1938, 19...

I last saw h... alive on Jan 1- 38, 19... Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis — Arterio Sclerosis	
& Hypostatic Pneumonia	Influenza
Other contributory causes of importance: Acute Dilatation of Heart	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Morris J. Pechenick M. D.

(Address) 3224 Eastern Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53605

CERTIFICATE OF DEATH

92a F 53605

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 908 N. Bond St., 7-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nannie Hatchett

If U. S. Veteran specify WAR

(a) Residence: No. 908 N. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Hatchett

6. DATE OF BIRTH (month, day, year) April 23, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housemaid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Virginia
(State or country)

FATHER

13. NAME Abe Trainum

14. BIRTHPLACE (city or town) Va.
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Lillie May Lewis
(Address) 908 Bond St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Jan 3 1939

19. UNDERTAKER Mrs L. A. Ellis
(Address) 1129 N. [illegible]

20. FILED [illegible] Registrar.

N. 3—1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-30-, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-28-, 1938, to 12-30-38, 19

I last saw h[illegible] alive on 12-28-, 1938. Death is said to have occurred on the date stated above, at 4:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12-1-38
Other contributory causes of importance: Chronic Valvulitis	

Was an operation performed? No Date of

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. H. Bangus M. D.

(Address) 611 N. Carey

OCCUPATION is very important. See instructions on back of certificate.

53606

HEALTH DEPARTMENT—CITY OF BALTIMORE

53606

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Seminary Hospital St. 18-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME George Henson

If U. S. Veteran specify WAR

(a) Residence: No. 108 N. Carlton St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (~~wife~~) Martha Henson

6. DATE OF BIRTH (month, day, year) 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME — —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Sallie Allen

(Address) 108 N. Carlton St

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cemetery Date Jan 3, 1939

19. UNDERTAKER Mrs Katie A Williams

(Address) 222 E Lafayette St Huntington Station, N.Y.

20. FILED JAN 3 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 31, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came ... her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	24 hrs
Other contributory causes of importance: cc. Cardio Vascular Renal Disease	2 yrs

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Michael A Abrams, M. D. Coroner

(Address) 2360 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

Whosa Banner

F 53607

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53607

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 128 N Mount St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran specify WAR ...

2. FULL NAME Whosa Banner

(a) Residence: No. 128 N. Mount St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Willie Banner.

6. DATE OF BIRTH (month, day, year) May 1911

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
27	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jeffersville Georgia.

FATHER

13. NAME Shedrick Crocker.

14. BIRTHPLACE (city or town) (State or country) Jeffersville Ga.

MOTHER

15. MAIDEN NAME Martha Dickson.

16. BIRTHPLACE (city or town) (State or country) Jeffersville Ga.

17. INFORMANT Willie Banner - Husband

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Crem. Date 1/4/39

19. UNDERTAKER Mrs Katie R. Williams

(Address) 333 N. Schroder St.

20. FILED ... 19 ... Registrar.

JAN 6 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/31/38

22. I HEREBY CERTIFY, That I attended deceased from Dec 25 1938 to Dec 31 1938

I last saw h... alive on Dec 31 1938 Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12/28/38
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) R. J. Heyden M.D.

(Address) ... 24. D.

OCCUPATION IS very important. See INSTRUCTIONS on BACK OF CERTIFICATE.

53608 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 53608

CERTIFICATE OF DEATH

131 Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 25-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mr. John Begoin

(a) Residence: No. 3600 MacTavish Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	w	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Mary J Begoin

6. DATE OF BIRTH (month, day, year) June 21, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hungary

FATHER

13. NAME Begoin

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Mrs Rose Berger

(Address) 213 S Clinton St.

18. BURIAL, CREMATION, OR REMOVAL Pardon OK. Date Jan 4/39 19

19. UNDERTAKER Harry H. Little

(Address) 4101 Edmondson Ave

20. FILED JAN 3-1939 Huntington Williams Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-31, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-21- 1938, to 12-31 1938

I last saw h.. alive on 12-31 1938. Death is said to have occurred on the date stated above, at 11.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	
Other contributory causes of importance:	
Partial intestinal obstruction following hernia	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) M. R. Emmert M. D.

(Address) St. Josephs Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 53609

107 F 53609

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 780 Bradley St., 17-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 15 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Bernard Henderson Foster

(a) Residence: No. 780 Bradley St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Dec. 14, 1938

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			15 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Johnson Foster

14. BIRTHPLACE (city or town) (State or country) Gloucester, Va.

MOTHER

15. MAIDEN NAME Virginia Lee

16. BIRTHPLACE (city or town) (State or country) Gloucester, Va.

17. INFORMANT Mother
(Address) 780 Bradley

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEMORIAL SERVICE Date JAN 3 1939

18. UNDERTAKER
(Address) Per H. A. Moore
Huntington Williams, M.D.
Registrar.

20. FILED JAN 3 - 1939

4507

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1938, to Jan. 1, 1939

I last saw him alive on Dec. 31, 1938. Death is said to have occurred on the date stated above, at 4 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio pneumonia Bulateral	Dec. 31 1938
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Hassen Albertazzi M. D.
(Address) University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53610

CERTIFICATE OF DEATH

F 53610

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 408 Fankleton Ave St. ..... Ward) 15

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Paul J. Dettel Jr. If U.S. Veteran specify WAR .....

(a) Residence: No. 408 Fankleton Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 2 - 1939

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Paul Jr Dettel Sr

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Anne Edna Gallagher

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Paul J. Dettel Sr
(Address) 408 Fankleton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date JAN 3 1939

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

(Date filed) JAN 3 - 1939 Huntington Williams Nurse

4505

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1939 to Jan 2, 1939

I last saw him alive on Jan 2, 1939 Death is said to have occurred on the date stated above, at 6.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. B. Ortlote M. D.

(Address) 1279 Fillmore St

HEALTH DEPARTMENT—CITY OF BALTIMORE

53611

CERTIFICATE OF DEATH

82-05 53611

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Gabriel Carter

(a) Residence: No. 240 S. Dallas St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME David Carter

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Nellie Daniels

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL JAN 3 1939
Place UNIVERSITY MEDICAL SCHOOL Date
Commissioner of Health

19. UNDERTAKER Per H. A. Boers
(Address)

20. FILED 1-3-1939 Huntington Williams, Registrar

4506

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 16, 1938 to December 28, 1938

I last saw him alive on December 28, 1938. Death is said to have occurred on the date stated above, at 2.25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorhage	12-25-38
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. G. De Lautelle M. D.

(Address) Baltimore City Hospitals

53612 HEALTH DEPARTMENT—CITY OF BALTIMORE 53612

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 9-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Grant Bent

(a) Residence: No. 2007 Homewood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth B. Bent

6. DATE OF BIRTH (month, day, year) Mar. 24, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contractor Gov't

10. Date deceased last worked at this occupation (month and year) Dec. 1938

11. Total time (years) spent in this occupation 37 yrs

12. BIRTHPLACE (city or town) (State or country) New York State

FATHER

13. NAME George Bent

14. BIRTHPLACE (city or town) (State or country) Nova Scotia

MOTHER

15. MAIDEN NAME Mary Elizabeth Grant

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Elizabeth B. Bent

(Address) 2007 Homewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Massachusetts Date Jan 10 1939

19. UNDERTAKER Albert W. Cheney

(Address) 440 E North Ave

20. FILED JAN 3 -- 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1938, to Jan 1, 1939

I last saw h[illegible] alive on Dec 31, 1938. Death is said to have occurred on the date stated above, at 4:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism, following	
Coronary Thrombosis	12/30/38
Other contributory causes of importance:	
Circulatory Collapse	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. I. Lisansky M. D.

(Address) Mercy Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53613

CERTIFICATE OF DEATH

49-a F 53613

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Mt. St. 6-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Caroline ~~Wolfe~~ PORTER

If U. S. Veteran specify WAR .....

(a) Residence: No. 147 North Wolfe Street St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David Porter

6. DATE OF BIRTH (month, day, year) APRIL 16, 1889.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	8	12 15	

OCCUPATION

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME CHARLES LETMATE

14. BIRTHPLACE (city or town) (State or country) HANOVER, GERMANY

MOTHER

15. MAIDEN NAME FRANCES McCUBBIN

16. BIRTHPLACE (city or town) (State or country) BALTIMORE, Md.

17. INFORMANT Henry F. Krayer

(Address) 147 N. Wolfe St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Jan 6 1939

19. UNDERTAKER John Abbott

(Address) 2105 Eutaw

20. FILED JAN 3 - 1939 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from DECEMBER 26, 1938 to JANUARY 1, 1939

I last saw HER alive on January 1, 1938 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of ovaries	
Other contributory causes of importance: Metastasis to omentum, peritoneum, liver, urinary bladder	

Was an operation performed? YES Date of Dec. 29, 1938

For what disease or injury? CARCINOMA OF OVARY

Name of operation EXPLORATORY LAPAROTOMY, BIOPSY

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Howard W. Jones, M. D.

(Address) Church Home & Infirmary

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53614

CERTIFICATE OF DEATH

94-BF 53614

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 725 St Johns Rd St. 27-13 Ward)

Length of residence in city or town where death occurred 83 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Albrecht

If U. S. Veteran specify WAR .....

(a) Residence: No. 725 St Johns Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of Frederick Albrecht

6. DATE OF BIRTH (month, day, year) April 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Geo Stidstock

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Lentz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Emma Albrecht
(Address) 725 St Johns Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jan 5, 1929

19. UNDERTAKER John Albrecht
(Address) 2005 Eutaw St

20. FILED Jan 5 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2, 1929

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1928, to Jan 2, 1929

I last saw her alive on Jan 1, 1929 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Bronchitis	12/26/28
Other contributory causes of importance:	
Arteriosclerosis	?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) Chas O Reuman, M. D.

(Address) 718 N Patterson Park Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 53615 — 92-a — F 53615

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3223 Fairmount Ave. St. 26-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. 11 mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME JENNIE WALTERS

(a) Residence: No. 3223 E. Fairmount Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herman Walters

6. DATE OF BIRTH (month, day, year) Feb. 26, 1864

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
74	10 11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Stephen D. Cook

14. BIRTHPLACE (city or town) ... (State or country) New Jersey

MOTHER

15. MAIDEN NAME Alice Walker

16. BIRTHPLACE (city or town) ... (State or country) Pennsylvania

17. INFORMANT Mrs. Joseph Wargler
(Address) 3223 E. Fairmount Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Jan. 5, 1939

19. UNDERTAKER John Wendt
(Address) 2005 Auburn, Md. Williamsport, Md.

20. FILED JAN 3 1939 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1938 to Jan 2, 1939
I last saw her alive on Jan 1, 1939 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	sudden
Other contributory causes of importance: Senile debility	6 months

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) M. Engazer M. D.
(Address) 3689 E Baltimore St

53616 HEALTH DEPARTMENT—CITY OF BALTIMORE E 53616

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 606 North Paca St. St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S. If of foreign birth? Life yrs. — mos. — ds.

2. FULL NAME Rev. Arsenius Boyer, S.S.

If U. S. Veteran specify WAR

(a) Residence: No. 606 N. Paca St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ******

6. DATE OF BIRTH (month, day, year) July 18, 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Roman Catholic Priest

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ------- France

FATHER

13. NAME Appolinaire Boyer

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Madelene Ponsire

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT St. Mary's Seminary Record
(Address) 606 N. Paca St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Charles Cemetery Date 1/4/39 19

19. UNDERTAKER Sherman & Son
(Address) 805 N. Calvert St.

20. FILED 19 Herbert Williams Registrar

JAN 3 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/1/39 19

22. I HEREBY CERTIFY, That I attended deceased from Sept-20 1938 to Jan 1st 1939

I last saw him alive on Dec 31 1938 5:40 p.m. Death is said to have occurred on the date stated above, at ——— m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Arteriosclerosis. Myocardial Insufficiency	10 yrs.
Other contributory causes of importance: Tuberculosis Pulmonary Oedema	24 hrs

Was an operation performed? No Date of

For what disease or injury? No

Name of operation

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John T. Howard, M. D.

(Address) 804 Cathedral St.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 53617

131 F 53617

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 611 Baker St. 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Jefferson

(a) RESIDENCE NO. 611 Baker St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	68 yrs	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Joseph Hurd

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Mrs. Willis Smith
(Address) 611 Baker St.

15 Filed JAN 3-1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-1 1939

17 I HEREBY CERTIFY, That I attended deceased from Oct 10, 1938, to Jan 1, 1939,
that I last saw her alive on Dec 30, 1938,
and that death occurred, on the date stated above, at 1.40 p. m.
The CAUSE OF DEATH* was as follows:

Cardio Vascular Renal Disease and Senile Senescence

(duration) yrs. 3 mos ds.

CONTRIBUTORY —
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Chas S Thompson, M. D.

, 19 (Address) 1202 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cemetery — Date of Burial Jan 3 1939

20 UNDERTAKER Archibald A Gaddis — ADDRESS 2101 Eutaw Pl

Very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53618

CERTIFICATE OF DEATH

46-B F 53618

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 529 Burgundy St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR.

2. FULL NAME Wm. Scoggins

(a) Residence: No. 529 Burgundy St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Scoggins

6. DATE OF BIRTH (month, day, year) 1868 ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Elizabeth Scoggins
(Address) 529 Burgundy St.

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem. Date 1/4 1939

19. UNDERTAKER Mattingly & Sons
(Address) Fayette & Eutaw Sts.

20. FILED Huntington Williams, Registrar
JAN 3 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 17 1938 to Dec 31 1938

I last saw him alive on Dec 30 1938 Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	June 38

Other contributory causes of importance

age & patient

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) John V. Gaines M. D.

(Address) 615 S. Paca St.

53619 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 53619

CERTIFICATE OF DEATH

√34 G 10453 JS

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Giles Trotter

If U. S. Veteran specify WAR .....

(a) Residence: No. 1611 Madison Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie

6. DATE OF BIRTH (month, day, year) 1-22-1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Va. (State or country)

FATHER

13. NAME William

14. BIRTHPLACE (city or town) Va. (State or country)

MOTHER

15. MAIDEN NAME Julia Boswell

16. BIRTHPLACE (city or town) Va. (State or country)

17. INFORMANT B. C. H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Cem Date 1/5th ... 1939

19. UNDERTAKER Chas Saltzgiver (Address) 1200 McCulloh St

20. Filed ... 19... Registrar.

1/4 1939

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) January 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 31, 1938, to January 2, 1939

I last saw him alive on January 2, 1939. Death is said to have occurred on the date stated above, at 1:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilitic heart disease	1938
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. J. DeSantelle, M. D.

(Address) Baltimore City Hospitals

53620 HEALTH DEPARTMENT—CITY OF BALTIMORE 53620

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1564 Rutland St. 13-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Penn Webster

(a) Residence: No. 1564 Rutland St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	S

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 30-1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	4 3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Ernest Hopper

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Nathelia Webster

16. BIRTHPLACE (city or town) (State or country) West Va

17. INFORMANT Miss Nathelia Webster

(Address) 1564 Rutland St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 1/4 19 39

19. UNDERTAKER Thomas E. Kelagon

(Address) 1303 Pleasant St

20. FILED 19 Registrar

1-4-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3 19 39

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy, Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy, Inquiry) find that said deceased came to death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilatation of Heart	Jan 3 1939

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? Hearing Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.

Coroner

(Address) 50 E Pleasant St

F 53621

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53621

CERTIFICATE OF DEATH

82-W

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 333 Mount St. 15-1 Ward)
Length of residence in city or town where death occurred 41 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME William Smith Jr
(a) Residence: No. 1333 Monroest St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Christine Smith
6. DATE OF BIRTH (month, day, year): 1880
7. AGE: Years 58 | Months — | Days — | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 6040
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): St Marys Co Md

FATHER
13. NAME: Wm Smith Sr
14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER
15. MAIDEN NAME: unk
16. BIRTHPLACE (city or town) (State or country): unk

17. INFORMANT: Leonard Smith
(Address): Phila Penna

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Auburn Date 1/4 ... 1939

19. UNDERTAKER: Thomas E. Kelly
(Address): 1303 Pennsylvania Ave.

20. FILED ... 1939 Huntington Williams Registrar

Jan 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 3 ... 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) on and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Cerebral Apoplexy — Date of onset: Jan 3 1939

Other contributory causes of importance: —

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Geo T Kelly M. D.
Coroner
Address 507 Pleasant St

53622 HEALTH DEPARTMENT—CITY OF BALTIMORE 53622

CERTIFICATE OF DEATH ✓108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1033 N Gilmore St., 16-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Hannah Bailey

(a) Residence: No. 1033 N Gilmore St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 18 - 1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Joseph Bailey

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mallie Hill

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Bessie Bailey

(Address) 1033 N Gilmore St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 1/4 1939

19. UNDERTAKER E. Kelson

(Address) 333 Presstman St.

Huntington Williams, Reg. Registrar

1-4-1939

V 6 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 - 2 - 39

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Lobar Pneumonia

Date of onset: 12/31/38

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 36 Aisquith St

53623

HEALTH DEPARTMENT—CITY OF BALTIMORE

53623

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3801 DOLFIELD AVE. St. 15-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME ELSIE VERA. REID

(a) Residence: No. 3801 DOLFIELD AVE. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	SINGLE

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) SEPT. 27/ 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ooo

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) CUMBERLAND
(State or country) MD.

FATHER

13. NAME GEORGE REID

14. BIRTHPLACE (city or town) CUMBERLAND
(State or country) MD.

MOTHER

15. MAIDEN NAME BRIdget BAKER.

16. BIRTHPLACE (city or town) CUMBERLAND
(State or country) MD.

17. INFORMANT MR. B IRD.
(Address) CUBERLAND M D.

18. BURIAL, CREMATION, OR REMOVAL
Place CUMBERLAND MD. Date JAN. 6 1939

19. UNDERTAKER Lilly & Zeiler Inc
(Address) 207 S WOLFE ST

20. FILED ..... 19 ..... Registrar.

JAN 4 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 3 1939

22. I HEREBY CERTIFY, That I attended deceased from July 20 1938 to Jan 3 1939

I last saw her alive on Jan 2 1939. Death is said to have occurred on the date stated above, at 10A m. 39

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	
One hour	
Other contributory causes of importance	
Coronary Thrombosis, Myocardial degeneration	2 yrs.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. V. Kelly M. D.

(Address) 100 N. Monroe St.

53624

HEALTH DEPARTMENT—CITY OF BALTIMORE

53624

CERTIFICATE OF DEATH

186-a

Registered No. 187

1. PLACE OF DEATH Balto. City Hospitals

CITY OF BALTIMORE: (No. Bay View St. 26-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Karl Vedder

(a) Residence: No. 3405 Hudson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Vedder (d)

6. DATE OF BIRTH (month, day, year): Sept 24 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	3	09	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Shoe

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Not Known

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Herman Rammelmann

(Address) 3405 Hudson St

18. BURIAL, CREMATION, OR REMOVAL

Place: Sacred Heart Date: Jan 7 1939

19. UNDERTAKER: Lilly & Fielenfass

(Address) 403 W Lexington St

20. FILED ... 19... Registrar

Jan 4 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 3 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	Jan. 1939
Cerebral Hemorrhage	Jan. 1939

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation: Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Jan. 1939

Where did injury occur? Hudson St & Lakewood Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Street

Manner of injury: Fell on street

Nature of injury: Fracture as above

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 1712 N. Broadway

OCCUPATION IS VERY important. See instructions on back of certificate.

53625

HEALTH DEPARTMENT—CITY OF BALTIMORE

53625

CERTIFICATE OF DEATH

106

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. North Broadway St. 11-2 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. 40 mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret McElroy

(a) Residence: No. N. W. Biddle St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Charles McElroy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catharine McElroy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Patient (deceased)
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mass-Cathedral Date Jan 5 1939

19. UNDERTAKER Fred W. Ozarowski.
(Address) 1980 Eastern Ave

20. FILED ... 19... Registrar.

JAN 4 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1938, to Jan. 2, 1939

I last saw her alive on Jan 2, 1939 Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Lobar Pneumonia	10 days
Other contributory causes of importance:	
Arteriosclerosis	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) L. Allen Erskine, M. D.

(Address) Church Home & Inf.

53626

7-53626

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a cc

Registered No. 187

1. PLACE OF DEATH Balto. City Hospitals

CITY OF BALTIMORE: (No. Bay View St., 236 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Irene Walker

(a) Residence: No. 2656 Tilona St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Primrose Walker (d)

6. DATE OF BIRTH (month, day, year) Dec. 25-893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Laurens S.C.

FATHER

13. NAME John Garrett

14. BIRTHPLACE (city or town) (State or country) Laurens S.C.

MOTHER

15. MAIDEN NAME ? Hicks

16. BIRTHPLACE (city or town) (State or country) Laurens S.C.

17. INFORMANT (Address) James Walker 2126 Brunt St. Son

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Zion Date Jan 6, 1939

19. UNDERTAKER Mrs Katie R Williams (Address) 322 N Schroeder St

20. JAN 4 - 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 31, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	12 hours
Valvular heart disease	6 Months
	1 year.

Other contributory causes of importance Convulsions on admittance 12-31-38

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hens. W. Wood M. D. Coroner

(Address) 1712 N. Broadway

V 8 6

F 53627

53627

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 813 Leadenhall St. 22-1 Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Queenie Farmer

(a) Residence: No. 813 Leadenhall St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wesley Farmer

6. DATE OF BIRTH (month, day, year) 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.,

FATHER

13. NAME James Waugh

14. BIRTHPLACE (city or town) (State or country) S C

MOTHER

15. MAIDEN NAME Dorothy Waugh

16. BIRTHPLACE (city or town) (State or country) S C

17. INFORMANT Wesley Farmer

(Address) 813 Leadenhall Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cr Date 1/4/39 . 19

19. UNDERTAKER Harold L Brown & Son

(Address) 108 W Montgomery St

20. FILED Huntington Indiana, Ind.

JAN 4 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-31 . 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	12/30
Other contributory causes of importance:	38

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen, M. D.
Coroner

(Address) 5 E Fayette St

HEALTH DEPARTMENT—CITY OF BALTIMORE

53628 53628

CERTIFICATE OF DEATH

P 23-108

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 507 Arsenal St. 5-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Louella (Brown)

(a) Residence: No. 507 Arsenal St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 19-22

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	16	11	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME Geo. Brown
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Cora Tinker
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Cora Brown
(Address) 1416 E McMechen St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date Jan 4, 1939

19. UNDERTAKER Robert W Williams
(Address) 1515 McCulloh St

20. FILED JAN 4 1939 Wilmington Williams, M.D.

JAN 4 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31, 1938

I HEREBY CERTIFY, That I attended deceased from Dec 23-38 to Dec 31, 1938

I last saw her alive on Dec 31-38 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	Dec 22 1938
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Geo. L. Keller M. D.

(Address) 507 Arsenal St.

53629

STATE OF MARYLAND—CERTIFICATE OF DEATH

F 53629

15-1146-D

1. PLACE OF DEATH

County ..... Registration Dist. No. .....

Village or City Baltimore City No. 3603 Edgewood Rd. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Virginia Maria Kinzie If U. S. Veteran, specify WAR .....

(a) Residence: No. 3603 Edgewood Road St., Ward.

Baltimore (Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female ~~Male~~	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert C Kinzie

6. DATE OF BIRTH (month, day, and year) Nov 4 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Home.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ~~Home~~

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) West River (State or country) Md.

FATHER

13. NAME Wm. H. Peake

14. BIRTHPLACE (city or town) West River (State or country) Md.

MOTHER

15. MAIDEN NAME Virginia Sanks

16. BIRTHPLACE (city or town) York (State or country) Pa.

17. INFORMANT T. A. Hardesty & Son (Address) Lakeside, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Prospect Hill York, Pa. Date 1/6 1939

19. UNDERTAKER T. A. Hardesty & Son (Address) Lakeside Md.

20. FILED ..., 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January 3 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from March, 1935 to Jan 3rd, 1939

I last saw her alive on Jan 3rd, 1939; death is said to have occurred on the date stated above, at 1:25 m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	1935

Other **Contributory Causes** of importance:

Name of operation Colostomy Date of 11/1/37

What test confirmed diagnosis? Tissue exam Biopsy Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) [illegible] M. D.

(Address) 1401 Eutaw Place

THIS is very important. See instructions on back of certificate.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

N 4 - 1939

536630 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 536630

CERTIFICATE OF DEATH

Registered No. 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 6811 Park Heights Ave. 27-20 Ward 6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 2 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Henry J. Goldsmith

(a) Residence: No. Atlantic City, N.J. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Carrie Fox Goldsmith

6. DATE OF BIRTH (month, day, year) Sept. 3, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Ladies' (6045 to wear store prop.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charlestown, W. Va.

FATHER

13. NAME Joseph Goldsmith.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Rebecca Hamburger,

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Wm. Metzel,
(Address) 6811 Park Heights Ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ —
Place Heb. Friendship Cem. Jan. 5m 19 39

19. UNDERTAKER Harris Sonnenstein Assoc.
(Address) 1902 Eutaw Place

20. FILED JAN 4 1939 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany. 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1938 to Jan 3 1939

I last saw him alive on Jan 3 1939. Death is said to have occurred on the date stated above, at 6.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis &	1936
Arterio Sclerosis	1935
Other contributory causes of importance: Coronary Thrombosis	1929

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Emma F. Wagner M. D.

(Address) Esplanade Apts.

53631

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53631

CERTIFICATE OF DEATH

✓ 23

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth?....yrs....mos....ds.

2. FULL NAME James Fallon (40354) If U. S. Veteran specify WAR .....

(a) Residence: No. 1017 Somerset St. St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) November 11, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer for City

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0-245

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Hart

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date 1939

19. UNDERTAKER
(Address)

20. FILED
Registrar.

JAN 4 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 31, 1938 to January 2, 1939

I last saw him alive on January 2, 1939 Death is said to have occurred on the date stated above, at 2:15 m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	Oct. 1938
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .....Date of injury....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) X M. Curtis, M. D.

(Address) Balto. City Hospitals

3632

HEALTH DEPARTMENT—CITY OF BALTIMORE

3632

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 9-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ella Seidenzahl

If U. S. Veteran specify WAR ...

(a) Residence: No. 1303-E. Lafayette Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Seidenzahl

6. DATE OF BIRTH (month, day, year) 12/1/1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	1	1	xx xx

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT August Seidenzahl

(Address) 1303-E. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery 1/5/39

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1735-Harford Ave.

20. FILED JAN 4-1939 Huntington Williams, M.D. Registrar

2245

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 3, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address)

V S 6

53633

F 53633

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5410 Park Heights Ave. St. 27-18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Salvatore Campagna

If U. S. Veteran specify WAR .....

(a) Residence: No. 5410 Park Heights Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Campagna

6. DATE OF BIRTH (month, day, year) September 27, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Confectionary Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40-45

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Frank Campagna

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Frank Zito

(Address) 5410 Park Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Jan. 5 1939

19. UNDERTAKER D. L. Amoroso

(Address) 1003 West Baltimore St.

20. FILED Jan 6 1939 Thurlington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 2, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/2/39

Other contributory causes of importance: Hypertension

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? / Date of injury ....., 19 ....

Where did injury occur? / (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury None

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John A. Craus, M. D. Coroner

(Address) 812 E. 40th St.

N 4-1939

53634 F 53634

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 82-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 20-1 Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Lula B. Mueller

(a) Residence: No. 421 N. Brice St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Howard W. Mueller

6. DATE OF BIRTH (month, day, year) May 10, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frederick Gelzer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Alice Madden

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr. Howard W. Mueller

(Address) 421 N. Brice St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem. Date Jan. 4 1939

19. UNDERTAKER C. H. Lamoreaux

(Address) 1003 W. Baltimore St.

20. FILED JAN 4 1939 Huntington Williams, Registrar

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 1, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came her death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Mueller, M. D. Coroner

(Address) 1919 E. North Ave.

53635

HEALTH DEPARTMENT—CITY OF BALTIMORE

53635

CERTIFICATE OF DEATH

V213-F

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Pier 9, Locust Point St. 24-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anton Gronnes

(a) Residence: No. Karlfningt 80 Stazanger, Norway St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) February 21, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	31	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. SS Mammy 0030

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Flackkefaord Norway

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Mr. Egil Edwardsen

(Address) SS Mammy

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date Jan. 3 1939

19. UNDERTAKER J. Amoreau

(Address) 1005 W. Baltimore St.

20. FILED JAN 4 - 1939 Thurston Wilkerson Registrar

5 bks

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) January 1, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to ~~him~~ death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
asphyxiation	1/1/39

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1/1 1939

Where did injury occur? S.S. Mammy (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Steamship Mammy

Manner of injury Fell into hold

Nature of injury while walking on a plank

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Irvig S. Littman M. D. Coroner

(Address) 1304 E. Chase St.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53636

CERTIFICATE OF DEATH

V 47-aF 53636

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1535 W. Fayette St., 19-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Linda Hannt or Schall

If U. S. Veteran specify WAR

(a) Residence: No. 1535 W. Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced WIFE of Bertha L. Schall (nee Berr

6. DATE OF BIRTH (month, day, year) March 27, 1880.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Christian Schall

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sally Carr

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mrs. Bertha L. Schall,

(Address) 1535 W. Fayette St.,

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Jan. 5/39 19

19. UNDERTAKER Harry H. Lutfke

(Address) 1101 Thomson Ave.

JAN 4 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1938 to Jan. 2, 1939

That I saw h[illegible] alive on Jan 2, 1939. Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of kidneys	6 mos ago
Other contributory causes of importance: Acute cardiac dilatation	1 day ago

Was an operation performed? no Date of

For what disease or injury?

Name of operation none

What test confirmed diagnosis? clinical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Benjamin Keller, M. D.

(Address) 2030 Whitelock ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53637

CERTIFICATE OF DEATH

93-cF 53637

Registered No. 20-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2109 Wilhelm St. St., 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna Borchert

(a) Residence: No. 2109 Wilhelm St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Otto Borchert

6. DATE OF BIRTH (month, day, year) July 6, 1864.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W. 6037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Wm. Dittmann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Lang

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Otto Borchert (Address) 2109 Wilhelm St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan. 5/39 19

19. UNDERTAKER Harry H. Witzke (Address) 101 Mansion Ave.

20. FILED Huntington Williams M.D. Registrar.

JAN 4 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1938 to Jan 2, 1939.

I last saw her alive on Jan. 2, 1939. Death is said to have occurred on the date stated above, at 12:05 A m.

The principal cause of death and related causes of importance were as follows:

Myocardial degeneration & Auricular Fibrillation — Date of onset (?)

Other contributory causes of importance: Pulmonary Oedema — 1/2/39

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Signs Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) William A. Triplett M. D.

(Address) 1326 W. Lombard St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

53638 53638

CERTIFICATE OF DEATH

95-B

Registered No. 25-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2303 James St St., 25-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel J T Spurrier

If U. S. Veteran specify WAR

(a) Residence: No. 2303 James St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maud Spurrier

6. DATE OF BIRTH (month, day, year) Janry 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore M d

FATHER

13. NAME Benjiman Spurrier

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Junita Thompson

16. BIRTHPLACE (city or town) (State or country) M d

17. INFORMANT Maud Spurrier

(Address) 2303 James St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date Janry 5 19 39

19. UNDERTAKER Edward Toulson

(Address) 2359 Wash Blvd

20. JAN 4 - 1939 19 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1936 to Jan 2, 1939

I last saw him alive on Jan 2, 1939. Death is said to have occurred on the date stated above, at 3 45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio Vascular Disease	1936
Other contributory causes of importance: —	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward J. Nolan M. D.

(Address) 682 Washington Blvd

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

53639 CERTIFICATE OF DEATH ✓ 131 F 53639

Registered No.

1. PLACE OF DEATH 5504 Pilgrim Road

CITY OF BALTIMORE: (No. St., 27-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred N yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Anne Stine

(a) Residence: No. 5504 Pilgrim Road Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of Christopher Stine

6. DATE OF BIRTH (month, day, year) Aug. 3, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	5	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Joseph Bauer

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Burgan

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Harry Stine

(Address) 5504 Pilgrim Rd.

18. BURIAL, CREMATION, OR REMOVAL Place Moreland Memorial Park Jan. 5 1939

19. UNDERTAKER Hogue F. Burgee

(Address) 3631 Falls Road

20. Filed JAN 4 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1934 to Jan 1939

I last saw her alive on Jan 2 1939 Death is said to have occurred on the date stated above, at 12 Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-1-39

Other contributory causes of importance:

Hypertensive Cardio vascular Renal disease

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. W. Peake M. D.

(Address) 4503 Harford Rd.

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

53640 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 53640

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1157 N. Stricker St. (Ward) 16-2

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Thomas Johnson

(a) Residence: No. 1157 N. Stricker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harriett Johnson

6. DATE OF BIRTH (month, day, year) Mar 29 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	9	10 4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) A.A. Co. Md

FATHER

13. NAME Albert Johnson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth Johnson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Harriett Johnson

(Address) 1157 N. Stricker St

18. BURIAL, CREMATION, OR REMOVAL

Place Int. Solomons Date 1/5 19 39

19. UNDERTAKER Thos. E. Kelson

(Address) 1302 Pennsylvania Ave

20. FILED ..... 19 ..... Registrar

Huntington Millsaps, M.D.

JAN 4 - 1939

MEDICAL CERTIFICATE OF DEATH ✓

21. DATE OF DEATH (month, day, year) Jan. 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1938, to Jan. 2, 1939.

I last saw h[illegible] alive on Jan. 2, 1939. Death is said to have occurred on the date stated above, at 11 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia.	12/29/38
Other contributory causes of importance: Pendymes of Right side	11/13/38

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. H. Lloyd M. D.

(Address) 1536 W. Lafayette Ave

53641 HEALTH DEPARTMENT—CITY OF BALTIMORE E 53641

CERTIFICATE OF DEATH

X 210-M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hospital 19-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edward Johnson

(a) Residence: No. Harmon Md. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nora Johnson

6. DATE OF BIRTH (month, day, year) 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
66	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Odd Jobs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Mose Johnson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Lucinda Wilson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Lucinda Parker

(Address) 1005 Lexington St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mark Date Jan 6, 1939

19. UNDERTAKER Mrs Katie R. Williams

(Address) 222 N. Schroeder St. Huntington Williams, M.D.

Filed JAN 4 1939 Registrar.

C S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 1, 1939, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Accident Date of injury Jan. 1, 1939, 19

Where did injury occur? Balto. Co. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Annapolis Rd. Englis Consul

Manner of injury Standing in Rd. struck by Auto.

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. O. Neilson, M. D. Coroner

(Address) 2757 Mass

Hutcherson

53642 HEALTH DEPARTMENT—CITY OF BALTIMORE 53642

CERTIFICATE OF DEATH 82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Memorial Hospital St 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Gladys Hutcherson

(a) Residence: No. 402 N. Pine St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year) ? 38

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Portsmouth, Va

FATHER

13. NAME Spike Hutcherson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mare Wright

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT James Henry Copeland

(Address) 402 N Pine St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Jan 5, 1939

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED Jan 4 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest found that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage (Rt)	3 hrs.
Other contributory causes of importance: Acute Gastro-Enteritis	2 days

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation. Clinical findings & History Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Michael A. Adams, M. D. Coroner

(Address) 2360 Eutaw Place

Kiberska

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53643

CERTIFICATE OF DEATH

212-F 53643

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth 44 yrs. mos. ds.

2. FULL NAME Frank Kiberska

If U. S. Veteran specify WAR

(a) Residence: No. 1465 Reynolds St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1861

7. AGE: 77 Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country): Poland

FATHER

13. NAME: Jerry Kiberska

14. BIRTHPLACE (City or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: Fatima Zyczka

16. BIRTHPLACE (City or town) (State or country): Poland

17. INFORMANT: Victor Martell

(Address) 1465 Reynolds St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Jan 7, 1939

19. UNDERTAKER: John M. Weber

(Address) 401 S. Chester St

20. FILED Jan 8, 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 3, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on Jan 3 at 3 P.M.

The principal cause of death and related causes of importance were as follows:

Fracture of left hip

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Aug 1, 1938

Where did injury occur? Latrobe Park

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Latrobe Park

Manner of injury Struck by Bicycle

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. Hagen Coroner, M. D.

(Address) 216 S. Hanover

53644

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 53644

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1707 Cliftview Ave Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Taylor If U. S. Veteran specify WAR

(a) Residence: No. 1707 Cliftview Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~last husband of~~ Anna S. Taylor

6. DATE OF BIRTH (month, day, year) Oct 17 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocer

10. Date deceased last worked at this occupation. (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME ? Taylor

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Anna S. Taylor
(Address) 1707 Cliftview Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date Jan 7 1939

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED Huntington Williams M.D.

JAN 4 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1938 to Jan 4 1939
I last saw h alive on Jan 3 1939 Death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Myocarditis	Dec 1938
Other contributory causes of importance: Chronic Nephritis	1929

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Huntington Williams M. D.

(Address) 1 E Randall St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53645

CERTIFICATE OF DEATH

23 F 53645

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 1-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Helen Wlodarska (35106)

(a) Residence: No. 2124 Fleet St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 21, 1920

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Paul Wlodarska

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Sophie Stankowski

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Jan 7 1939

19. UNDERTAKER John M. Welty
(Address) 401 E. Chester St

20. FILED JAN 4 - 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from August 14, 1938. to January 2, 1939

I last saw her alive on January 2, 1939. Death is said to have occurred on the date stated above, at 2:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	July 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 53646

CERTIFICATE OF DEATH

159 E 53646

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St. 7B81 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Lewis

(a) Residence: No. 222 S. Chester St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, year) December 24, 1938

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		1 day 24 hrs.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none not

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Lewis

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Marie Bonkoska.

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date Jan 4 1939

19. UNDERTAKER Commissioner of Health
(Address)

20. FILED JAN 4 - 1939 Per H. A. Moore Huntington Williams M.D. Registrar.

1509

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 25 1938

22. I HEREBY CERTIFY, That I attended deceased from December 24, 1938, to December 25, 1938

I last saw her alive on December 25, 1938. Death is said to have occurred on the date stated above, at 1:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) Caroline Jackson M. D.

(Address) The Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53647

CERTIFICATE OF DEATH

159 F 53647

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St. 24-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Johnson

If U. S. Veteran specify WAR

(a) Residence: No. 1806 McCulloh St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6. DATE OF BIRTH (month, day, year): December 23, 1938

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			3 days 8 hrs	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): None

11. Total time (years) spent in this occupation: None

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Irvin Lindsey

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Roberta Johnson

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Johns Hopkins Medical School JAN 4 1939

Place Date of burial 19

19. UNDERTAKER

(Address) Per H. A. Moore

20. FILED JAN 4 - 1939 Huntington Williams, M.D. Registrar

Commissioner of Health

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): December 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 23, 1938, to December 27, 1938

I last saw her alive on December 27, 1938. Death is said to have occurred on the date stated above, at 6:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Caroline Jackson, M. D.

(Address) The Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53648 X 160 FB53648

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St., B-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Harrley

If U. S. Veteran specify WAR

(a) Residence: No. 714 FSt. Spanaus Pt, St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode) md

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6. DATE OF BIRTH (month, day, year): December 28, 1938

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
				3

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): None

11. Total time (years) spent in this occupation: None

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Robert Harley

14. BIRTHPLACE (city or town) (State or country): Pennsylvania

MOTHER

15. MAIDEN NAME: Betty Krauss

16. BIRTHPLACE (city or town) (State or country): Pennsylvania

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

JOHNS HOPKINS MEDICAL SCHOOL JAN 4 1939

19. UNDERTAKER: Commissioner of Health

(Address) Per H. A. Moore

20. FILED JAN 4 - 1939 Huntington Williams Registrar.

1512

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): December 28 1938

22. I HEREBY CERTIFY, That I attended deceased from December 28, 1938, to December 28, 1938

I last saw him alive on December 28, 1938. Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial injury	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) Caroline Jacobson ... M. D.

(Address) The Johns Hopkins Hospital

53649

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94B 53649
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes' Hospital St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME ?

If U. S. Veteran specify WAR ...

(a) Residence: No. ? St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	?

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 65 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) ?

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Northeastern Police Station
(Address)

18. BURIAL, CREMATION, OR REMOVAL
UNIVERSITY MEDICAL SCHOOL Place JAN 4 1939 Date ... 19

19. UNDERTAKER Commissioner of Health
(Address) Per W. A. Moore

20. Filed JAN 4 - 1939 Hampton Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 20, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

25. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Paul Schreiber Coroner, M. D.
(Address) ...

V S 8

F 53650

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53650

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2104 Ashton St. 20-5 Ward)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Hittel

(a) Residence: No. 2104 Ashton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. ~~Married, widowed, or divorced~~ (or) WIFE of Mastin

6. DATE OF BIRTH (month, day, year) Feb 14-1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home 37

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Miller

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Barbara Kaufmann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Estelle Boone
(Address) 2104 Ashton St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Jan 5-1939

19. UNDERTAKER Wm Cook
(Address) 217 St Paul

20. FILED ..... 19..... Registrar.

JAN 4 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2. 1939

22. I HEREBY CERTIFY, That I attended deceased from March 2nd, 1936, to Jan. 1st, 1939

I last saw her alive on Jan. 1st, 1939 Death is said to have occurred on the date stated above, at 5a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
hypertension	1936
arteriosclerosis	1936
chr. diffused nephritis	1937
Cancer hypertrophy	1938

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Lab. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) B. A. Michelson M. D.

(Address) 2230 Eutaw Pl.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53651

CERTIFICATE OF DEATH

L 53651

1. PLACE OF DEATH Balto. City Hospital 186-2

CITY OF BALTIMORE. (No. Bay View St., 9c6 Ward)

Registered No. 872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Agnes Devlin

(a) Residence: No. 820 E. 29th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Francis Devlin

6. DATE OF BIRTH (month, day, year) Feb. 5-1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2039

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME Michael J. Farley

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Anna Keibl

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mary A. Dolger daughter

(Address) 1820 E. 29th St. Balto.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Mem. Pk Date Jan 5 1939

19. UNDERTAKER Frank V. Pipitone

(Address) 2515 Balto. St.

JAN 4 - 1939 Huntington Williams, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 2 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	Dec

Other contributory causes of importance: Fracture Neck left femur | Dec 1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury Dec. 2, 1938

Where did injury occur? 6703 Harford Ave. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of Injury Fell down stairs

Nature of Injury Fracture as above.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood M. D. Coroner

(Address) 1712 N. Broadway

V S 8

F 53652 HEALTH DEPARTMENT—CITY OF BALTIMORE F 53652

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3005 Baker St St., 16-7 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clementina Carp

If U. S. Veteran specify WAR .....

(a) Residence: No. 3005 Baker St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced WIFE of / HUSBAND of: Levi L Carp

6. DATE OF BIRTH (month, day, year): Jan 5th 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64 65	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month, day, year): Nov 1st 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Roanoke City Va

FATHER

13. NAME: William Quill

14. BIRTHPLACE (city or town) (State or country): ?

MOTHER

15. MAIDEN NAME: Sarah Ball

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT: Levi L Carp
(Address): 3005 Baker St

18. BURIAL, CREMATION, OR REMOVAL
Place: Baltimore Cem Date: Jan 5th 1939

19. UNDERTAKER: Charles P Powell
(Address): 3427 Edmondson Ave

20. FILED Jan 4 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 3rd 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12 1938 to Jan. 3, 1939

I last saw her alive on Jan. 2, 1939. Death is said to have occurred on the date stated above, at 7:20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerotic cardiovascular, renal disease (chronic myocarditis and chronic nephritis	1938
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George A Kenipe, M. D.

(Address) 3030 Edmondson Ave

53653 ✓ E 53653

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 25 N. Monastery St. 20-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. 1 mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah A. Kennedy

(a) Residence: No. 25 N. Monastery Ave St., 20 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
Fe	Wh.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Kennedy

6. DATE OF BIRTH (month, day, year) Nov. 28. 1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
35	36	1	9 +	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W. ab 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Wm Belt.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Millie Myers.

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Wm Kennedy

(Address) 25. N. Monastery Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Jan 7. 1939

19. UNDERTAKER Chas P Inbell.

(Address) 2427. Edmondson Ave.

Heating Co. Williams Undertaker

FILED JAN 4 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquery thereon and from the evidence obtained by said Inquery (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1/2.39
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M Hamner Coroner M. D.

(Address) 1827 W Baltimore St

53651

HEALTH DEPARTMENT—CITY OF BALTIMORE

53651

CERTIFICATE OF DEATH

CGK--40480

26-5-9-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 9 Mos Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Catherine Perrine

(a) Residence: No. 617 Savage St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Chester Perrine

6. DATE OF BIRTH (month, day, year): Feb. 14, 1916

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
22	22	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Nurses Aid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER FATHER

13. NAME: John Liston

14. BIRTHPLACE (city or town) (State or country): West Virginia

15. MAIDEN NAME: Belle Clark

16. BIRTHPLACE (city or town) (State or country): West Virginia

17. INFORMANT: City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Washington Park Date: 1-4-39

19. UNDERTAKER: Chas. F. Sauer Co. Inc.

(Address): 1131 Druid Royal Ave

20. FILED: 1-4-1939 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 1, 1939, to January 4, 1939.

I last saw her alive on January 4, 1939. Death is said to have occurred on the date stated above, at 5:45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute staphylococcus endocarditis	12-26-38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation: Clinical

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. de Lautelle, M. D.

(Address) Baltimore City Hospitals

53655 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 53655

CERTIFICATE OF DEATH

97

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3708 Woodbine Ave Ward 28-1)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John L Sullivan
If U. S. Veteran specify WAR

(a) Residence No. 3708 Woodbine Ave Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Anna Sullivan

6. DATE OF BIRTH (month, day, year) Jan 9 1863

7. AGE: Years 75 | Months 11 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stonecutter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 20?

12. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER FATHER
13. NAME John Sullivan
14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Anna M Sullivan
(Address) 3708 Woodbine Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cemetery Date Jan 6 1939

19. UNDERTAKER Williams & Cook
(Address) 1317 St Paul St

20. FILED JAN 4 - 1939 Registrar Hastings for Williams, M.D.

MEDICAL CERTIFICATE OF DEATH 10.39 M

21. DATE OF DEATH (month, day, year) Jan 3 1939

22. I HEREBY CERTIFY, That I attended deceased on only one occasion Jan 2 1939
I last saw him alive on Jan 2 1939 Death is said to have occurred on the date stated above, at 1a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic sclerosis	
Hypertension	
Other contributory causes of importance:	

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. O. Harper M. D.
(Address) 5201 Evergreen Oak Ave

F 53656

53656

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 1910 Oak Hill Ave 9-8 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martha Virginia Cannon

If U. S. Veteran specify WAR ...

(a) Residence: No. 1910 Oak Hill Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Willis F. Cannon

6. DATE OF BIRTH (month, day, year): July 20-1864

7. AGE: Years 74 | Months 5 | Days 8 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home

10. Date deceased last worked at this occupation (month and year): ×

11. Total time (years) spent in this occupation: ×

12. BIRTHPLACE (city or town) (State or country): Baltimore Co Md

MOTHER FATHER

13. NAME: Cumberland Stook

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Elizabeth A Lee

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Willis F Cannon 1910 Oak Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Woodlawn Date: Jan 5-39

19. UNDERTAKER (Address): Nelson Scott 1210 Pennsylvania Ave

20. FILED: JAN 4 - 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 3 1938

22. I HEREBY CERTIFY, That I attended deceased from January 13 1938 to January 2 1939

I last saw her alive on January 3rd 1939 Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Vascular Disease	1933
Acute Myocardial Failure	1/3/1939

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Thomas Conrad Woell M. D.

(Address) 11 E. Chase St. Baltimore Md.

53657 F 53657

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Edgewood Sanitarium. 27-2

CITY OF BALTIMORE: (No. 6000 Belvoa Ave. St., ... Ward)

Length of residence in city or town where death occurred 56 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran ..... specify WAR .....

2. FULL NAME Mrs. Elizabeth Herman

(a) Residence: No. 4646 Walther Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed, or Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Balster Herman

6. DATE OF BIRTH (month, day, year) Feb 12th 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
86	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 00

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Phillip Kahmer

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Sgt. Louis B. Bailey

(Address) 4646 Walker Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Jan 6th 1939

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1938 to Jan 3, 1939

I last saw her alive on Jan 2, 1939 Death is said to have occurred on the date stated above, at 1.22 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	5 years
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) H. W. Whelan M. D.

(Address) 7305 York Rd

JAN 4-1939

F 53658

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53658

37277-FS

CERTIFICATE OF DEATH

45-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 16-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Barber (Barbour)

If U. S. Veteran specify WAR

(a) Residence: No. 603 Appleton St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vertia

6. DATE OF BIRTH (month, day, year) 10-17-1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
73 74	73	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William Berber

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sue Winkle

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date Jan 6-39

19. UNDERTAKER Duncan Cook

(Address) 121 St Paul St.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-3, 1939

22. I HEREBY CERTIFY, That I attended deceased from 9-22, 1938 to 1-3, 1939

I last saw him alive on 1-3, 1939. Death is said to have occurred on the date stated above, at 6:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Left Lower Jaw	?
Arteria sclerotic Heart disease	?
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? none If so, specify

(Signed) L. Knabe dw-r & fr M. D.

(Address) Balto city Hosp

JAN 4-1939

F 53659

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53659

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 5601 Newbury Ave St. 27-15 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Susan B. Chalk

(a) Residence: No. 5601 Newbury Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Artemas V.

6. DATE OF BIRTH (month, day, year) June 10-1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto Co.
(State or country) Md.

MOTHER FATHER

13. NAME Wm Bloorman

14. BIRTHPLACE (city or town) Balto Co.
(State or country) Md.

15. MAIDEN NAME Margaret Kelley

16. BIRTHPLACE (city or town) Balto Co.
(State or country) Md.

17. INFORMANT Emma E. Bloom
(Address) 5710 Newbury Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Jan 5th 1939

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED JAN 4 - 1939, 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3- 1939

22. I HEREBY CERTIFY, That I attended deceased from November 1938 to Jan. 3, 1939

I last saw her alive on Jan. 3, 1938. Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia (right)	12/1/38
Other contributory causes of importance:	
Varicosities	?
Mitral Stenosis	?

Was an operation performed? no Date of

For what disease or injury? none

Name of operation none

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) B. W. Donaldson M. D.

(Address) 1900 Eastern Road.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53660

CERTIFICATE OF DEATH

119

F 53660

Registered No.

1. PLACE OF DEATH: St Agnes Hospital
CITY OF BALTIMORE: (No.) Caton Ave & Gaither (St.) (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Clinton Cogswell
If U. S. Veteran specify WAR

(a) Residence: No. 925 Brunswick St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) February 12, 1938

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	--	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER / FATHER

13. NAME Thomas H. Cogswell

14. BIRTHPLACE (city or town) Pittsburg, Pa.
(State or country) Pa.

15. MAIDEN NAME Lottie Wagner

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

17. INFORMANT Mr. Thomas H. Cogswell
(Address) 925 Brunswick St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Jan. 6 1939

19. UNDERTAKER J. Donovan
(Address) 1103 N. Baltimore St.

20a. FILED JAN 4 1939

Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 1, 1939 to January 4, 1939
That I last saw him alive on January 3, 1939 Death is said to have occurred on the date stated above, at 8:25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea & Enteritis under 2 years of age	1 wk.
Other contributory causes of importance: Dehydration	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Joseph E. Muse Jr. M. D.
(Address) St. Agnes' Hospital

53661 F 53661

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9 A B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mr. Stuart Danton

(a) Residence: No. 1303 N. Charles St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Cecilia Danton

6. DATE OF BIRTH (month, day, year) Dec. 17, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~57~~	57 58	0	17 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. artist (oil)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Govt (W.P.A.)

10. Date deceased last worked at this occupation (month and year) Dec. 1938

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) New York, N. Y.

MOTHER FATHER

13. NAME Ferdinand Danton

14. BIRTHPLACE (city or town) (State or country) France

15. MAIDEN NAME Elizabeth Callahan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Cecilia Danton

(Address) 1303 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cemetery Jan 5 39

19. UNDERTAKER Wm. Cook

(Address) 1217 St. Paul St.

20. FILED Huntington Williams M.D. Registrar.

4-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1/2, 1939, to 1/3, 1939.

I last saw him alive on 1/3, 1939. Death is said to have occurred on the date stated above, at 9.25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2 days
Other contributory causes of importance: Coronary heart disease	5-8 yrs.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Wesley S. Kerr M. D.

(Address) The Church Home and Infirmary

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C F 53662

53662

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1810 W Fayette St. 20-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. moe. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary A Holohanan

(a) Residence: No. 1810 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James A Holohanan

6. DATE OF BIRTH (month, day, year) Dec 25 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James F Donohue

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Laura V Ryan

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT James A Holohanan
(Address) 1810 W Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date 1/5 39

19. UNDERTAKER George A Tailey
(Address) Fulton and Fayette

FILED JAN 4 - 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/3, 1939

22. I HEREBY CERTIFY, That I attended deceased from 7/1, 1938, to 1/3, 1939

I last saw h.. alive on 1/3, 1939 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of cecum and appendix.	
Other contributory causes of importance:	

Was an operation performed? Yes Date of Exploratory

For what disease or injury?

Name of operation Laparotomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel J Hamilton M.D.

(Address) 1946 W. Saratoga St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53663

CERTIFICATE OF DEATH

93-C F 53663

Registered No.

1. PLACE OF DEATH Southern Hosp

CITY OF BALTIMORE: (No. 2510 Green Mount Ave. St. 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Alice Truehman

If U. S. Veteran specify WAR

(a) Residence: No. 2510 Green Mount Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ------

6. DATE OF BIRTH (month, day, year) Dec. 26, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME John Johnson

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Sarah Beau

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Ida A. Whaley

(Address) 2510 Green Mount Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemy. Date 1/5/39 19

19. UNDERTAKER John C. Mitchell & Son

(Address) 1306 Eutaw Place

20. FILED JAN 4 1939 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 3 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1. 1938 to Jan. 3 1939

I last saw her alive on Jan 3 1939. Death is said to have occurred on the date stated above, at 7a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	about years
Other contributory causes of importance:	
old age	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter G. Blake M. D.

(Address) Med Arts Bldg.

53664

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 F 53664

Registered No. .....

1. PLACE OF DEATH Southern Hosp

CITY OF BALTIMORE: (No. 2510 Green Mount Ave. St. 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frances M. Briscoe

(a) Residence: No. 2510 Green Mount Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of ------

6. DATE OF BIRTH (month, day, year) 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME Thomas Briscoe

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Margaret McClay

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT (Address) Edna H. Cooper 1004 W. 10th St. Wilmington, Del.

18. BURIAL, CREMATION, OR REMOVAL Place New Ark, Del. Date 1/5/39 19

19. UNDERTAKER (Address) John C. Mitchell & Son 1500 Eutaw Place

20. JAN 4 1939 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20 1938 to Jan. 4 1939

I last saw h. alive on Jan 4. 1939 Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	several years
arteriosclerosis	
Other contributory causes of importance: Old age	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Stanley C. Black M. D.

(Address) Med Arts Bldg

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

53665

CERTIFICATE OF DEATH

107-aF 53665

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2931 W. North St. 15-6 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John William Kemp

(a) Residence: No. 2931 W. North St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy Virginia

6. DATE OF BIRTH (month, day, year) Oct. 15, 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
84	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 6

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Loudon County Virginia

FATHER

13. NAME H. B. C. Kemp

14. BIRTHPLACE (city or town) (State or country) Loudon County Virginia

MOTHER

15. MAIDEN NAME Rebecca Kendrick

16. BIRTHPLACE (city or town) (State or country) Loudon County Virginia

17. INFORMANT Ida Rebecca Stegar

(Address) 2931 W. North St.

18. BURIAL, CREMATION, OR REMOVAL

Place Edgewood Md. Date Jan 6 1939

19. UNDERTAKER F. J. Corrigan

(Address) Edgewood Md.

20. DATE JAN 4 - 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1 1939 to Jan. 4 1939

I last saw him alive on Jan. 4, 1939 Death is said to have occurred on the date stated above, at 1:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	Jan. 1, 1939
Other contributory causes of importance: Cerebral arteriosclerosis	1937

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S. Kendrick Wallace M. D.

(Address) 2839 Walbrook Ave.

53666 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 948 F 53666

CERTIFICATE OF DEATH

Registered No. ....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Watson St. Masonville St., 23-6 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR ....

2. FULL NAME William F. Madary
(a) Residence: No. 3703 Leo St., Ward. ....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie R. Madary.

6. DATE OF BIRTH (month, day, year) November 6-1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	1	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (month and year) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER
13. NAME William F. Madary
14. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

MOTHER
15. MAIDEN NAME Rose Anna Smith
16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT John L. Madary
(Address) 3703 Leo St.

18. BURIAL, CREMATION, OR REMOVAL Cremation, Md.
Date Jan 5 1939

19. UNDERTAKER George L. Lehnert.
(Address) 2101 Frederick Ave.

JAN 4-1939 Huntington, Williams, Md.

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 3 rd. 1939

22. I HEREBY CERTIFY, That I took charge of ... remains described ... thereon and from the evidence ... above, held an ... (Inquest, Autopsy or Inquiry) ... obtained by ... (Inquest, Autopsy or Inquiry) ... find that said deceased came ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	11/3/39

Other contributory causes of importance: ....

Was an operation performed? no Date of ....
For what disease or injury? ....
Name of operation .... Date of ....
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ...., 19....
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? ....
no. If so, specify ....

(Signed) H. Fittman, M. D.
Coroner
(Address) 1204 E. Lane

Tittleman

536667 HEALTH DEPARTMENT—CITY OF BALTIMORE 536667

CERTIFICATE OF DEATH

Registered No. 93-C

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. West Balt. Gen. Hospital St. 4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. dys. How long in U. S. If of foreign birth? yrs. mos. dys.

2. FULL NAME Abraham Tittleman
If U. S. Veteran specify WAR

(a) Residence: No. 23 Harrison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown
6. DATE OF BIRTH (month, day, year): May 31 1868
7. AGE: 70 Years | 7 Months | 4 Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odds
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Poland

FATHER
13. NAME: Mayer Tittleman
14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER
15. MAIDEN NAME: Libby
16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT (Address): Philip Tittleman 3606 Forest Park Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Hebrew Washington Rd Date: Jan 5 1939

19. UNDERTAKER: Sol. Levinson & Bros
(Address): 1124-26 W. North ave

20. FILED: JAN 5 - 1939
Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 4, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above. 2.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. Hann Coroner, M. D.
(Address) 1215 Hanover St

3668 HEALTH DEPARTMENT—CITY OF BALTIMORE E 53668

CERTIFICATE OF DEATH

V, 86-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Sutter If U. S. Veteran specify WAR

(a) Residence: No. 1228 W Lanvale St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

3a. If married, widowed, or divorced WIFE of / HUSBAND of

6. DATE OF BIRTH (month, day, year) Sept 21-1917

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

13. NAME Charles Sutter Sr

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

15. MAIDEN NAME Minnie Lee Sanders

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT (Address) Mrs Ida Edge 713 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date Jan. 5, 1939

19. UNDERTAKER (Address) Mrs Francis A. Hemsley 578 N. Biddle St

JAN 5 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-31-38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Apoplexy	Dec 31/38
Other contributory causes of importance: Probably Fractured Skull	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Acc Date of injury 12/31, 1938

Where did injury occur? McMechen & Pierce (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public

Manner of Injury Fell struck head on

Nature of injury Burnes

24. Was disease or injury in any way related to occupation of deceased? (If so, specify)

(Signed) Geo Allen M. D.

(Address) 610 Cathedral St Chrone

3669 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 53669

CERTIFICATE OF DEATH

92-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1313 Woodyear St. 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. 1 mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mamie Dyson

(a) Residence: No. 1313 Woodyear St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Dyson

6. DATE OF BIRTH (month, day, year) Dec 12, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58		22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) St Marys Co Md.

MOTHER

13. NAME Georgie Heathers

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Eliza Bantar

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Corine Dyson

(Address) 1313 Woodyear St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Jan-7 1939

19. UNDERTAKER Mrs Francis A. Kemsley

(Address) 518 W. Biddle St.

20. FILED JAN 5 1939 Huntington Mallonee Registrar.

Lolly

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 25, 1938 to Jan 4, 1939

I last saw her alive on Jan 3, 1939. Death is said to have occurred on the date stated above, at 6 20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	5 Yrs Aug 1938
Other contributory causes of importance: Pyorrhea	14 yr +

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Physical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William H Wright M. D.

(Address) 1709 Presstman

3670 F 53670

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH 1040 N. Calvert St. Registered No.

CITY OF BALTIMORE: (No. St., 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Harriet B Lynah If U. S. Veteran specify WAR

(a) Residence: No. 1040 N. Calvert St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	W. dowed

5a. If married, widowed, or divorced (or) WIFE of James Lynah

6. DATE OF BIRTH (month, day, year) April 17 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	8	17	18

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Savannah
(State or country) Georgia

MOTHER FATHER

13. NAME Philip Poullain

14. BIRTHPLACE (city or town) Greensboro
(State or country) Georgia

15. MAIDEN NAME Katherine Elizabeth Potter

16. BIRTHPLACE (city or town) Phila.
(State or country) Pa Pennsylvania New Jersey

17. INFORMANT Alice Poullain Archer
(Address) 1040 N Calvert St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Jan 6 1939

19. UNDERTAKER Henry W Eichelberger & Son
(Address) McCulloh & Madison Sts

20. FILED JAN 5 1939 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from 9/30, 1938 to Jan 4, 1939

I last saw h.. alive on Jan 3 1939 Death is said to have occurred on the date stated above, at 2.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis acute with insufficiency; decompensation	
Other contributory causes of importance: Arterio-sclerosis	

Was an operation performed? No Date of

For what disease or injury? No

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Julius Friedenwald M. D.

(Address) 1013 N Charles St

53671

F 53671

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1115 N. Mount St. 16-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William T. Washington

If U. S. Veteran specify WAR

(a) Residence: No. 1115 N. Mount St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 22, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	8 9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montgomery Co. Md.

FATHER

13. NAME Charles Washington

14. BIRTHPLACE (city or town) (State or country) Montgomery Co. Md.

MOTHER

15. MAIDEN NAME Elizabeth Raymond

16. BIRTHPLACE (city or town) (State or country) Montgomery Co. Md.

17. INFORMANT Susie Washington wife

(Address) 1115 N. Mount St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Jan 5, 1939

19. UNDERTAKER Mrs Katie R. Williams

(Address) 522 N. Schroeder St.

20. FILED Jan 5 1939 by [illegible] Registrar

JAN 5 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above 7:25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Endocarditis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. Hann Coroner, M. D.

(Address) 32 N. Monroe

53672

HEALTH DEPARTMENT—CITY OF BALTIMORE

53672

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2500 E Oliver St. 8-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Andrew Rogcroft

If U. S. Veteran specify WAR .....

(a) Residence: No. 250 E Oliver St. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Rogcroft

6. DATE OF BIRTH (month, day, year): April 22 '83

7. AGE: Years: 55; Months: 8; Days: 11; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Truck Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country): Balto

MOTHER FATHER

13. NAME: Rogcroft

14. BIRTHPLACE (city or town) (State or country): Balto

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Balto

17. INFORMANT: Frank Rogcroft

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place: Lodge Pedimus Date: Jan 1-39 19....

19. UNDERTAKER: J. J. Otter & Son

(Address) 3 of 1 Kenilworth

FILED: Jan 5 1939 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 3. 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1935 to Jan 3 1939

I last saw him alive on Jan 3 1939 Death is said to have occurred on the date stated above, at 11 35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Vascular Disease	1933?
Cerebral Hemorrhage	2 days

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Paul Grannan M. D.

(Address) 121 N. Patterson Park Ave

3673 F 53673

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2077 N Eden St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence Reynold

If U. S. Veteran specify WAR

(a) Residence: No. 1422 Bleeker St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): 1907

7. AGE: Years 31 | Months — | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): W. Va.

FATHER

13. NAME: John Strickland

14. BIRTHPLACE (city or town) (State or country): N C

MOTHER

15. MAIDEN NAME: Parthenia Jefferson

16. BIRTHPLACE (city or town) (State or country): N C

17. INFORMANT (Address): Mrs Parthenia Jefferson 220 N Johnson St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Calvary Date: Jan 6 39

19. UNDERTAKER: Elroy O Wilson

(Address): 1000 Brantley ave

JAN 5 - 1939

20. FILED: [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-3 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible] thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by [illegible] (Inquest, Autopsy or Inquiry) find that said deceased came to [illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Subarachnoid Hemorrhage	1/1/39

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Geo Gallen M. D.

(Address) 507 N Eutaw St.

53674 HEALTH DEPARTMENT—CITY OF BALTIMORE 53674

CERTIFICATE OF DEATH

✓ 105

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenham Hospital 22-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 8 mos. 8 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME James Earle Brandenburg

If U. S. Veteran specify WAR .....

(a) Residence: No. 618 Washington Blvd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 26 - 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
1	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME Windsor Brandenburg

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Emma Lefsaker

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mother (Address) 618 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL Place Oak Hill Date 1/6/39 19

19. UNDERTAKER CHAS. E. SCHIMUNEK (Address) 2603 E. MADISON ST.

20. FILED JAN 5 - 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 3, 1939 to January 4, 1939

last saw him alive on January 4, 1939 Death is said to have occurred on the date stated above, at 12 55 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococci Pneumonitis	12/19/38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry J. Zimbel M. D.

(Address) Lyndenham Hospital

Dr. Horton

HEALTH DEPARTMENT—CITY OF BALTIMORE

1-33675

3675

CERTIFICATE OF DEATH

95-D

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 N. Collington Ave., Ward 3)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harry Grossman

(a) Residence: No. 210 N. Collington Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year) 1865

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ret

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rumania

13. NAME Senior Grossman

14. BIRTHPLACE (city or town) (State or country) Rumania

15. MAIDEN NAME Rose

16. BIRTHPLACE (city or town) (State or country) Rumania

17. INFORMANT Mrs. Grossman - Son

(Address) 210 N. Collington Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Forest Lawn Date 1-5 19 39

19. UNDERTAKER Jos. Deuro Inc.

(Address) 1432 E. Baltimore St

20. FILED ..... 19.....

Barbara, N.P.

JAN 5 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-5-39 . 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1936 to Jan 5, 1939

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia - Arteriosclerotic C.V.D.	
Other contributory causes of importance: Bronchial Asthma	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel J. Horton M.D.

(Address) 3004 Brooms Ave

53676

HEALTH DEPARTMENT—CITY OF BALTIMORE

53676

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH South Balto. Gen. Hosp.

Registered No. 2053

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ✓ yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Albert Leibitz

(a) Residence: No. 2025 McHenry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married X

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Va Seidman

6. DATE OF BIRTH (month, day, year) Aug 11-1912

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	26	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Junk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dealer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Leo Leibitz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sara Shear

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harry Seidman
(Address) 2025 N. McHenry St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenlawn Date 1-5-39

19. UNDERTAKER Jack Lewis Inc
(Address) 1439 E. Balto St

20. FILED ..... 19..... Registrar.

JAN 5 - 1939

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 1-4-1939

22. I HEREBY CERTIFY, That I attended deceased from 12-29-1938 to 1-4-1939

I last saw h.im alive on 1-4-1939. Death is said to have occurred on the date stated above, at 9.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Type I Pneumococcus) - right upper and lower lobe; left lower lobe	Dec. 22, 1938
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) Louis J. Krol, M. D.

(Address) South Balto. Gen. Hosp.

53677

HEALTH DEPARTMENT—CITY OF BALTIMORE

53677

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2704 Classen St. 15-B Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 33 Yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Minnie Hyatt

(a) Residence: No. 2704 Classen St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jacob

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Samuel

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jacob Hyatt
(Address) 2704 Classen

18. BURIAL, CREMATION, OR REMOVAL
Place Pikesville Date 1-5-39 19

19. UNDERTAKER Jack Levin Inc.
(Address) 1429 E. Baltimore St.

20. FILED JAN 5 - 1939 Huntington Woods, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-5-39 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 30 to Jan 5 19 39

I last saw h... alive on Jan 1 19 39 Death is said to have occured on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute pulmonary edema	Jan 5 '39
Cardiac Dilatation	Jan 5, '39
Other contributory causes of importance: Coronary Thrombosis	Nov 30

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Joseph B. Gross, M. D.

(Address) 2704 Eutaw Place

53678 HEALTH DEPARTMENT—CITY OF BALTIMORE F 53678

CERTIFICATE OF DEATH

34 J 117-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.
CITY OF BALTIMORE: (No. 7 St. 7 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR
2. FULL NAME Oscar Young
(a) Residence: No. 2006 E Eager St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: Black
5. Single, Married, Widowed, or Divorced (write the word): married
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Bessie
6. DATE OF BIRTH (month, day, year): Jan 13 - 1901
7. AGE: Years 37; Months 11; Days 14; If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Waiter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:
12. BIRTHPLACE (city or town) (State or country): Virginia
13. NAME: Hayes Young
14. BIRTHPLACE (city or town) (State or country): Virginia
15. MAIDEN NAME: Bethel ?
16. BIRTHPLACE (city or town) (State or country): Virginia
17. INFORMANT: Records
(Address) JOHNS HOPKINS HOSPITAL
18. BURIAL, CREMATION, OR REMOVAL: Place Arbutus Mem-Pk Date Jan 5 1939
19. UNDERTAKER: Mrs R. C. Elliott Daughter
(Address) 1125 N Caroline St
FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 2, 1939
22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1938 to Jan 2, 1939
I last saw h. alive on Jan 2, 1939. Death is said to have occurred on the date stated above, at 4-A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bleeding gastric ulcer	Dec 22 38
Other contributory causes of importance: Arsenical hepatitis	over

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy? Yes
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury
24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) Palmer H. Antrim M. D.
(Address) Johns Hopkins Hospital

53679 HEALTH DEPARTMENT—CITY OF BALTIMORE E 53679

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 33 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Vincent Miles

(a) Residence: No. Stemmers Run Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Miles

6. DATE OF BIRTH (month, day, year) December 8, 1918

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
20		22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

13. NAME James Miles

14. BIRTHPLACE (city or town) (State or country) Stemmers Run Md

15. MAIDEN NAME Mozelle Carter

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT James Miles
(Address) Stemmers Run Md.

18. BURIAL, CREMATION, OR REMOVAL
Place St Stevens Cem. Date Jan 5, 1939

19. UNDERTAKER Mrs. L. A. Edwards Daughter
(Address) 1129 N. Caroline St.

FILED JAN 5 - 1939

19 Huntington Millwood, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1st, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 8th, 1938 to Jan 1st, 1939

I last saw h.. alive on Jan 1st, 1939. Death is said to have occurred on the date stated above, at 6.20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid Fever	12/3/38
Other contributory causes of importance: Circulatory Failure	1/1/39

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) J. King B. E. Deegan, Jr. M. D.

(Address) University Hospital

53680 HEALTH DEPARTMENT—CITY OF BALTIMORE E 53680

CERTIFICATE OF DEATH

1. PLACE OF DEATH 204 Clinton Drive Garage 178-D cc
CITY OF BALTIMORE: (No. Balto City Hospitals St., 26 Ward) 10
Registered No. 1877
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Thomas Sadler
If U. S. Veteran specify WAR

(a) Residence: No. 3323 E. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 12-1914

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Garage

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Knight L. Sadler

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md.

MOTHER

15. MAIDEN NAME Marietta V. McClure

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Knight L. Sadler Father
(Address) 3323 E. Balto St. Balto

18. BURIAL, CREMATION, OR REMOVAL.
Place Loudon Park Cem. Date Jan. 6-39 19

19. UNDERTAKER John C. Miller
(Address) 2334 Jefferson St.

FILED Jan 5 1939 Wilmington, N.J.
Registrar

AN 5-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 3, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia by Carbon Monoxide Gas	Jan 3-1939

Other contributory causes of importance:

Was an operation performed? — Date of —
For what disease or injury?
Name of operation None Date of —
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of injury Jan. 3, 1939
Where did injury occur? 204 Clinton Drive Garage
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Garage
Manner of injury Carbon Monoxide Gas
Nature of injury Asphyxia

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Chas. W. Wood M. D.
Coroner
(Address) 1712 N. Broadway

S 6

F 53681

53681

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Marine Hospital 4-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR Spanish

2. FULL NAME Patrick Broderick

(a) Residence: No. 637 W Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Hughe Broderick

6. DATE OF BIRTH (month, day, year) Jan 11, 1871.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker 0088

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mass.

FATHER

13. NAME Patrick Broderick

14. BIRTHPLACE (city or town) (State or country) Cork Ireland.

MOTHER

15. MAIDEN NAME Margret Karan

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Hospital Record U S Marine
(Address) Baltimore

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore National Date 1-5- 1938

19. UNDERTAKER Robert Brooks & Son
(Address) Baltimore & Walker St

20. FILED ....19.... Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained at said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (a)	May 30/38
Cerebral Hemorrhage	

Other contributory causes of importance: Alcoholism

Was an operation performed? — Date of ....

For what disease or injury?

Name of operation None Date of ....

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) L. A. Evans, M. D.
Coroner
(Address)

53682

HEALTH DEPARTMENT—CITY OF BALTIMORE

53682

CERTIFICATE OF DEATH

V 107-a

Registered No. [illegible]

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 314 Woodlawn St. (Ward) 27-14

Length of residence in city or town where death occurred 70 yrs. [illegible] mos. [illegible] da. How long in U. S. If of foreign birth? [illegible] yrs. [illegible] mos. [illegible] da.

2. FULL NAME Mary Lairmont Frisch

If U. S. Veteran specify WAR [illegible]

(a) Residence: No. 314 Woodlawn St., 27th Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John M. Frisch

6. DATE OF BIRTH (month, day, year) June 15, 1868

7. AGE: Years 70 | Months 6 | Days 19 | If LESS than 1 day, [illegible] hrs. or [illegible] min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) [illegible]

11. Total time (years) spent in this occupation [illegible]

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME William L. Wilcox

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Susanna K. Perry

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr. John M. Frisch

(Address) [illegible]

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Jan. 6 39

19. UNDERTAKER Wm. H. Lefever & Son

(Address) 1600 E. Fayette St.

20. FILED [illegible] 19 [illegible] Registrar

5-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month) Jan (day) 4 (year) 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20 1938 to Jan. 4 1939

I last saw her alive on Jan. 3 1939 Death is said to have occurred on the date stated above, at 4-30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	
Broncho-Pneumonia	12-20-38

Other contributory causes of importance:

Was an operation performed? No Date of [illegible]

For what disease or injury? [illegible]

Name of operation [illegible] What test confirmed diagnosis? Physical sign Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? [illegible] Date of injury [illegible], 19[illegible]

Where did injury occur? [illegible] (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place [illegible]

Manner of injury [illegible]

Nature of injury [illegible]

24. Was disease or injury in any way related to occupation of deceased? No If so, specify [illegible]

(Signed) W. Gibson Porter M. D.

(Address) 4522 Roland Ave

53683 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 53683

CERTIFICATE OF DEATH 40428 (18) 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 3-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Leonora Dacre

If U. S. Veteran specify WAR .....

(a) Residence: No. 114 S. Lloyd Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vincent

6. DATE OF BIRTH (month, day, year) 11/28/1881

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	57	1	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Louis Arnold

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 1/6/39 19

19. UNDERTAKER Wendell J. Lippel
(Address) 1105 Eastern Ave

20. FILED ..... 19.. ..... Registrar

5-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 31, 1938, to January 3, 1939

I last saw her alive on January 3, 1939. Death is said to have occurred on the date stated above, at 11:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12-26-38

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. De Lautelle, M. D.

(Address) Baltimore City Hospitals

53684

HEALTH DEPARTMENT—CITY OF BALTIMORE

53684

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 561 X Belle Vista Ter Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ernestine Schmidt

If U. S. Veteran specify WAR

(a) Residence: No. 561 X Belle Vista Ter, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Robert J Schmidt

7. DATE OF BIRTH (month, day, year) 3-5-1852

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
86	10	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Louis Wichman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Regina M Esposito
(Address) 561 X Belle Vista Ter

18. BURIAL, CREMATION, OR REMOVAL
Place Fairview Date 1-5-39 19

19. UNDERTAKER Leonard J Pratt
(Address) 5305 Harford Road

20. FILED 1939 Huntington Wolcott, ND Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1938 to Jan 2, 1939

I last saw h... alive on Jan 2, 1939. Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Jacob Fisher, M. D.

(Address) 1823 E. Baltimore St.

53685 F 53685

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St 25-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ernest Peacher

If U. S. Veteran specify WAR

(a) Residence: No. 14 S, St. Washington D. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Not Known

6. DATE OF BIRTH (month, day, year) 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
34	34			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W.Va.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Parkwood Perry H. Va. Date Jan. 5, 1939

19. UNDERTAKER Forace F. Burgee
(Address) 3631 Falls Road

20. FILED 5-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 4, 1939, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of L. Tibia & Fibula	
Broncho Pneumonia	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, Suicide or Homicide? Accident Dec. 10, Date of Injury 1938, 19

Where did injury occur? Balto. Co. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Wash. Bulv. Halethorpe Md.

Manner of injury Belmont Rd. struck by Auto.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. C. Nelson, M. D.
Coroner

(Address) 2757 Maryland

586 F 53686

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4740 Liberty Heights Ave St. 25-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret (Maggie) A. Garrett

If U. S. Veteran specify WAR .....

(a) Residence: No. 4740 Liberty Heights Ave St, ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles H. Garrett

6. DATE OF BIRTH (month, day, year) Dec. 8, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	0	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New York City (State or country) N.Y.

13. NAME John D. Rixse

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine E. Meyers

16. BIRTHPLACE (city or town) Dont Kn (State or country)

17. INFORMANT Mrs. Ruth G. Bartell

(Address) 4740 Liberty Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan. 5, 1938

19. UNDERTAKER L. Howard Strong

(Address) 715 Light St.

20. FILED JAN 5 - 1938 by Wilmington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1937 to Jan 2, 1938

I last saw h[illegible]alive on Jan 2, 1938. Death is said to have occurred on the date stated above, at 6.45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Dec 28
Other contributory causes of importance: Hypostatic Pneumonia	July 1937

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) A. C. Garrett, M. D.

(Address) 4509 Liberty Heights Ave.

GIOVANNUCCI

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53687

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alfred Giovannuccci

If U. S. Veteran specify WAR

(a) Residence: No. 242 S. Exeter St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geni Deluca Giovannuccci

6. DATE OF BIRTH (month, day, year) Aug 5 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 180

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Joseph Giovannuccci

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Alberta Turrecchia

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Joseph (Address) 242 S. Exeter

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 7 1939

19. UNDERTAKER Frank V. Alfeton (Address) 241-1. Baltimore St

JAN 5 - 1939

20. FILED Huntington Williams, Md.

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/4/39

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Ecarius M. D.

Coroner

(Address)

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

53688

CERTIFICATE OF DEATH

95 B F 53688

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 17 W. Barre St. St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

2. FULL NAME Joseph Culotta

(a) Residence: No. 17 W. Barre St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lena Culotta

6. DATE OF BIRTH (month, day, year) Oct. 6 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit Businis

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cefalu' Italy

FATHER

13. NAME Giuseppe Culotta

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Rosa Cimino

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Rosa Mary Palumbo (Daug.)

(Address) 3023 W. Belvedere Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Jan. 7 1939

19. UNDERTAKER Frank Dello Russo

(Address) 52 N. Monroe St.

20. FILED 1939 Huntington Williams, M.D.

5--1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 4 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1 1934 to Jan 4 1939

I last saw him alive on Jan 3 1934 Death is said to have occurred on the date stated above, at 8:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Arteriosclerosis	
Cardiac Hypertrophy	
Congestive Heart failure	Jan 1 1937

Other contributory causes of importance:

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank T. Mannan M. D.

(Address) 342 S. East Ave.

3689

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53689

CERTIFICATE OF DEATH

93-E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem. Hos. St., 27-44 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Sue Sadtler Warfield

If U. S. Veteran specify WAR

(a) Residence: No. 607 Somerset Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry R. Warfield

6. DATE OF BIRTH (month, day, year) Oct. 1, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	3	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Harford Co. (State or country) Md.

13. NAME Charles H. Sadtler

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

15. MAIDEN NAME Rachel P. Webster

16. BIRTHPLACE (city or town) Harford Co. (State or country) Md.

17. INFORMANT Harry R. Warfield Jr.

(Address) Ruxton, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Cemy. Date 1/6/39 19

19. UNDERTAKER J. Chas. Mitchell & Son, Inc.

(Address) 1500 Eutaw Place

20. FILED JAN 5 - 1939 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jany 3, 1939, to Jany 4, 1939

I last saw her alive on Jany 4, 1939. Death is said to have occurred on the date stated above, at 2.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Jany 4
Other contributory causes of importance: Myocarditis and Arteriosclerosis	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H Warren Buckler, M. D.

(Address) 806 Cathedral St

M. D. B. 1268-9

✓ F 53690

F 53690 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

1. PLACE OF DEATH Monastery of St. Mary Magdalen — Registered No. 50

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 15 S. Mount St. [illegible] Ward)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME Sister Magdalen of St. Philomene (Mary Crawford)

(a) Residence: No. 15 S. Mount St., Cor. Ward. Hollins St.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 8, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
58	58	8	27 26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sewing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Convent

10. Date deceased last worked at this occupation (month, year) Dec 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ogden, Pa.

FATHER

13. NAME John Crawford

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Anna Teedaro

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister of the Good Shepherd
(Address) 15 S. Mount St.

18. BURIAL, CREMATION, OR REMOVAL
Place Catholic Date 1/6 1939

19. UNDERTAKER Jos. F. Fallon & Sons
(Address) 318 Light St.

20. FILED 1/5 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 4 1939

22. I HEREBY CERTIFY, That I attended deceased from July 20 1938 to Jan. 4 1939

I last saw her alive on Jan 2 1939 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Breast.	2 yrs

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Histol Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Geo A Strauss M. D.

(Address) 1800 N Charles St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53691 — CERTIFICATE OF DEATH — CGK--39381 — F 53691

34-55-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital 30 St. 23-1 Ward) — Registered No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

2. FULL NAME Wilson Allen crossfiled with William Allers — If U. S. Veteran specify WAR ____

(a) Residence: No. 118 York St. (House of Correction) St., ____ Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) July ? ? 1897

AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
41	41	? 5	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (08?)

10. Date deceased last worked at this occupation (month and year) ____ | 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Jane Williams

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT City Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place UNIVERSITY MEDICAL SCHOOL Date JAN 5 1939 19

19. UNDERTAKER Commissioner of Health (Address) Per H. A. Moore

20. FILED JAN 5 - 1939 Huntington Williams Registrar 4513

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-29-1938

22. I HEREBY CERTIFY, That I attended deceased from 11-26-38 to 12-29-1938

I last saw h/was alive on 12-29-1938 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Neoplasm of region of left orbit - type undetermined	?
Other contributory causes of importance:	

Was an operation performed? no Date of ____

For what disease or injury? ____

Name of operation ____

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? Unknown If so, specify ____

(Signed) E. K. Woodward M. D.

(Address) Balto City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53692 F 53692

CERTIFICATE OF DEATH X 157-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial 3412 St., 12 Ward 2)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Hill

If U. S. Veteran specify WAR

(a) Residence: No. Parkton, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	w	S

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Dec. 21, 1938

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	12	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Parkton, Md.
(State or country)

13. NAME Dr. Solomon Hill

14. BIRTHPLACE (city or town) North Carolina
(State or country)

15. MAIDEN NAME Blanche McMillan

16. BIRTHPLACE (city or town) North Carolina
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL JAN 5 1939

Commissioner of Health

19. UNDERTAKER

(Address) For H. A. Moore

20. FILED JAN 5 - 1939 by [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN. 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1938, to Jan. 2, 1939.

I last saw him alive on Jan. 2, 1939. Death is said to have occurred on the date stated above, at 8 40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	Dec. 2
Congenital heart (Tetralogy of Fallot)	Dec 2, 38

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) S. D. Sunday M. D.

(Address) Union Memorial Hospital

53693

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-B F 53693

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Sanders

If U. S. Veteran specify WAR

(a) Residence: No. 1229 Myrtle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Jan 2, 1939

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md
(State or country)

13. NAME James Sanders

14. BIRTHPLACE (city or town) Dunn N.C.
(State or country)

15. MAIDEN NAME Vandalia Clark

16. BIRTHPLACE (city or town) Fayetteville N.C.
(State or country)

17. INFORMANT Mother
(Address) 1229 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL
UNIVERSITY MEDICAL SCHOOL JAN 5 1939 19
Commissioner of Health

19. UNDERTAKER
(Address)

JAN 5 - 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1939 to Jan 3, 1939

I last saw him alive on Jan 3, 1939. Death is said to have occurred on the date stated above, at 3 00 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (32 weeks)	
Other contributory causes of importance: Intracranial hemorrhage (?)	over

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) S. T. R. Revell Jr. M. D.

(Address) Univ. Hosp.

4516

53694

HEALTH DEPARTMENT—CITY OF BALTIMORE

53694

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto. City Hospitals — Registered No. 1612

CITY OF BALTIMORE: (No. Bay View St., 2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Baby Boy Williams — If U. S. Veteran specify WAR

(a) Residence: No. 1355 Carroll St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	✓

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) ✓

7. AGE — Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			3 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John C Williams

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mildred Murray

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mildred Williams Mother

(Address) 1355 Carroll St.

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL JAN 5 1939 19

COMMISSIONER OF HEALTH

19. UNDERTAKER Per E. A. Brown

(Address) Huntington Williams, Nurse

FILED JAN 5 - 1939

4518

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27. 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis	Dec 27 1938

Other contributory causes of importance: Born at term #2 twin

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elias W. Wood M. D. Coroner

(Address) 1712 N. Broadway

53695 HEALTH DEPARTMENT—CITY OF BALTIMORE 53695

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPT. St., -1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME DANIEL K. KIMBALL

(a) Residence: No. 645 S. CURLEY ST. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of MARGARET KIMBALL

6. DATE OF BIRTH (month, day, year) JAN. 10- 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	11	26 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. LABORER AT Machine

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. RIVERSIDE B.O.

10. Date deceased last worked at this occupation (month and year) 0073

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

FATHER

13. NAME DANIEL KIMBALL

14. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

MOTHER

15. MAIDEN NAME LAURA CHAMBERS

16. BIRTHPLACE (city or town) (State or country) YORK PA.

17. INFORMANT MARGARET KIMBALL (WIFE)

(Address) 645 S. CURLEY ST.

18. BURIAL, CREMATION, OR REMOVAL

Place SACRED HEART Date JAN. 6. 1939

19. UNDERTAKER Lilly & Zeiler INC.

(Address) 403 S. WOLFE ST.

20. FILED 1-5-1939 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 3, 39

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, found that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis (Arteriosclerosis)	
Other contributory causes of importance: Chr. Cardio-Vascular disease	1930

Was an operation performed? NO Date of

For what disease or injury?

Name of operation Clinical History Date of

What test confirmed diagnosis? Was there an autopsy? O

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Michael A Abrams Coroner, M. D.

(Address) 2360 Eastern Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

536696

CERTIFICATE OF DEATH

108 F 536696

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1826 Orleans St. 6-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lillie M Jenkins

If U. S. Veteran specify WAR

(a) Residence: No. 1826 Orleans St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Harry Jenkins

7. DATE OF BIRTH (month, day, year): 7/8/1895

AGE: Years 43 | Months 5 | Days 25 | If LESS than 1 day ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Joseph Watts Sr

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME: Oliva Kelly

16. BIRTHPLACE (city or town) (State or country): Cumberland Md

17. INFORMANT: Harry Jenkins

(Address): 1826 Orleans St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Calvary Cem Date: Jan 6 1939

19. UNDERTAKER: Peter J. Williams

(Address): 151 Eutaw St

20. FILED: Jan 7 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 3, 1939

I HEREBY CERTIFY, That I attended deceased from Dec 25 1938 to Jan 3 1939

I last saw her alive on Jan 2 1939. Death is said to have occurred on the date stated above, at 12 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Dec 25 1938
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Post ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No, specify ...

(Signed) Geo L Allen M. D.

(Address) 50 Eutaw St

✓ F 53697

HEALTH DEPARTMENT—CITY OF BALTIMORE

36997

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1504 N. Fay St., 8-7 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie Kuszmaul

(a) Residence: No. 1504 N. Fay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Edward Kuszmaul

6. DATE OF BIRTH (month, day, year) 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila. Penna.

MOTHER FATHER

13. NAME John Claxton

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Anna Govan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Walter B. Kuszmaul

(Address) 2017 Clifford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 1-6-9 19

19. UNDERTAKER Handel E. Humphreys

(Address) 501 N. Broadway

28. FILED 1939 Registrar. Huntington Wilkins, M.D.

MEDICAL CERTIFICATE OF DEATH 1939

21. DATE OF DEATH (month, day, year) January 3, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Paul Schenken, M. D. Coroner

(Address) Coroner

1939

HEALTH DEPARTMENT—CITY OF BALTIMORE

53698 CERTIFICATE OF DEATH X 46-F F 53698

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 5 yrs. 1 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Lucy Holloway If U. S. Veteran specify WAR
(a) Residence: No. Hurlock Md St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced WIFE of (or) HUSBAND of Lee F. Holloway

DATE OF BIRTH (month, day, year) Nov 16. 1883

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	1	19.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland
13. NAME George W. Leonard
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME Rebecca Holloway
16. BIRTHPLACE (city or town) (State or country) Md.
17. INFORMANT Lee F. Holloway
(Address) Hurlock Md
18. BURIAL, CREMATION OR REMOVAL Cemetery Md Date Jan 5 1939
19. UNDERTAKER George L. Lomax.
(Address) 2101 Broadway Ave

Jan 9 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 5. 1939
22. I HEREBY CERTIFY, That I attended deceased from January 1, 1939 to January 5, 1939
I last saw her alive on January 5 1939 Death is said to have occurred on the date stated above, at 5 55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable carcinoma head of pancreas. Chronic obstructive cholelithiasis	? ?
Other contributory causes of importance: Perforation of gall bladder	1/4/39
Typhoid fever (?)	?

Was an operation performed? Yes Date of 1/4/39
For what disease or injury? Perforation of gall bladder.
Name of operation Pepper Lemp, cholelithotomy.
What test confirmed diagnosis? Operation, Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify.

(Signed) Everett D. Diggs, M. D.
(Address) University Hosp.

53699

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-P F 53699

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1101 Key Highway St., 7-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Henry R. Kilian

(a) Residence: No. 2402 E. Jefferson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Evelyn Kilian

6. DATE OF BIRTH (month, day, year) June 18, 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	6	11/6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co.

10. Date deceased last worked at this occupation (month and year) 10/31

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER'S MAIDEN NAME

13. NAME Kilian

14. BIRTHPLACE (city or town) (State or country) not known

15. MAIDEN NAME Wilhelm

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Evelyn Kilian

(Address) 2402 E. Jefferson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Schwartz's Cem. Date Jan. 1 1939

19. UNDERTAKER John A. Miller

(Address) 2334 Jefferson St.

FILED 1-5-1939 Huntington Williams, M.D.

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/4, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry, and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1/4
	39
Other contributory causes of importance:	

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation — Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..., 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify ...

(Signed) J. Littman, M. D. Coroner

(Address) 130 E. Lanvale St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

53700 E 53700

CERTIFICATE OF DEATH

Registered No. ....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ....

2. FULL NAME Rudolph Dust

(a) Residence: No. Stemmers Run Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W Ldr	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 1838

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
8			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Stemmers Run Md. Balto Co

13. NAME William Dust

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Madeline Weiss

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT M. R. Klusk

(Address) Stemmers Run Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Zion Lutheran Cem. Date 1/6 1939

19. UNDERTAKER John P. Connelly

(Address) Essex Md

20. FILED JAN 5 1939 H. Livingston Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/4 1939

22. I HEREBY CERTIFY, That I attended deceased from January 1 1939 to January 4 1939

I last saw him alive on January 4 1939 Death is said to have occurred on the date stated above, at 10:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia - Bilateral	12/28/38
Pre Heart failure -	
Other contributory causes of importance:	

Was an operation performed? No Date of No

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did Injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Marion Albutayi M. D.

(Address) University Hospital

Ellen Day

HEALTH DEPARTMENT—CITY OF BALTIMORE

53701 E 53701

53701

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. [illegible] St., 4-2 Ward)

Length of residence in city or town where death occurred yrs. mos. 9 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Ellen Day Lee

(a) Residence: No. Belair St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank Lee

DATE OF BIRTH (month, day, year) 3/13/1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	9	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Emma Day

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Harrison

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Sophie Reads
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date Jany 7 1939

19. UNDERTAKER Degen & Sons Inc
(Address) Bel Air Md

20. FILED JAN 6 - 1939 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1938, to Jan 5, 1939
I last saw h[illegible] alive on Jan 5, 1939. Death is said to have occurred on the date stated above, at 6.45 p. m.

The principal cause of death and related causes of importance were as follows:

	Duration exact when possible
Pulmonary Edema	Jan 5
Cyanotic Heart Failure	
Lobar Pneumonia Type 17	12-26-38
Other contributory causes of importance: Emphysema	Jan 1

Was an operation performed? Yes Date of Jan 5
For what disease or injury? Emphysema
Name of operation Thoracotomy
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John Alexander M. D.
(Address) University Hospital

3702 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 53702

CERTIFICATE OF DEATH

X 51-C

1. PLACE OF DEATH Union Memorial Hospital — Registered No.....

CITY OF BALTIMORE: (No. ..... St. 12-K Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 16 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Harry T. Shriver — If U. S. Veteran specify WAR .....

(a) Residence: No. Benson, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced BUSBAND of (or) WIFE of Mrs Harry T Shriver (deceased)

7. DATE OF BIRTH (month, day, year) Dec 8, 1866

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72		27 28	

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Manufacturers Piller presser.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) New York City

13. NAME Walter Shriver

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Ada Towel

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mrs. Ruth Farraty
(Address) West Port, Conn.

18. BURIAL, CREMATION, OR REMOVAL Greenwood Cem Brooklyn Jan 9 1939

19. UNDERTAKER Dean & Fisher
(Address) Bel Air Md

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6 1939

22. I HEREBY CERTIFY, That I attended deceased from August 8, 1938 to January 6, 1939

I last saw h... alive on January 5 1939 Death is said to have occurred on the date stated above, at 220 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Respiratory failure	1-6-39
Metastatic Ca. to lumbar spine	Aug 1938
Other contributory causes of importance:	
Carcinoma of Prostate	1936

Was an operation performed? Yes Date of 8-29-38

For what disease or injury? Metastatic Carcinoma

Name of operation Laminectomy

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) J. C. Hopkins M. D.

(Address) Bel Air Md

53703

HEALTH DEPARTMENT—CITY OF BALTIMORE

53703

CERTIFICATE OF DEATH

COR-484-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1/4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lula Shanley Keene

If U. S. Veteran specify WAR

(a) Residence: No. 1727 Gough St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

6. If ~~married, widowed, or divorced~~ ~~HUSBAND~~ (or) WIFE of George H. Keene

DATE OF BIRTH (month, day, year) Dec 8th 1887 Unknown

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	Unknown	25	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Charwoman Unknown

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Southern Hotel

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 10

9. BIRTHPLACE (city or town) (State or country) Unknown

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT City Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 7th 1939

UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED Washington Williams M.D. Registrar.

JAN 6 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 3. 1939

I HEREBY CERTIFY, That I attended deceased from January 1 1939 to January 3. 1939

I last saw her alive on January 3, 1939 Death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-1-39
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. DeLaFalle M. D.

(Address) Baltimore City Hospitals

53704

HEALTH DEPARTMENT—CITY OF BALTIMORE

53704

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. 15-3 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth Watson

(a) Residence: No. 1709 Thomas Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married, Widowed,~~ or Divorced (write the word): Divorced

6a. If ~~married, widowed, or~~ divorced ~~HUSBAND of~~ (or) WIFE of: Charles F. Watson

7. DATE OF BIRTH (month, day, year): 1/23/00

8. AGE: Years: 38 | Months: 11 | Days: 11 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.:

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: House-wife 1937

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): md.

13. NAME: Samuel Ellison

14. BIRTHPLACE (city or town) (State or country): md

15. MAIDEN NAME: Eleanor ?

16. BIRTHPLACE (city or town) (State or country): md

17. INFORMANT: Records

(Address): JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Date: Jan 7th 1939

19. UNDERTAKER: Wm Cook

(Address): 217 St Paul St

20. FILED 1939 Registrar.

8-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jun 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec-30, 1938, to Jun 4, 1939.

I last saw h.e.r. alive on Jun 4, 1939. Death is said to have occurred on the date stated above, at 5:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	1925
Myocardial Failure as	1937
Pulmonary Oedema	Dec 1938

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. Lemuel Yeckley, M. D.

(Address) Johns Hopkins Hospital

3705

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 53705

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 100 E. 23rd St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth Gerstmyer

(a) Residence: No. 3210 Ellerslie Ave., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Gerstmyer

DATE OF BIRTH (month, day, year) July 4th 1869

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	5	25	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

9. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Henry Reps

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Eva E. Ament

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT H. Henry Gerstmyer

(Address) 3210 Ellerslie Ave

BURIAL, CREMATION, OR REMOVAL

Place Balto Date Jan 7th 19 39

UNDERTAKER Wm Cook

(Address) 217 St Paul St

FILED ..... 19.....

Registrar.

1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4th, 1939

22. I HEREBY CERTIFY, That I attended deceased from November 16, 1938, to January 4, 1939.

I last saw him alive on January 4, 1939. Death is said to have occurred on the date stated above, at 9:27 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	?
Cerebral ~~Apoplexy~~ Hemorhage	Nov '38
Bronchopneumonia (Terminal)	Dec '38

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) George M. Suter, M. D.

(Address) 100 E 23d Street

Theresa Dearing

HEALTH DEPARTMENT—CITY OF BALTIMORE

3706 53706

CERTIFICATE OF DEATH

35-a

1. PLACE OF DEATH West Baltimore General Hospital Registered No.

CITY OF BALTIMORE: (No. St., 1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Theresa Dearing If U. S. Veteran specify WAR

(a) Residence: No. 807 S. Streeper St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced WIFE of Charles E. Dearing

DATE OF BIRTH (month, day, year) July 30. 1902

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	5	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME Amanda Anderson

14. BIRTHPLACE (city or town) Sweeden (State or country)

15. MAIDEN NAME Lizetta Rau

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Charles E. Dearing (Address) 807 S. Streeper St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Carmel Cem. Date Jan. 7 1939

19. UNDERTAKER George W. Zibler (Address) 1737 E. Eager St.

20. FILED JAN 6—1939 19 Huntington Williamson, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/5, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1/2, 1939 to 1/5, 1939

I last saw her alive on 1/5, 1939 Death is said to have occurred on the date stated above, at 1:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Cancer of Lung	1/3/39

Other contributory causes of importance:

Was an operation performed? yes Date of 1/3/39

For what disease or injury? Cancer of Lung

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) N. 13. St.

53707 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 53707

CERTIFICATE OF DEATH

√ 46-e

1. PLACE OF DEATH Sinai Hospital — Registered No. .....
CITY OF BALTIMORE: (No. ..... St. 12-6 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 48 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
2. FULL NAME Max Miller — If U. S. Veteran specify WAR .....
(a) Residence: No. 9 W. 25th St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lena Miller

DATE OF BIRTH (month, day, year) Jan 6, 1864

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75?	11	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....
12. BIRTHPLACE (city or town) (State or country) Russia
13. NAME Chester Miller
14. BIRTHPLACE (city or town) (State or country) Russia
15. MAIDEN NAME Fannie Hayman
16. BIRTHPLACE (city or town) (State or country) Russia
17. INFORMANT Paul Miller
(Address) 9 W. 25th St.
18. BURIAL, CREMATION, OR REMOVAL Place SHAARE TEFILOH Cemetery Date Jan 6 1939
19. UNDERTAKER Sol Levin & Bro
(Address) 1124-26 W. North Ave
20. FILED ..... 19..... Registrar.
1939 Huntington Hillsdale, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 5, 1939
22. I HEREBY CERTIFY, That I attended deceased from November 12, 1938 to January 5, 1939.
I last saw h.. alive on January 5, 1939. Death is said to have occurred on the date stated above, at 1:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post operative pneumonia	1-2-39
Carcinoma of Sigmoid	2 mo.
Metastatic Gallstones	1-4-39
Abdominal wound infection	1-4-39
Other contributory causes of importance:	
Suppurative parotitis	1-2-39
Senile infant	

Was an operation performed? Yes Date of Dec 29, Dec 39.
For what disease or injury? Carcinoma of Sigmoid
Name of operation Coetomy; Resection Sigmoid
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. J. Miskin M. D.
(Address) Sinai Hosp.

F 53708

53708

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) John Hopkins Hospital (Ward) 17-2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Harriett Swann

(a) Residence: No. 1222 Druid Hill Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Stevenson Swann

6. DATE OF BIRTH (month, day, year): Feb. 22 1865

7. AGE: Years 73 | Months 10 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Phoenix Maryland

MOTHER'S MAIDEN

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: William Swann

(Address) 1612 McCulloh St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Jan 7 1939

19. UNDERTAKER: Mr. Geo. H. Holland

(Address) 1631 Druid Hill Ave

FILED JAN 6 1939 Huntington Wolfe, M. D. Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-4-, 1939

22. I HEREBY CERTIFY, That I was (have) (saw) (did not see) the remains described above, held the (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to (her) death on the day stated above.

Autopsy

Autopsy

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary Embolism	1/4/39
Chronic Myocarditis	abt 12/30/38

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Geo. L. Allen M. D.

Coroner

(Address) 506 Fairmount Ave

53703 HEALTH DEPARTMENT—CITY OF BALTIMORE 53709

CERTIFICATE OF DEATH

√ 46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1514 Division St. 25-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alice Dereket

If U. S. Veteran specify WAR .....

(a) Residence: No. 402 Taylor Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Isaac Dereket

DATE OF BIRTH (month, day, year) Sept 1858

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	4		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Va

13. NAME Richard Parker

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Elmira Carter

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Daughter
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Western Harlem Date Jan 7 1939

UNDERTAKER Mrs. Geo. F. Holland
(Address) 1631 Druid Hill Ave
Huntington Williams, M.D.

FILED JAN 6 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-5, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1/3, 1939 to 1-5, 1939

I last saw deceased alive on 1-5, 1939 Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

Appendicitis — Date of onset 1/3/39
Obstruction
Retroversion Carcinoma
Org mod.

Other contributory causes of importance:
Pneumonia Edema

Was an operation performed? yes Date of 1/3/39
For what disease or injury? appendicitis
Name of operation appendectomy
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. L. Jackson M. D.

(Address) 6201 Allenglen Ave

3710 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 53710

CERTIFICATE OF DEATH

212 M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 808 Woodyear St., 16-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry Bradley

(a) Residence: No. 808 Woodyear St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Addell Bradley

DATE OF BIRTH (month, day, year) ? ? 1866

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	52	?	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer (Odd)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Plant

10. Date deceased last worked at this occupation (month and year) Oct 1936

11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (city or town) (State or country) Unknown N. Carolina.

13. NAME OF FATHER Henry Bradley

14. BIRTHPLACE OF FATHER (city or town) (State or country) Lumberton N. Carolina.

15. MAIDEN NAME OF MOTHER Unknown

16. BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

17. INFORMANT Waverly Bradley

(Address) 713 W. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place W. F. Caloey. Date Jan 7 1939

19. UNDERTAKER Elroy O. Wyler

(Address) Fawn & Baxley

FILED ... 19... Registrar.

JAN 8 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1936 to Jan. 4, 1939.

I last saw him alive on Jan. 4, 1939 Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12/29/38
Infected leg due to accident.	10/24/36
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Injury occured on street

Manner of injury Bicycle

Nature of injury Infected lacerated leg.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. J. Pistol M. D.

(Address) 1536 W. Lanvale St

3711 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 53711

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 838 W 32nd St. 13-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? 33 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John T Milanoski

(a) Residence: No. 838 W 32nd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced
HUSBAND of ~~(or WIFE of)~~ Alice Milanoski

DATE OF BIRTH (month, day, year) June 14/894 mountain

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	6	23	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Adam Milanoski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) —

INFORMANT Frank Milanoski
(Address) 838 W 32nd

BURIAL, CREMATION, OR REMOVAL
St. STANIUSLAS. Date Jan 6 1939
Place Shenandoah Pa

UNDERTAKER William M Mareck
(Address) 715 Light St

FILED JAN 6 - 1939 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-6 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-5 1939 to 1-6 1939

I last saw him alive on 1-6 1939 Death is said to have occurred on the date stated above, at 12 34 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1-4-39
Other contributory causes of importance: Myocardial insufficiency	1-5-39

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical findings Was an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J N Wilson M. D.
(Address) 617 W 40th

Elsberg

53712 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 53712

CERTIFICATE OF DEATH

95-B

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St., 3-21 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

IAU. S. Veteran specify WAR.....

2. FULL NAME Mollie Elsberg

(a) Residence: No. 102 Albemarle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

7. DATE OF BIRTH (month, day, year) ? 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61 ?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Herring Run Date 1-6-39

19. UNDERTAKER Jacob Lenz Inc.

(Address) 1439 E. Baltimore St.

20. FILED JAN 6 - 1939 Thos. J. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-5, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-3, 1939 to 1-5, 1939

I last saw her alive on 1-5, 1939 Death is said to have occurred on the date stated above, at 2:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-31-38
Arteriosclerotic cardiovascular disease	?
Parkinson's disease	?
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. G. Lucas, M. D.

(Address) Mercy Hospital

E 53713

53713

HEALTH DEPARTMENT—CITY OF BALTIMORE

106-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 Mercy Hosp St. 22nd Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Louis Feinstein

(a) Residence: No. 634 Portland Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	W	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rose Feinstein (Father)

DATE OF BIRTH (month, day, year) Mar 20 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	1	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Cobbler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Benj. Feinstein

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Rachael

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Herring Run Date 1-6-39 19

UNDERTAKER Jack Lewis Inc.
(Address) 1430 E. Baltimore St.

FILED 1 1939 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1939 to Jan 5 1939

I last saw him alive on Jan 5 1939 Death is said to have occurred on the date stated above, at 11.40 P m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Hemorrhage. Date of onset Jan 5
Pulmonary Abscess Dec 29th
Bronchiectasis over

Other contributory causes of importance:

Secondary Anemia

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. Kenneth Grulee M.D.

(Address) University Hospital

Received 1-6-1939 Harrington Phillips M.D.

(call 1-10/39 d o c)

53714 HEALTH DEPARTMENT—CITY OF BALTIMORE 53714

CERTIFICATE OF DEATH

46-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 2 mos. 24 da. How long in U. S. If of foreign birth? 50 yrs. 2 mos. 24 da.

2. FULL NAME Helen Woodward Graham

If U. S. Veteran specify WAR NONE

(a) Residence: No. 3718 Old York Rd. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Robert L. Graham

7. DATE OF BIRTH (month, day, year) Oct 11, 1888

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	2	2324	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home 0029

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Charles Woodward

14. BIRTHPLACE (city or town) (State or country) Philadelphia Penn

15. MAIDEN NAME Ella Capps

16. BIRTHPLACE (city or town) (State or country) Pikeville Penn

17. INFORMANT Robt L. Graham Jr. (Husband)

(Address) 3718 Old York Road

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Jan 7-39 19

STEWART & HOWER COMPANY

19. UNDERTAKER (W. F. WOODEN SUC.) 103 W. NORTH AVENUE

(Address)

20. FILED ..... 19 ..... Registrar.

1-10-1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1938 to Jan 4 1939

I last saw h.r alive on Jan 4 1939 Death is said to have occurred on the date stated above, at 10 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Sigmoid & metastases to liver — Duration of onset

Other contributory causes of importance:

Was an operation performed? yes Date of Dec 22,

For what disease or injury?

Name of operation Sigmoidostomy

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Raymond L. Lyon M. D.

(Address) Mercy Hospital

53715 HEALTH DEPARTMENT—CITY OF BALTIMORE 53715

CERTIFICATE OF DEATH

124 B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2043 E North Av St., 8-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 65 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 80 yrs. 8 mos. 18 ds.

If U. S. Veteran specify WAR NONE.

2. FULL NAME Joseph Anderson Evans

(a) Residence: No. 2043 E North Av St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Sarah E. Evans

6b. DATE OF BIRTH (month, day, year): April 17 1858

7. AGE: Years 80; Months 8; Days 18 17; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired-Sexton 86

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Old St Pauls Church

10. Date deceased last worked at this occupation (month, day, year): about-1935.

11. Total time (years) spent in this occupation: 40 yrs

12. BIRTHPLACE (city or town) (State or country): Chase Maryland

13. NAME OF FATHER: Nicholas Evans

14. BIRTHPLACE (city or town) (State or country): Chase maryland

15. MAIDEN NAME OF MOTHER: Martha Meisir

16. BIRTHPLACE (city or town) (State or country): Chase Maryland

17. INFORMANT: Mrs Martha Hamilton (daughter)

(Address) 1302 Winner Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Chase Md. Date Jan 6 1939

19. UNDERTAKER: STEWART & MOWEN COMPANY

(Address) (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

20. FILED JAN 6 1939 19 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-4- 1939

22. I HEREBY CERTIFY, That I attended deceased from 12/14/38 to 1-4- 1939

I last saw him alive on 11/31 1939 Death is said to have occurred on the date stated above, at 4.15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver	1938
Chronic myocarditis	1938.
	over
Cardiac insufficiency	12/39
None	

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) Jos A Sanders. M. D.

(Address) 1517 E North Ave.

716

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53716

94-B 40188 JS

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 9-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Stahl

If U. S. Veteran specify WAR

(a) Residence: No. 1433 Harford Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 8-10-1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	4	24	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith helper

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto.
(State or country)

12. NAME Joseph

13. BIRTHPLACE (city or town) Balto.
(State or country)

15. MAIDEN NAME Kate ?

16. BIRTHPLACE (city or town) Balto.
(State or country)

INFORMANT B. C. H. Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Dr. for Cem. Date 1/7/39 19

UNDERTAKER George J. Roth Inc.
(Address) 1733 Longwood Sts.

FILED 19 Huntington Hill Registrar.

JAN 6 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 22, 1938, to January 4, 1939

I last saw him alive on January 4, 1939. Death is said to have occurred on the date stated above, at 1550 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	Dec. 1938
Other contributory causes of importance: Bronchopneumonia	1-1-39

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. Del Santelle M. D.

(Address) Baltimore City Hospitals

53717 HEALTH DEPARTMENT—CITY OF BALTIMORE E 53717

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1018 Mt. Calvert St.) (or) (Ward) 11-4

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John L. Taylor

(a) Residence: No. 1018 Mt. Calvert St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6. If married, widowed or divorced — HUSBAND of (or) WIFE of Ella Taylor

DATE OF BIRTH (month, day, year) 3/17-80

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	7	18	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

9. BIRTHPLACE (city or town) (State or country) Baltimore Co., Md.

13. NAME OF FATHER John Taylor

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME OF MOTHER Caroline —

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Taylor
(Address) 1018 Mt. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 1/9 1939

19. UNDERTAKER William A. Jackson
(Address) 466 Penna Ave

20. FILED 1-6-1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/6/39, 19

22. I HEREBY CERTIFY, That I attended deceased from June 1938 to 1/6/39, 19...

I last saw him alive on 1/4/39, 19... Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and contributory causes of importance were as follows:

	Date of onset
Organic heart trouble	
Contributory Senility	

Other contributory causes of importance: Pneumonia & Cerebral Hemorrhage

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Autopsy? No

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? Probably

(Signed) H. Lee Taylor, M. D.

(Address) ...

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53718

53718

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1233 W. Lombard St. 18-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rose Hoffman

If U. S. Veteran specify WAR .....

(a) Residence: No. 1233 W. Lombard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of late Harry Hoffman

DATE OF BIRTH (month, day, year) Dec 23, 1874

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	0	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Harr Worley

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Miss Anna L. Hoffman

(Address) # 1233 W. Lombard Street.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan 7th 1939

19. UNDERTAKER John J. Cowan & Son

(Address) Hollins & Poppleton Sts

FILED ..... 19.. ..... Registrar.

JAN 6 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4th, 1939.

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1938, to Jan 4, 1939

I last saw h.. alive on Jan 4, 1939. Death is said to have occurred on the date stated above, at 1.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Angina Pectoris	1 Hr.
Other contributory causes of importance: Chronic Int. Nephritis	6 Mo.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? Typical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

26. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Thos Courtney M. D.

(Address) 888 N. Eutaw St.

53719 E 53719

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1319 Hollins St. 19-3 Ward)

Length of residence in city or town where death occurred 36 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sigmund J. Jaymont

(a) Residence: No. 1319 Hollins St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Jaymont

6. DATE OF BIRTH (month, day, year) May 22, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	7	13 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0003

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Napoleon Jaymont

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Rosalind Szalacus

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT (Address) Mrs Mary Jaymont # 1319 Hollins Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 1 / 9 / 1939

19. UNDERTAKER (Address) John J. Cowan & Son Hollins & Eppleton Sts

20. FILED 1-6-1939 Huntington Williams Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4th, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	1-4-39

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

no

(Signed) W. H. Hamm Coroner, M. D.

(Address) 1822 W. Baltimore St.

F 53720

53720 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH ✓ 94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 47-16 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds. If U. S. Veteran specify WAR .....

2. FULL NAME Frank W. Reed

(a) Residence: No. 3313 DuPont Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Sept 8, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Electrician

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Frank W. Reed Sr.

14. BIRTHPLACE (city or town) (State or country) N.Y.

MOTHER

15. MAIDEN NAME Elizabeth Keane

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. E. J. Schulte
(Address) 3313 DuPont Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date 1/7 1939

19. UNDERTAKER C. Vernon Lemmon
(Address) 4611 Park Heights Av

FILED 1-8-1939 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 3, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arterisclerosis	
Coronary Disease	
Acute Dilatation Heart	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) H. R. Weber, M. D.
Coroner

(Address) 2757 ...

S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53721

3721

CERTIFICATE OF DEATH

93-c

16-3

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Edgewood Sanatorium St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Alice M. Chapman

(a) Residence: No. 711 N. Fulton Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of xxxxxx

7. DATE OF BIRTH (month, day, year) September 18, 1849

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	89	3	18 17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Harrisonville
(State or country) Md.

13. NAME Williams Chapman

14. BIRTHPLACE (city or town) Baltimore Co.
(State or country) Md.

15. MAIDEN NAME Rachel Oursler

16. BIRTHPLACE (city or town) Baltimore, Co.
(State or country) Md.

17. INFORMANT Robert B. Chapman
(Address) 2421 Maryland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Parran Cem. Date Jan. 7, 1939

19. UNDERTAKER Wm. J. Tickner and Sons
(Address) North and Penna. Aves.

20. FILED ..... 19.... .....
Registrar.

JAN 6 - 1939 Hauled for Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec ~ 1938 to Jan 5, 1939
I last saw her alive on Jan 5, 1939. Death is said to have occurred on the date stated above, at 11 20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arteriosclerosis	Several Years
Other contributory causes of importance:	
Myocardial collapse	5 days

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) M Burman Lloyd M. D.

(Address) 2200 Garrison Blvd

F 53722

53722 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-e

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1147 N. Fulton St., 16-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Eliza Gunther

(a) Residence: No. 1147 N. Fulton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): April 1 1862

7. AGE: Years 76; Months 9; Days 3; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME of father: Martin Gunther

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME of mother: Mary Elisa Strauss

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Harry Gunther

(Address) 1147 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Cross Date: Jany 7, 1939

19. UNDERTAKER: W. Rodney Hans

(Address) None of Funeral

20. FILED: Jan 6 1939, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 7, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above at 11 30 am

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Myocarditis.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O Hall, Coroner, M. D.

(Address) 1245 Hanover

F 53723

53723

HEALTH DEPARTMENT—CITY OF BALTIMORE

#40270 S9

CERTIFICATE OF DEATH

✓ 126

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 06-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Catherine Zebec

(a) Residence: No. 6605 Pine Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John

DATE OF BIRTH (month, day, year) 9/12/1868 ?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
50	50 ?	3	12 ?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Yugoslavia (State or country)

13. NAME Steve Vrbec

14. BIRTHPLACE (city or town) Yugoslavia (State or country)

15. MAIDEN NAME Dora Vrbec

16. BIRTHPLACE (city or town) Yugoslavia (State or country)

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place SACRED HEART MARY Date JAN. 7 1939

UNDERTAKER Libby & Zeisler Inc

(Address) 403 S. WOLFE ST

FILED 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/4/39 . 19

22. I HEREBY CERTIFY, That I attended deceased from 12-26 1938 to 1-4 1939

I last saw her alive on 1-4 1939 Death is said to have occurred on the date stated above, at 12:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic cholecystitis	?
Cholelithiasis	?
Post operative shock	few hours
Other contributory causes of importance:	

Was an operation performed? Yes Date of 1/4/39

For what disease or injury? Cholecystitis & cholelithiasis

Name of operation Cholecystectomy

What test confirmed diagnosis? Surgery Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) L K Woodward Jr M. D.

(Address) Balto City Hosp.

NOV 6 1939

HEALTH DEPARTMENT—CITY OF BALTIMORE

53724 53724

CERTIFICATE OF DEATH

✓ 164-a

16-7

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen. Hospital Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred LIFE mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME CORNELIA M. JAMISON

(a) Residence: No. 3212 Presstman Street St., 16 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellsworth G. Jamison

7. DATE OF BIRTH (month, day, year) Mar. 1881

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	10	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) --

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Ebynizer Harman

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Elizabeth Bartholow

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mr. Ellsworth G. Jamison

(Address) #3212 Presstman Street

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan. 7-39 19

19. UNDERTAKER C. J. B. Hilgert & Son

(Address) 1305 East Baltimore Street

JAN 6 - 1939 19 Hunting for Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 4 - 39 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above. 3 hours

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating gas	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 1-4 1939

Where did injury occur? 3212 Presstman Street (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Gas from Kitchen stove above

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) O. Wynn, M. D.

Coroner

(Address) 1 Courthouse

56

HEALTH DEPARTMENT—CITY OF BALTIMORE

53725

CERTIFICATE OF DEATH

93-F 53725

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 100 N. Payson Street St., 20 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME REV. Dr. EDWIN E. IDE

(a) Residence: No. 100 N. Payson Street St., 20 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha C. Ide

DATE OF BIRTH (month, day, year) Oct. 20-1863

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	2	14 12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clergy-man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lutheran Church

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Ernest C. Ide

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Charolotte Main

16. BIRTHPLACE (city or town) (State or country) Frederick County Maryland

17. INFORMANT Mrs. Norma McMillian (daughter)

(Address) 100 N. Payson Street

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan. 5-39

UNDERTAKER J. B. Hubbert & Son

(Address) 1300 Eastern Place

FILED JAN 6 1939 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 3, 1939 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 4 1938 to Jan. 3 1939

I last saw him alive on JAN. 3 1939 Death is said to have occurred on the date stated above, at 10 : A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis with Myocardial degeneration	?
Other contributory causes of importance: Arterio sclerosis	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jos. H. Blumberg M. D.

(Address) 2000 Hillside Rd

HEALTH DEPARTMENT—CITY OF BALTIMORE

#39780 SF

53726 F 53726

CERTIFICATE OF DEATH

✓ 51 C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 20th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Perry Lovejoy

If U. S. Veteran specify WAR

(a) Residence: No. 2542 Frederick Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

DATE OF BIRTH (month, day, year) 11/4/1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
73	73	2	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Art School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

13. NAME Samuel

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Bruchy ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Jan 6 1939

19. UNDERTAKER J. D. Pinkard & Son

(Address) 1200 Eutaw Place

Filed JAN 6 1939, 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/4/39, 19

22. I HEREBY CERTIFY, That I attended deceased from December 7, 1938, to January 4, 1939

I last saw him alive on January 4, 1939. Death is said to have occurred on the date stated above, at 3:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate	Unknown
Other contributory causes of importance:	

Was an operation performed? Yes Date of 1931

For what disease or injury? Carcinoma of prostate

Name of operation Prostatectomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Young M. D.

(Address) Baltimore City Hospitals

5.3727

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 5.3727

CERTIFICATE OF DEATH

122-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 20-S Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John moon (mother)

(a) Residence: No. 2520 Ashton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or WIFE of) XXX

6. DATE OF BIRTH (month, day, year) June 12. 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	6	23 22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher 40 yrs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Adam moon (Mother)

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Hess

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. George Mohr
(Address) 2552 W. Lombard St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date June 7-39

19. UNDERTAKER J. B. Shubert & Son
(Address) 130 Eastern Ave

FILED 6-1939 Huntington Williams, MD Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 4. 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock; Intestinal Toxaemia and Strangulated Hernia (Gangrene)	24hrs.
Other contributory causes of importance: Rt. Inguinal Hernia	?

Was an operation performed? Yes Date of Jan 3-39

For what disease or injury? Intestinal Obstruction

Name of operation Resection of bowel Clinical findings Date of I-3-39

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Michael A Abromad Coroner, M. D.

(Address) 2360 Entaw Place

28 F 53728

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2632 Mathews St. 9-4 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Wilbur Rodell Gildenfenney
If U. S. Veteran specify WAR

(a) Residence: No. 2632 Matthews St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth G. Gildenfenney

DATE OF BIRTH (month, day, year) July 10 1912

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	5	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drug Store
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.
13. NAME William C. Gildenfenney
14. BIRTHPLACE (city or town) (State or country) Phila. Pa.
15. MAIDEN NAME Barbara A. Criswell
16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.
17. INFORMANT Ruth G. Gildenfenney
(Address) 2632 Mathews St.
18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Cem. Date 1/9 1939
19. UNDERTAKER Chas. F. Sparr Sons Inc.
(Address) 118 W. Mt. Royal ave.
20. FILED 1939 Huntington Williams, M.D. Registrar.

6-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/5 1939.

22. I HEREBY CERTIFY, That I attended deceased from 1/20/38 19 to 1/5 1939
I last saw h[illegible] alive on 1/5 1939. Death is said to have occurred on the date stated above, at 10.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Nephritis	1/20/38
General arteriosclerosis	"
Hypertension	"
Other contributory causes of importance: Cerebral Hemorrhage	1/3/39
Toxaemia - Myocardial insufficiency	1/3/39

Was an operation performed? None Date of
For what disease or injury? None
Name of operation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George A. Bowden, M. D.
(Address) 1517 E. North Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53729 ✓ 131 F 53729

53729

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4310 Raspe Ave. St. 26-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S. If of foreign birth? 82 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME MRS. BERTHA HEROLD

(a) Residence: No. 4310 Raspe Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of John A. Herold

DATE OF BIRTH (month, day, year) Feb. 3. 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	10	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME ? Weisenborn

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME ? Stick

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mr. Christopher Herold (Son)

(Address) 2910 Clifton Park Terrace

BURIAL, CREMATION, OR REMOVAL. Baltimore Cem. Date Jan. 7. 1939
Place

UNDERTAKER HENRY SANDER & SONS. INC. Geo. T. Sander

(Address) Baltimore & Broadway.

FILED JAN 6 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 5. 1939. 19

22. I HEREBY CERTIFY, That I attended deceased from D.C.I., 19 38. to Jan 5, 19 39

I last saw h[illegible] alive on Jan 4, 19 39 Death is said to have occurred on the date stated above, at 9.55 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation Heart	
Edema of Lungs	
Acute Myocarditis.	

Other contributory causes of importance:

Arteriosclerosis
Chronic Interstitial nephritis

Was an operation performed? no Date of

For what disease or injury?

Name of Operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Albert G. Hebeler, M. D.

(Address) 6409 Belair Rd.

53730

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-EE 53730

1. PLACE OF DEATH Md. General Hosp

CITY OF BALTIMORE: (No. Mad. & Linden Ave 26-10 St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George C. Bausch

If U. S. Veteran specify WAR .....

(a) Residence: No. 23 N. East Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Bausch

DATE OF BIRTH (month, day, year) 11-27-81

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	1	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 005-0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

13. NAME George Bausch

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Rose Cattrell

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Mrs. Rose Bausch
(Address) 23 N. East Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Jan. 9, 1939

19. UNDERTAKER Henry Sander & Son, Inc.
(Address) Baltimore St. & Broadway

20. FILED JAN 9 1939 by Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-5-1939

22. I HEREBY CERTIFY, That I attended deceased from 1-3, 1939 to 1-5-, 1939

I last saw h[illegible] alive on 1-5-, 1939. Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Origin undetermined	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) W. F. Hemsworth M. D.

(Address) Md. General Hosp.

3731

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53731

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 302 S Spring St. 3-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Murrel

If U. S. Veteran specify WAR

(a) Residence: No. 302 S Spring St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race W

5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 10—1890

7. AGE: Years 48 | Months 1 | Days 26 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Joseph E Greenesby

(Address) 1302 E Pratt St

18. BURIAL, CREMATION, OR REMOVAL

Date 1-7 19 39

19. UNDERTAKER Francis A Hemley

(Address) 578 N Eutaw St.

20. FILED JAN 6-1939 Huntington Wilson Registrar

MEDICAL CERTIFICATE OF DEATH 1-6-39

21. DATE OF DEATH (month, day, year) Jan 5, 19 39

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

signed by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

(a) Acute Cerebral Apoplexy Jan 6 1939

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) [illegible] M. D.

(Address) [illegible]

HEALTH DEPARTMENT—CITY OF BALTIMORE

53732

CERTIFICATE OF DEATH

V 23

F 53732

Registered No.

1. PLACE OF DEATH

6-5

CITY OF BALTIMORE: (No. Balto. City Hospitals St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Matthew Hill (40214)

If U. S. Veteran specify WAR

(a) Residence: No. 238½ N. Bond St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 14, 1910

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	5	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) N. Car.

13. NAME Junius

14. BIRTHPLACE (city or town) (State or country) N. Car.

15. MAIDEN NAME Minnie Chance

16. BIRTHPLACE (city or town) (State or country) N. Car.

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date JAN 6 1939

UNDERTAKER Commissioner of Health
(Address) For H. A. Myers
Huntington Williams Mgr.

FILED JAN 6 - 1939

520

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 24, 1938 to January 2, 1939

I last saw him alive on January 2, 1939. Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	Nov. 1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. M. Curtis, M. D.

(Address) Balto. City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

53733

CERTIFICATE OF DEATH

23 F 53733

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 7-5 Ward)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ruth Smith (38200) If U. S. Veteran specify WAR

(a) Residence: No. 1614 McElderry St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph

DATE OF BIRTH (month, day, year) ? ? ?

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
28 ?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) N. Car.

13. NAME ? Brown (D)

14. BIRTHPLACE (city or town) (State or country) ? ?

15. MAIDEN NAME Julia ?

16. BIRTHPLACE (city or town) (State or country) N. Car.

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
UNIVERSITY MEDICAL SCHOOL JAN 6 1939

UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

FILED JAN 6 - 1939 Registrar

8519

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from October 20, 1938 to January 3. 1939

I last saw her alive on January 3, 1939. Death is said to have occurred on the date stated above, at 4:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Aug. 7 1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify.

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

Bethea

53734

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108 F 53734

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Bethea

(a) Residence: No. 1135 D Orn (Dorn) St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

If U. S. Veteran specify WAR .....

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR or RACE: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) — 1905

7. AGE: Years 33 | Months — | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

13. NAME mR

14. BIRTHPLACE (city or town) (State or country) mR

15. MAIDEN NAME mR

16. BIRTHPLACE (city or town) (State or country) mR

17. INFORMANT Hospital Records (Address) Provident Hosp. Balto

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL JAN 6 1939, 19

19. UNDERTAKER Commissioner of Health (Address)

Per H. A. Moore

JAN 6 - 1939 Huntington Williams Inc. Registrar

25.21

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15, 19 38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilatation of Heart	12/15/38
Other contributory causes of importance: Acute Lobar Pneumonia	12/12/38

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? Necropsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

(If so, specify) .....

(Signed) George S. Allen, M. D.

(Address) Provident Hospital

3735

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53735

CERTIFICATE OF DEATH

82-B cc

1. PLACE OF DEATH Balto. City Hospitals — Registered No. 187

CITY OF BALTIMORE: (No. Bay View St., 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Evelyn Wilson

(a) Residence: No. 111 f Clin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 9-910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	5	6 +	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

MOTHER FATHER

13. NAME Samuel Wilson

14. BIRTHPLACE (city or town) Balto. Md.
(State or country)

15. MAIDEN NAME Ella Allen

16. BIRTHPLACE (city or town) Balto Md.
(State or country)

17. INFORMANT Samuel Wilson
(Address) 111 Clin St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 1/7 1939

19. UNDERTAKER Isaiah L Brown & Son
(Address) 108 W Montgomery St

JAN 6 - 1939 Huntington Williams, M.D.

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 3 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	Hours
Other contributory causes of importance Alcoholism Chronic	Time

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood, M. D.
Coroner

(Address) 1712 N. Broadway

736

HEALTH DEPARTMENT—CITY OF BALTIMORE

#58736

SF

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 14 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Annie Washington

(a) Residence: No. 2237 Druid Hill Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of George

DATE OF BIRTH (month, day, year) 12-3-1883? 1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~1 day~~	57	1	24	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Mississippi
(State or country)

13. NAME unknown

14. BIRTHPLACE (city or town) unknown
(State or country)

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) unknown
(State or country)

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cemetery Date Jan 6, 1939

UNDERTAKER Archibald W. Waddy's
(Address) 2101 N. Caroline St.

FILED JAN 6 1939, 19 Hunter Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/5/39, 19

22. I HEREBY CERTIFY, That I attended deceased from December 30, 1938, to January 5, 1939

I last saw her alive on January 5, 1939. Death is said to have occurred on the date stated above, at 8:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-1-39
Other contributory causes of importance: Diabetes mellitus	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. DeSantalla M. D.

(Address) Baltimore City Hospitals

3737

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 53737

CERTIFICATE OF DEATH

93-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4107 Penhurst Ave. St. 45-19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Henry Horn

If U. S. Veteran specify WAR

(a) Residence: No. 4107 Penhurst Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced
BUSBAND of (or) WIFE of Late Mary Lizzie Heym Horn

7. DATE OF BIRTH (month, day, year) Oct. 28, 1853.

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	2	7	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ? Lumberman

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Henry J. Horn

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Ellen Gross

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT H. G. Horn

(Address) 839 S. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Jan. 7/39

19. UNDERTAKER Harry H. Mitzke

(Address) 2101 Edmondson Ave.

20. FILED JAN 6 1939 Huntington Williams (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1- 5 . 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 1- 1938 to JAN - 5 1939

I last saw h/M alive on JAN - 5 1939. Death is said to have occurred on the date stated above, at 11 - A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Myocarditis	12-1-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical Examination Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Arthur J Davies M. D.

(Address) 8001 Bird 33rd St

3738 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 53738

CERTIFICATE OF DEATH

59

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St., 19 Ward)

Length of residence in city or town where death occurred Lifetime yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR ..... (Int.) .....

2. FULL NAME Ferdinand Lewis Smith

(a) Residence: No. 1816 Dover St., Baltimore, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Helen Young Smith

6. DATE OF BIRTH (month, day, year) September 8, 1893

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	45	3	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year) Dec. 30, 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

13. NAME Lewis J. Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

15. MAIDEN NAME Margaret Keiser

16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

17. INFORMANT Records - U. S. Marine Hospital

(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL

Place National Date Jan 9 1939

19. UNDERTAKER Knepp & Wolfe

(Address) 410 E. Hunting St. Baltimore, Md.

20. FILED JAN 6-1939 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 3, 1939, to January 5, 1939.

I last saw him alive on January 5, 1939. Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	Unknown
Nephritis, acute diffuse	3 days
Pneumonia, hypostatic, bilateral	Termin
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? N. K. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) T. M. V. Anderson, M. D.

(Address) T. E. H. Anderson, Medical Officer in Charge, U. S. Marine Hospital, Baltimore, Md.

3739 F 53739

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

73

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3012 Brendan Ave 26-3 Ward)

Length of residence in city or town where death occurred 8 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Caroline S Herrman

(a) Residence: No. 3012 Brendan Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of J. Henry Herrman

DATE OF BIRTH (month, day, year) Dec. 10th 1858

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80		27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Christian Mildebling

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Engle

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Mrs. Durban

(Address) 3012 Brendan Ave

BURIAL, CREMATION, OR REMOVAL

Place Jerusalem Cem Date Jan. 9th 1939

UNDERTAKER Leslie Lasaglia & Son

(Address) 7401 Belair Rd.

FILED JAN 6 - 1939 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6th 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 23 to Jan 6 1939

I last saw her alive on Jan 6 1939. Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	Dec 28-38
Generalized Arteriosclerosis	
Other contributory causes of importance: Chronic Pleurisy - Tuberculous?	repeated attacks for years

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation no

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury — 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) Nathaniel M Beck M. D.

(Address) 2727 N. Charles St.

Fields

3740 ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53740

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 654 Bradley St. 17-6 Ward)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Fields

(a) Residence: No. 654 Bradley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Fields

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) 1907 | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME of Mother Nicholson

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sophia Fields

(Address) 654 Bradley St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Jan 7, 1939

19. UNDERTAKER Mrs Kate R. Williams

(Address) 222 N. Schroeder St.

(Filed) JAN 6 1939 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 4, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above at 2 20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart lesion	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. Klaus, Coroner, M. D.

(Address) 210 Hanover

HEALTH DEPARTMENT—CITY OF BALTIMORE

53741

CERTIFICATE OF DEATH

160-B 53741

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) University Hospital St. 17-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Rudolph Hawkins

(a) Residence: No. 905 W. Franklin St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) November 11 1938

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2 1	4 9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. poor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Ellen William Hawkins

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Ellen Drummond

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Ellen Hawkins

(Address) 805 W. Franklin St

BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Jan 6 1939

UNDERTAKER Katie R. Williams & Son

(Address) 322 N. Schroeder St

JAN 6 - 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 2 1939 to January 6 1939

I last saw him alive on January 6 1939 Death is said to have occurred on the date stated above, at 2:00 A.M.

The principal cause of death and related causes of importance were as follows:

Respiratory collapse — Date of onset 1 to 2 days Nov 1938

Intra-cranial hemorrhage

Other contributory causes of importance:

Jaundice ? poor

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Gibson J. Wells M. D.

(Address) University Hospital

2 5976 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ 53742

CERTIFICATE OF DEATH

× 51-C

Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., 7-5 Ward)

Length of residence in city or town where death occurred yrs. 11 mos. 29 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Admiral Walter Crosley

(a) Residence: No. Ames Security & Trust, Washington D C (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline Crosley

DATE OF BIRTH (month, day, year) Oct. 30, 1871

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	2	7 6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Naval Officer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) East Jaffrey (State or country) New Hampshire

13. NAME William Crosley

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME Charlotte Harris

16. BIRTHPLACE (city or town) (State or country) Ohio

INFORMANT Records (Address) Johns Hopkins Hospital

BURIAL, CREMATION, OR REMOVAL Pat Crosley

Place Arlington Cem. Date Jan 7, 1939

UNDERTAKER Hess Waddell Funeral Home (Address) 1700 Eutaw Place Baltimore

FILED JAN 6 1939 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1938 to Jan 5, 1939

I last saw him alive on Jan 5, 1939 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate with metastasis to bone & abdominal lymph nodes	?
Cystocystitis, Chronic, Ulcerated	?
Other contributory causes of importance: Malnutrition, Anemia, Weakness	?

Was an operation performed? Yes Date of Jan. 19 1938

For what disease or injury? Carcinoma of Prostate

Name of operation Transurethral Resection of Prostate

What test confirmed diagnosis? Pathology Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Cyle C. Burkland M. D.

(Address) J. H. H.

HEALTH DEPARTMENT—CITY OF BALTIMORE

5374 3

CERTIFICATE OF DEATH

186 4 5374 3

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME William Rose

(a) Residence: No. Anchor Hotel- 612 E. Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, year) March 28th 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	9	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Asst, Mgr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: St Paul Garage

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charlotte, N.C.

13. NAME W. H. C. Rose

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Fleta Boone

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. W.H.C.Rose (Mother)

(Address) Atlanta, Georgia.

18. BURIAL, CREMATION, OR REMOVAL

Place Atlanta, Georgia. Date Jan 6th 1939

19. UNDERTAKER Wm. J. Tickner & Sons.

(Address) North & Panna Ares.

20. FILED JAN 6-1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5, 1939

22. I HEREBY CERTIFY That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	1-2-39
Edema of Brain	
Edema of Lungs	
Fatty Liver	
Other contributory causes of importance: Fracture of L. U. Humerus	1-2-39
Shock	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1-2-39

Where did injury occur? Anchor Hotel, 612 E. Pratt
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell out of bed.

Nature of injury Cerebral Hemorrhage

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward Brooke Coroner M. D.

(Address) 1331 E. Monument St.

53744 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 53744

CERTIFICATE OF DEATH

93-c

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2715 Baker St. 15-6 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Robert Wilson
If U. S. Veteran specify WAR
(a) Residence: No. 2715 Baker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

6. If married, widowed, or divorced
HUSBAND of (or WIFE of) Mary E. Wilson
DATE OF BIRTH (month, day, year) Feb 20 1866

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	10	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 20

BIRTHPLACE (city or town) (State or country) Ft. Va.
13. NAME William Wilson
14. BIRTHPLACE (city or town) (State or country) Ft. Va.
15. MAIDEN NAME Amanda Williams
16. BIRTHPLACE (city or town) (State or country) Ft. Va.
INFORMANT Mary E. Whitaker
(Address) 2715 Baker St.
BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Jan 7, 1939
UNDERTAKER John A. Horan
(Address) 3000 E. Baltimore St.
FILED JAN 6 1939 19 Huntington Whitehurst, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/31, 1939
22. I HEREBY CERTIFY, That I attended deceased from April 24, 1937, to January 3, 1939
I last saw h... alive on January 3, 1939. Death is said to have occurred on the date stated above at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Chronic Myocarditis	?
2. Arteriosclerosis	?
3.	
Other contributory causes of importance:	
5. Bronchial Asthma	?

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) Leon Ashman M. D.
(Address) 1201 Eagle Home Pl.

3745 ✓ E 53745

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 127 Aisquith St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rubin Miller

If U. S. Veteran specify WAR

(a) Residence: No. 127 Aisquith St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 44			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter p150

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna ?

13. NAME

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Elizibeth Miller

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Robert Stoltz

(Address) 1119 Granby St.

18. BURIAL, CREMATION, OR REMOVAL

Penna Date Jan 6 1939

19. UNDERTAKER L. Levinson & Bro

(Address) 1624-26 W. North ave

JAN 6- 1939 Huntington Williams Registrar

EPL

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 5, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest found that said deceased came to his death on the date stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance: —

Was an operation performed? No Date of

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

25. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schreiber Coroner, M. D.

(Address) Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

53746

CERTIFICATE OF DEATH × 186-a

F 53746

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence S. Gable

If U. S. Veteran specify WAR

(a) Residence: No. York, Pa St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) 1874

8. AGE: Years 65 64; Months; Days; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

13. NAME Samuel Gable

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Dinah Hyman

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Clarence Gable

(Address) York, Pa

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet York, Pa Date 1/6 39

19. UNDERTAKER Wm. Cook

(Address) 1217 E. Pratt St

Huntington Williams M.D.

20. FILED JAN 5 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	2 days
Acute Cardiac dilatation	
Fractured ribs (8-9 & 10th) (Right)	17 days
Other contributory causes of importance: (Chr Cardio Vascular Renal Disease arterio-Sclerosis	2 yrs

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, [redacted]cide, or [redacted]cide? Yes Date of Injury 12/16, 1938

Where did injury occur? Baltimore, Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place On public highway

Manner of Injury Slipped on ice (400 block W. Lyttleton)

Nature of injury Fractured 8th 9th & 10th ribs (right)

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A. Struna, M. D.

Coroner

(Address) 2360 Eutaw Place

5-5-845

HEALTH DEPARTMENT—CITY OF BALTIMORE

3747

CERTIFICATE OF DEATH

54-DF 53747

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Doris Phillips

If U. S. Veteran specify WAR

(a) Residence: No. New Cumberland St., Ward. West Virginia

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 1/24/24

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
14	11	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) West Virginia (State or country)

13. NAME Matthew Phillips

14. BIRTHPLACE (city or town) England (State or country)

15. MAIDEN NAME Minnie Swain

16. BIRTHPLACE (city or town) W. Va. (State or country)

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place New Cumberland, W. Va. Date Jan 6, 1939

UNDERTAKER John D. Mitchell Funeral Home Inc.

(Address) 1900 Eutaw Place

FILED JAN 9 1939 H. 19 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1938 to Jan 6, 1939

I last saw her alive on Jan 6, 1939 Death is said to have occurred on the date stated above, at 2 35-15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebellar Tumor	4 mos.
(Tumor of choroid plexus)	ovr

Other contributory causes of importance:

Was an operation performed? yes (L.R.) Date of 11-25-38

For what disease or injury? Cerebellar Tumor

Name of operation Cerebellar exploration

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Kenneth L. Pearce, M. D.

(Address) Johns Hopkins Hosp.

39 P84

HEALTH DEPARTMENT—CITY OF BALTIMORE

53748

CERTIFICATE OF DEATH

93-C F 53748 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1230 E. Fort Ave. St. 24-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Louise E. Halfpenny

(a) Residence: No. 1230 E. Fort Ave. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Robert C. Halfpenny

DATE OF BIRTH (month, day, year) Feb. 18, 1885

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	54	10	5 17	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME James H. Pope

14. BIRTHPLACE (city or town) (State or country) Alexandria, Va.

15. MAIDEN NAME Elizabeth A. Martin

16. BIRTHPLACE (city or town) (State or country) Lancaster, Pa.

INFORMANT Robert C. Halfpenny (Husband)

(Address) 1230 E. Fort Ave.

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem. Date Jan. 7, 1939

UNDERTAKER A. Howard Evans.

(Address) 1400-02 S. Charles St.

No 6-1939 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1939 to Jan 5, 1939

I last saw h[illegible] alive on Jan 3, 1939. Death is said to have occurred on the date stated above, at 4:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Myocarditis	1928
Contributory causes of importance: Pulmonary Edema.	1933.

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

53749 E 53749

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1722 S. Charles St., 23-3 Ward)

Length of residence in city or town where death occurred, 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Francis Herzberger If U. S. Veteran specify WAR

(a) Residence: No. 1722 S. Charles St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color / Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Nov. 21, 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	1	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 1937

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME George Herzberger

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Gerbert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Amelia Flaum

(Address) 1721 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Jan. 10 1939

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

Huntington Williams, Asst.

FILED JAN 7 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1937, to Jan. 6, 1939

I last saw him alive on Jan. 5, 1939. Death is said to have occurred on the date stated above, at 6 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis (indefinite)	
Other contributory causes of importance:	
Acute dilatation of Heart	1/5/39

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If

(Signed) H. L. Campbell M. D.

1/6/39 (Address) 1644 Hanover St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53750 131 F 53750

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1611 E 32nd St., G-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran — specify WAR .....

2. FULL NAME Virginia Boninger

(a) Residence: No. 1611 E. 32nd St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Chester Boninger

DATE OF BIRTH (month, day, year) May 4 1851

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	87	8	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 34 yrs

11. Total time (years) spent in this occupation 70 yrs

BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME ? Reeves.

14. BIRTHPLACE (city or town) Unknown (State or country)

15. MAIDEN NAME Mary Everett

16. BIRTHPLACE (city or town) Maryland (State or country)

INFORMANT Lily May Bumgardner (Address) 1611 E 32 St

BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date 1/7/39

UNDERTAKER Wm Cook (Address) 1214 St Paul St

FILED ... 19... Huntington Williams, Registrar.

JAN 7 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 5. 1939

22. I HEREBY CERTIFY, That I attended deceased from January 1, 1939 to January 5, 1939

I last saw h[illegible] alive on January 4, 1939 Death is said to have occurred on the date stated above, at 2.25 P. m.

The principal cause of death and related causes of importance were as follows:	Date of onset
Broncho Pneumonia	2 days
Mitral Regurgitation	5d
Senile Changes + Hypertension	
Marasmus	
Other contributory causes of importance: Chronic Interstitial Nephritis	5 yrs

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? Symptoms + Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos F A Stearns M. D.

(Address) 2478 Hartford Rd

53751

HEALTH DEPARTMENT—CITY OF BALTIMORE

53751

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Durkin (38565)

If U. S. Veteran specify WAR

(a) Residence: No. 2926 O'Donnell St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Feb. 21, 1882

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	10	16	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Molder.

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) England

12. NAME Patrick

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Anna McKeever

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Hospital Records
(Address)

17. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan. 10 19 39

18. UNDERTAKER William Cook.
(Address) 1442 E. Pratt

19. FILED 19 Registrar.

JAN 7-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from November 1, 1938, to January 6, 1939

I last saw him alive on January 6, 1939. Death is said to have occurred on the date stated above, at 4:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Jan 1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Belto. City Hospitals

53752 E 53752

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 cc

Registered No. 872

1. PLACE OF DEATH Balto. City Hospitals

CITY OF BALTIMORE: (No. Bay View St., 24-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Winifred Abbott

(a) Residence: No. 1409 Fawnman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ...

6. DATE OF BIRTH (month, day, year) Feb. 4-1919

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
19	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Abbott

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Winifred Duffy

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Winifred Abbott

(Address) 1409 Fawnman St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Jan 9, 1939

19. UNDERTAKER Chas. L. Stevens

(Address) 1501 E. 7th ave

FILED Jan 7-1939 Registrar Livingston Williams, M.D.

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 5, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) died that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6 hours
Diabetes Mellitis	1 year
Other contributory causes of importance: Valvular heart disease	5 years

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 1712 N. Broadway

F 53753

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 N. Chapel St. 6-4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME James H McKitrick

(a) Residence: No. 13 N. Chapel St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

DATE OF BIRTH (month, day, year) April 17 1867

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	8	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

7. BIRTHPLACE (city or town) (State or country) Italy

13. NAME James

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Theresa Barr

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Mary McKitrick
(Address) 13 N. Chapel St.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan 9, 1939

UNDERTAKER Martin H. & Dippel
(Address) 2128 Jan Ave

FILED ..... Huntington Williams, M.D. Registrar.

JAN 7 - 1939

GKL

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1939 to Jan 6, 1939

That I saw h.m alive on Jan 6, 1939 Death is said to have occurred on the date stated above, at 3A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	Jan 4 39
Other contributory causes of importance: Aortic Regurgitation	1930

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

Yes If so, specify .....

(Signed) Joseph Spindler, M. D.

(Address) 143 N. Eutaw

3751 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 53754

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2725 Fait Ave St. 1-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Henry C Dash

If U. S. Veteran specify WAR

(a) Residence: No. 2725 Fait Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Dash

DATE OF BIRTH (month, day, year): Mar 16 1881

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
57	1	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Can Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Tin Mills

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 0

BIRTHPLACE (city or town) (State or country): Baltimore

13. NAME: Geo P Dash

14. BIRTHPLACE (city or town) (State or country): Baltimore

15. MAIDEN NAME: Fredericka Schumacher

16. BIRTHPLACE (city or town) (State or country): Germany

INFORMANT: Mrs Margaret Dash

(Address) 2725 Fait Ave

BURIAL, CREMATION, OR REMOVAL

Place: Mt Carmel Date: 1-9-39

UNDERTAKER: Pickett & Humphreys

(Address) 501 N Broadway

JAN 7 - 1939 Huntington Pollicard, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-5-39. 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1938 to Jan. 5, 1939

I last saw him alive on Jan. 5, 1939. Death is said to have occurred on the date stated above, at 10 55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Cardiovascular Renal.	
Congestive failure	Jan. 1939
Other contributory causes of importance:	

Was an operation performed? None. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Lab. Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ea Schumacher, M. D.

(Address) 842 S. Ewood Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 53755

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. 575 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Smith

If U. S. Veteran specify WAR

(a) Residence: No. Kennyton Sanatorium, Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of unknown

DATE OF BIRTH (month, day, year) unknown

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hand maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tbc. sanitarium

10. Date deceased last worked at this occupation (month and year) Dec 1938

11. Total time (years) spent in this occupation 40

BIRTHPLACE (city or town) (State or country) unknown

12. NAME

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) unknown

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Newport News, Va Date Jan 7, 1939

UNDERTAKER Mrs Katie R. Williams

(Address) 322 S Schroeder St

FILED JAN 7 - 1939 19 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1938 to Jan 5 1939

I last saw h[illegible] alive on Jan 5 1939. Death is said to have occurred on the date stated above, at 7:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis, probably tuberculous	12/29/38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? Perhaps If so, specify Worked as ward maid in the sanitorium

(Signed) Walter B. Bush M. D.

(Address) Johns Hopkins

N. H. B. 1268-9

3756

E 53756

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

§ V131

1. PLACE OF DEATH 1723 Baker St, Balto., Md.

CITY OF BALTIMORE: (No. 1723 Baker St., 15 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma Brown

(a) Residence: No. 1723 Baker St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Colored	Married

6a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Robert Brown

6. DATE OF BIRTH (month, day, year) Feb. 6, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	10	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME George Chesley Md

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Jennie Mack

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Robert Brown

(Address) 1723 Baker St

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Cemetery Date 1/9 1939

19. UNDERTAKER Thos. G. Kelly

(Address) 2202 Pennsylvania Ave

20. FILED Jan 7 1939 Thomas J. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 5 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12 1938 to Jan. 5 1939

I last saw her alive on Jan. 5 1939. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	12-30-38
Other contributory causes of importance:	
Nephritis	1-yr 1938

Name of operation None Date of ——

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. C. V. Bamdon M. D.

(Address) 244 E. Druid Hill Ave.

53757 HEALTH DEPARTMENT—CITY OF BALTIMORE 53757

40353 JS

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara Gumby nee Grumbe.

If U. S. Veteran specify WAR

(a) Residence: No. 1414 W. Mulberry St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry

7. DATE OF BIRTH (month, day, year) 8-12-1865

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	4	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) S. C.

12. NAME George Hutchinson

14. BIRTHPLACE (city or town) (State or country) S. C.

15. MAIDEN NAME Louise Brown

16. BIRTHPLACE (city or town) (State or country) S. C.

INFORMANT (Address) B. C. H. Records

BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem. Date 1/8 39

UNDERTAKER Thos. E. Kelson

(Address) 1303 Fairmount St

FILED 1939 Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 28, 1938, to January 5, 1939.

I last saw her alive on January 5, 1939. Death is said to have occurred on the date stated above, at 12:50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-28-38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. De Santelle M. D.

(Address) Baltimore City Hospitals

53758 E 53758

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2233 Brunt St. 14-3 Ward)

Length of residence in city or town where death occurred 4 yrs. 6 mos. 20 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mertisia F Barclay

(a) Residence: No. 2233 Brunt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored.	Widow.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Jessie Barclay

DATE OF BIRTH (month, day, year) Aug 27, 1875

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	4	8	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 07

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

9. BIRTHPLACE (city or town) (State or country) md

12. NAME Marcella Destrulde

13. BIRTHPLACE (city or town) (State or country) md.

14. MAIDEN NAME Susan ll

15. BIRTHPLACE (city or town) (State or country) md,

16. INFORMANT Lottie B Johnson

(Address) 616 Baker st.

17. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 1/8 39

18. UNDERTAKER Thos G. Kelson

(Address) 1303 Pressteman St

19. FILED ..... 19..... Registrar.

1939 Hunting [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/5 1939

22. I HEREBY CERTIFY, That I attended deceased from 12/1 1938, to 1/5 1939

I last saw h[illegible] alive on 1/5 1939. Death is said to have occurred on the date stated above, at 5:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Nephritis	
+ Uremia	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Bruce Curtis, M. D.

(Address) 1 Mt Royal Ave

53759 HEALTH DEPARTMENT—CITY OF BALTIMORE 53759

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2117 Dennison St. 20-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Howard F Shuler

(a) Residence: No. 2028 W. Fayette St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower.

6. If married, widowed, ~~or divorced~~ HUSBAND of (or) ~~WIFE of~~ Lula Shuler

DATE OF BIRTH (month, day, year) Jan 10 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
?	68	11	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paperhanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Oct 1938

11. Total time (years) spent in this occupation 50 Yrs

BIRTHPLACE (city or town) Baltimore City
(State or country) Maryland.

13. NAME Jeremiah H Shuler

14. BIRTHPLACE (city or town) Shrewsbury Penna
(State or country)

15. MAIDEN NAME Elizabeth Long.

16. BIRTHPLACE (city or town) Germany.
(State or country)

INFORMANT E. Volkart
(Address) Title Bldg

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date JAN 9 1939

UNDERTAKER Leo H Little
(Address) 2700 Edmondson Ave

FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 6 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 22 1938 to Jany 6 1939

I last saw him alive on Jany 5 1939 Death is said to have occurred on the date stated above, at 11.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	Sept 22
Other contributory causes of importance: Arteriosclerosis Chronic	2 yrs

Was an operation performed? No Date of

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) George C. Shannon M. D.

1/6/39 (Address) 700 Fulton Ave

1939

53760

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 53760

59 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 919 S. CONKLING ST. St. 26-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME KATHERINE WEININGER.

If U. S. Veteran specify WAR

(a) Residence: No. 919 S. CONKLING ST. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	MARRIED

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of JOHN WEININGER.

DATE OF BIRTH (month, day, year) MAY. 3/ 1868

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	8	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) GERMANY

13. NAME MARTIN FUCHS

14. BIRTHPLACE (city or town) (State or country) GERMANY

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) GERMANY

INFORMANT JOHN WEININGER. (HUS.)

(Address) 919 S. CONKLING ST.

BURIAL, CREMATION, OR REMOVAL

Place OAK LAWN Date JAN. 9 1938

UNDERTAKER Lilly & Zeilenhoe

(Address) 407 S. WOLFE ST

FILED JAN 7 - 1939 19... Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 5 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1938 to Jan 5, 1939

I last saw h.W alive on Jan 5, 1939. Death is said to have occurred on the date stated above, at 1/30 m. pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12-31-38
Other contributory causes of importance:	
Chron arteriosclerosis	?
Diabetes Mellitus	?

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. [illegible] M. D.

(Address) 322 S Eastern ave

761

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 53761

CERTIFICATE OF DEATH

CGK--40631 108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 20-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Walter Thornton

(a) Residence: No. 2213 Ashton St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced WIFE of (or) HUSBAND of: Katherine

DATE OF BIRTH (month, day, year): Oct. 29, 1873

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
65	2	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Md.

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

INFORMANT: City Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place: Londyn Pk Date: 1-10-39

UNDERTAKER: Geo E. Bayer Jr

(Address): 1512 Collins Ave

FILED JAN 7 1939 Hunter Lee Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 5 1939 to January 6 1939

I last saw alive on January 6, 1939 Death is said to have occurred on the date stated above, at 11:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	1-4-39
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Lautelle, M. D.

(Address) Baltimore City Hospitals

53762 HEALTH DEPARTMENT—CITY OF BALTIMORE E 53762

CERTIFICATE OF DEATH

192-a

Registered No. 1877

1. PLACE OF DEATH Home
CITY OF BALTIMORE: (No. 635 S. Macon St. 26-7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ralph Campana
If U. S. Veteran specify WAR .....
(a) Residence: No. 635 S. Macon St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Francis Campana
6. DATE OF BIRTH (month, day, year): March 6-1897
7. AGE: Years: 41 | Months: 9 | Days: 20 | If LESS than 1 day, ... hrs. or ..... min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do
10. Date deceased last worked at this occupation (month and year): Jan 4-1939
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country): Italy
13. NAME: Francisco Campana
14. BIRTHPLACE (city or town) (State or country): Italy
15. MAIDEN NAME: Wilhelmina Ferrari
16. BIRTHPLACE (city or town) (State or country): Italy
17. INFORMANT: Francis Campana
(Address) 635 S. Macon St, Balto
18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Redeemer Date: Jan 9, 1939
19. UNDERTAKER: Frank V. Pipitone
(Address) 221 E. Biddle St

FILED 1-7-1939 Registered by Wm. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 6, 1939
22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Months
Other contributory causes of importance: Tabular heart disease	Year

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation Clinical Date of .....
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury ....., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Thos. W. Wood, M. D.
Coroner
(Address) 1712 N. Broad St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

53763

CERTIFICATE OF DEATH

182-W F 24451 BS F 53763

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Sheba al Shella Gordy

If U. S. Veteran specify WAR

(a) Residence: No. 109 Aisquith St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Wales + Spanish American War

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 7-18-1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
62	62	5	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

12. NAME John

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Laura Godfrey

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT B. C. H. Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Salisbury Date Jan 7, 1939

UNDERTAKER Geo L Schoal

(Address) 2101 Frederick Ave

FILED JAN 8 - 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1937 to January 6, 1939

I last saw h[illegible] alive on January 6, 1939. Death is said to have occurred on the date stated above, at 3:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-6-39
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Sautelle, M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

53764

CERTIFICATE OF DEATH

82-04 53764

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 667 Portland St. 02-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Katherine Boettger

If U. S. Veteran specify WAR

(a) Residence: No. 667 Portland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Paul Boettger

6. DATE OF BIRTH (month, day, year) July 8 - 1858.

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
80	5	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Germany
(State or country)

13. NAME Hofmann

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Bose

16. BIRTHPLACE (city or town) Germany
(State or country)

INFORMANT Mrs Otto P Boettger
(Address) 667 Portland St.

BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemetery Date Jan 9, 1939

UNDERTAKER Jos Ingerdent Son
(Address) 217 S Paca St.

JAN 8 - 1939 Huntington Williams Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from JAN 2, 1939 to JAN 6, 1939.

I last saw her alive on JAN 5, 1939. Death is said to have occurred on the date stated above, at 3:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROSIS	?
CEREBRAL HEMORRHAGE	1-2-39
Other contributory causes of importance:	

Was an operation performed? NO Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? EXAM Was there an autopsy? NO.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Edward T. Nolan M. D.

(Address) 682 WASHINGTON BLVD

HEALTH DEPARTMENT—CITY OF BALTIMORE

53765

CERTIFICATE OF DEATH

x V82-6 F 53765

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Margaret Laurette Shipley

(a) Residence: No. Westminster, Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

6a. If married, widowed, or divorced (or) WIFE of George Zigler

7. DATE OF BIRTH (month, day, year) Oct 29. 1903

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	2	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe Factory

10. Date deceased last worked at this occupation (month and year) 1/5/39

11. Total time (years) spent in this occupation 2 yrs.

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md

13. NAME Carroll Shipley

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary S. Etzwiler

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Mr. Arthur Shipley R. D. #1, Sykesville, Md

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Pleasant Cemty Date Jan 9, 39

19. UNDERTAKER (Address) E. M. Mellott Sykesville Md

JAN 8 - 1939 Huntington Williams Hosp.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	24 hrs.
Other contributory causes of importance: Essential Hypertension	1 yr.

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation Cerebral Puncture Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Michael A. Abrams, M. D. Coroner

(Address) 2360 Eutaw Place

6

HEALTH DEPARTMENT—CITY OF BALTIMORE

53766

CERTIFICATE OF DEATH

CCK-3443 F 53766

Registered No. 95

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospital St. 15 Ward 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Sarah Huss

(a) Residence: No. 3737 Reisterstown Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Morris

DATE OF BIRTH (month, day, year) ? ? 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
62	62	?	?	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Russia (State or country)

12. NAME Gi Prepah

14. BIRTHPLACE (city or town) Russia (State or country)

15. MAIDEN NAME Zenne ?

16. BIRTHPLACE (city or town) Russia (State or country)

INFORMANT City Hospital Records (Address)

BURIAL, CREMATION, OR REMOVAL Solar Hill Cemetery Date Jan 8, 1939

UNDERTAKER Sol Levin & Bros (Address) 1124-26 W Baltimore

FILED JAN 8 1939 Huntington Hill Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from November 28, 1938, to January 7, 1939

I last saw her alive on January 7, 1939. Death is said to have occurred on the date stated above, at 5:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	Nov. 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. R. de Santville M. D.

(Address) Baltimore City Hospitals

53767

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 95-B F 53767

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 15-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME DOROTHY MATCHER

(a) Residence: No. 3912 REISTERTOWN RD. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry D. Matcher

DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Joseph Bowles

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Ida Berman

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harry D. Matcher

(Address) 3912 Reis. Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 1-8-39, 19

19. UNDERTAKER Jack Levin Inc

(Address) 1439 E. Balto. St

FILED JAN 8 1939

Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-7-39, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by Inquest, Autopsy or Inquiry find that said deceased came to her death on the day stated above. 5 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-7-39
Other contributory causes of importance: Hypertensive Vascular Disease	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Samuel Wolfe Coroner, M. D.

(Address) 1331 E. Monument

HEALTH DEPARTMENT—CITY OF BALTIMORE

53768

CERTIFICATE OF DEATH

46-PF 53768

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 13-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. ... mos. ... da. How long in U. S. If of foreign birth 32 yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME FEIKEL Blatt

(a) Residence: No. 2466 Lakewin Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of Sonia

6. DATE OF BIRTH (month, day, year) 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Fosfrena

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Hendler

16. BIRTHPLACE (city or town) (State or country) Russia.

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Dr Sedaker Date 1-8-39 19

UNDERTAKER Lewis & Lewis Co.

(Address) 1432 E. Baltimore

8 JAN 1939 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 29, 1938, to January 7, 1939

I last saw h... alive on January 6, 1939 Death is said to have occurred on the date stated above, at 3:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
Arteriosclerotic cardio vascular disease	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? X-ray Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hellman Cohen, M. D.

(Address) Sinai Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

53769

CERTIFICATE OF DEATH

93-E 53769

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1022 Valley St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 83 yrs. 2 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie S. Mills

If U.S. Veteran specify WAR

(a) Residence: No. 1022 Valley St., 10 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
Female	White	Married

If married, widowed or divorced HUSBAND of (or) WIFE of John F. Mills

DATE OF BIRTH (month, day, year) Oct. 30. 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83 yrs.	2	7	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 6

11. Total time (years) spent in this occupation 56 yrs

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME James McLaughlin

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ann Carthy

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT (Address) Mr. John F. Mills 1022 Valley St.

BURIAL, CREMATION, OR REMOVAL Loudon Cathedral Cemetery Jan 9 1939

UNDERTAKER Edward W. Conklin & Son

(Address) 924 Eager St.

FILED JAN 9 1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6th. 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1939 to Jan 6 1939

I last saw h/Her alive on 1-6-39. Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary disease

Date of onset ?

Other contributory causes of importance:

arteriosclerosis

myocardial disease

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) Samuel Silverstein M. D.

(Address) 714 E. Preston St

HEALTH DEPARTMENT—CITY OF BALTIMORE

53770 — 93C 53770

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1113 CARROLL St. 21-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME FREDERICK. F. SAFFRAN — If U. S. Veteran specify WAR

(a) Residence: No. 1113 CARROLL St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	WIDOWER

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of GERTRUDE SAFFRAN

DATE OF BIRTH (month, day, year) JANUARY 10 1878

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	11	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. BOILER MAKER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R. W 3

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation W 3

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MD

13. NAME NOT KNOWN

14. BIRTHPLACE (city or town) (State or country) NOT KNOWN

15. MAIDEN NAME NOT KNOWN

16. BIRTHPLACE (city or town) (State or country) NOT KNOWN

17. INFORMANT LOUIS SAFFRAN
(Address) 1113 CARROLL ST.

18. BURIAL, CREMATION, OR REMOVAL
Place CATHEDRAL Date JAN 9 1939

19. UNDERTAKER BERNARD C HARLE
(Address) 121 E WEST ST.

JAN 8 - 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JANUARY 6th 1939

22. I HEREBY CERTIFY, That I attended deceased from June 19 3X to Jan 5 1939

I last saw h[illegible] alive on Jan 5 1939. Death is said to have occurred on the date stated above, at 8 45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocardial fibrosis	
coronary sclerosis	
Other contributory causes of importance:	
senile enlarged arteriosclerosis	

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) albert L. Glass M. D.

(Address) 876 Wash. Blvd

HEALTH DEPARTMENT—CITY OF BALTIMORE

53771

CERTIFICATE OF DEATH

126 F 53771

1. PLACE OF DEATH Hospital for Women

Registered No.

CITY OF BALTIMORE: (No.) St. 2301 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city 64 yrs. 0 mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Louisa Dederer If U.S. Veteran specify WAR

(a) Residence: No. 1009 Hanover St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND (or) WIFE of GEORGE F. DEDERER

DATE OF BIRTH (month, day, year) DEC 10 1874

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	0	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MD

13. NAME AUGUST BECKER

14. BIRTHPLACE (city or town) (State or country) GERMANY

15. MAIDEN NAME KATHARINE PETERMAN

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMANT GEORGE F DEDERER

(Address) 1009 HANOVER ST.

18. BURIAL, CREMATION, OR REMOVAL

St PAULS. DRUID HILL PK. JAN 8 1939

19. UNDERTAKER MRS CHAS. A. G. RONDE

(Address) 2327 EDMONDSON AVE

Huntington Williams, M.D.

20. FILED (Reg. Dist.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5, 39

22. I HEREBY CERTIFY, That I attended deceased from Dec 5 1938 to Jan. 5 1939

I last saw her alive on Jan. 5, 1939 Death is said to have occurred on the date stated above, at 11.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver, portal?	?
Cholangitis acute	?
Cholecystitis chronic	?
Cholelithiasis	?

Other contributory causes of importance:

Was an operation performed? Yes Date of 12/8/38

For what disease or injury? Chronic cholecystitis Cholelithiasis

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury X

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Marion P. Johnson, M. D.

(Address) 222 Med. Arts Bldg

1008

HEALTH DEPARTMENT—CITY OF BALTIMORE

53772

CERTIFICATE OF DEATH

√ 131

F 53772

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1010 RIDGELY St. 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. ? mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MARY J OSTENDORF

If U. S. Veteran specify WAR

(a) Residence: No. 1010 RIDGELY St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	DIVORCED

6. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of BERNARD OSTENDORF

7. DATE OF BIRTH (month, day, year) AUGUST 9 187[illegible]

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	4	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MIDWIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) LONG ISLAND (State or country) N.Y.

13. NAME HENRY STANCLIFF

14. BIRTHPLACE (city or town) NEW YORK (State or country) NY

15. MAIDEN NAME ALICE E. DODGE

16. BIRTHPLACE (city or town) NEW YORK (State or country) NY

17. INFORMANT MRS VIOLA MOOG (Address) 1007 S PACA ST.

18. BURIAL, CREMATION, OR REMOVAL Place LOUDON PARK Date JAN 9 19 39

19. UNDERTAKER BERNARD C HARLE (Address) 121 E WEST ST

JAN 8 1939 Huntingtor Williams, MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN. 6th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1939 to Jan 5, 1939

I last saw her alive on Jan 5, 1939 Death is said to have occurred on the date stated above, at 1235 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Arterial Hypertension	
Uremic Coma	

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Gram Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Louis T. Tavy M. D.

(Address) 1844 W. Lanvale Ave

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

53773

CERTIFICATE OF DEATH.

92-a

F 53773

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 342 Bloom ST. 14-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Barnes

(a) RESIDENCE NO. 342 Bloom ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Georgia Barnes

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	61			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Georgia Barnes (Address) 342 Bloom

15 Filed JAN 8 1939 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan-5-1939

17 I HEREBY CERTIFY, That I attended deceased from Dec-26, 1938, to Jan 5, 1939, that I last saw h[illegible] alive on Jan 5, 1939, and that death occurred, on the date stated above, at 2:20 P.M.

The CAUSE OF DEATH* was as follows: Valvular heart lesion

Contributory (Secondary) Hypostatic pneumonia Dec-26 Jan 5-39

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. J. Coleman M. D.

19 Address 2039 McCulloh St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stevens Cem Stemmers Run Md

DATE OF BURIAL Jan-8 1939

20 UNDERTAKER Mrs R. E. Elliott + Daughter

ADDRESS N. Caroline St 1129

HEALTH DEPARTMENT—CITY OF BALTIMORE

53774

CERTIFICATE OF DEATH

✓ 95-B F 53774

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2900 Fresburg St. 15-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 87 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elmira Dillehunt

If U. S. Veteran specify WAR

(a) Residence: No. 2900 Fresbury St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of William B. Dillehunt

DATE OF BIRTH (month, day, year) Dec 20, 1851

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	0	16	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME James Iswell

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown.

INFORMANT Yewell W. Dillehunt

(Address) 2900 Fresbury St.

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 9, 1939

UNDERTAKER Jm. Mus. John W. Tenfelt & Son

(Address) 801 W. Fayette St

FILED Jan 9, 1939 Huntington Williams, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1939 to Jan 6, 1939

I last saw her alive on Jan 6, 1939. Death is said to have occurred on the date stated above, at 4.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
La Grippe	Jan 1 '39
cardiovascular disease.	5 yrs.
Other contributory causes of importance:	
Bronchial pneumonia	Jan 6 '39
Cardiac asthenia	Jan 6 '39

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. M. Norment M. D.

(Address) 806 Fulton Ave.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

3775

CERTIFICATE OF DEATH

51-C

F 53775

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 619 St Johns Road St., 27th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos ..... ds.

2. FULL NAME William H. Mumment

(a) Residence: No. 609 St Johns Road St., 27th Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Aug. 30-1865

7. AGE: Years 73 Months 4 Days 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

13. NAME: Solomon Mumment

14. BIRTHPLACE (city or town) (State or country): Pa.

15. MAIDEN NAME: Rebecca Rudisch

16. BIRTHPLACE (city or town) (State or country): Pa

17. INFORMANT: Mrs Mumment

(Address) 609 St John Road

18. BURIAL, CREMATION, OR REMOVAL

Place: Druid Ridge Date: Jan 9. 1939

19. UNDERTAKER: A. E. Monbaugh

(Address) 2539 Falls Road

RECEIVED JAN 8 - 1939 Huntington Williams REGISTRAR.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan- 6 , 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan- 2 , 1939 to Jan- 6- , 1939

I last saw him alive on Jan 6 , 1939. Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate & Bladder	11/1/36

Other contributory causes of importance:

Name of operation: Prostatectomy Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed) M. Gibson Porter M. D.

(Address) 4822 Roland Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

53776

CERTIFICATE OF DEATH

46-E F 53776

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1916 Lemmon St. 20-22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary R. Russell

(a) Residence: No. 1916 Lemmon St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married, Widowed, or Divorced~~ (write the word)
Female	White	Widowed

If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of James P. Russell

DATE OF BIRTH (month, day, year) Nov 8th 1865

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	1	29	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Dec 1937

11. Total time (years) spent in this occupation 50

BIRTHPLACE (city or town) (State or country) Michigan

13. NAME James Bradley

14. BIRTHPLACE (city or town) (State or country) London England

15. MAIDEN NAME Elizabeth Randall

16. BIRTHPLACE (city or town) (State or country) N. Y. State

INFORMANT James G. Russell

(Address) 1916 Lemmon St

BURIAL, CREMATION, OR REMOVAL St. Joseph's Cemetery

Place Cincinnati Ohio Date Jan 9th 1938

UNDERTAKER William Cook

(Address) 1217 St. Paul St.

FILED JAN 8 1938 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7th 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1937 to Jan 7th 1938

I last saw her alive on Jan 1 1938. Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Liver & Pancreas	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harvey S. Hearn M. D.

(Address) 1905 N. Calvert St

HEALTH DEPARTMENT—CITY OF BALTIMORE

53777

CERTIFICATE OF DEATH

93-ff 53777

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1705 Park Ave St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Beall Cochrane

If U. S. Veteran specify WAR

(a) Residence: No. 1705 Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of John W. S. Cochrane

DATE OF BIRTH (month, day, year) Nov 3. 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	2	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Cumberland Md

13. NAME of Father William Beall

14. BIRTHPLACE (city or town) (State or country) Cumberland Md

15. MAIDEN NAME of Mother Anna Schriver

16. BIRTHPLACE (city or town) (State or country) Cumberland Md

17. INFORMANT (Address) Mrs. Ruth Powell 1705 Park Ave

18. BURIAL, CREMATION, OR REMOVAL Rose Hill Cumberland Md 1/9/39

19. UNDERTAKER (Address) Wm. H. Ford & Co 1420

20. FILED JAN 8 - 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7 1939

22. I HEREBY CERTIFY, That I attended deceased from July 6 to June 6 1938

I last saw h[illegible] alive on June 6 1938 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Age	
Myocardial degeneration	
Other contributory causes of importance:	
Cataract	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 701 Cathedral St

HEALTH DEPARTMENT—CITY OF BALTIMORE

53778

CERTIFICATE OF DEATH

50 F 53778

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1827 Walbrook Ave 15-L Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lela S. Byers

(a) Residence: No. 1827 Walbrook Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of George E. Byers

DATE OF BIRTH (month, day, year) July 26th 1853

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	5	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Clarence Pitman

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Margaret Sadler

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT George E. Byers

(Address) 1827 Walbrook Ave

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan 9th 1939

UNDERTAKER Wm Bork

(Address) 217 St Paul St

FILED JAN 8 - 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6th, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1938 to Jan 6 1939

I last saw h[illegible] alive on Jan 6 1939 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma of left breast	
Other contributory causes of importance:	

Was an operation performed? Yes Date about 1936

For what disease or injury? Cancer breast

Name of operation Breast amputation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis T. Levy M. D.

(Address) 1844 W. Lanvale

HEALTH DEPARTMENT—CITY OF BALTIMORE

53779

CERTIFICATE OF DEATH

82-a F 53779

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 739 Springfield Ave. 27-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME William J. Krout

(a) Residence: No. 739 Springfield Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary A. Trageser

DATE OF BIRTH (month, day, year) Aug. 25, 1866

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	4	10	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher 013

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME James Krout

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Catherine

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Miss Theresa Krout
(Address) 739 Springfield Ave

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan. 9, 1939

UNDERTAKER Rita Wiedefeld
(Address) 914 Greenmount Ave

FILED JAN 8 - 1939 Register

Dr. Whitehead

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/5/1939

22. I HEREBY CERTIFY, That I attended deceased from 12/26/38, to 1/5/39

I last saw h~~im~~. alive on 1/5/39. Death is said to have occurred on the date stated above, at 3.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	12/26/38
Other contributory causes of importance: Arteriosclerosis	6 mos.

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Thomas J. Kluth, M. D.

(Address) 532 S. 22nd St

HEALTH DEPARTMENT—CITY OF BALTIMORE

53780

CERTIFICATE OF DEATH

108 E 53780

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1610 N. Caroline St. 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Mary Clara White

(a) Residence: No. 1610 N. Caroline St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 21, 1873

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66 65	0	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. clerk

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Geo. A. White

14. BIRTHPLACE (city or town) (State or country) Phila.

15. MAIDEN NAME Catherine Callen

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Catherine Satterfield

(Address) 1610 N. Caroline St.

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Jan. 9, 19 39

UNDERTAKER Rita Wiedefeld

(Address) 914 Greenmount Ave

JAN 8 - 1939 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938 to Jan 6, 1939

I last saw her alive on Jan 5, 1939. Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Asthenia (Senescence)	
(Decubitus) Cerebral Hemorrhage	
Bedsores	
Other contributory causes of importance:	
(Pulmonary Edema)	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. W. Bowers M. D.

(Address) 1812 N. Broadway

Dr Bowers

HEALTH DEPARTMENT—CITY OF BALTIMORE

53781

CERTIFICATE OF DEATH

53781

92-a cc

1. PLACE OF DEATH 2300 Block Boston St. Pronounced dead

CITY OF BALTIMORE: (No. City Hospitals St. 1-4 Ward)

Registered No. 187

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Demian or Dominick Trevetsky or Trawecke

(a) Residence: No. 2638 Hudson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of [not WIFE of]: Anna Trawetski

6. DATE OF BIRTH (month, day, year): July 1879

7. AGE: Years 59 | Months 5 6 | Days | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: B & O. R.R.

10. Date deceased last worked at this occupation (month and year): Jan. 27 1939

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME of informant: Joseph Trevetsky

14. BIRTHPLACE (city or town) (State or country): Poland

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT (Address): Nicholas N. Trevetsky 2638 Hudson St.

18. BURIAL, CREMATION, OR REMOVAL: Place Holy Trinity Russian a.a.c. Date Jan. 9 1939

19. UNDERTAKER (Address): John J. Gretkiewicz Jr 1423 E. Lanvale St. Funeral Director Huntington Williams, M.D.

DEC 31 1938 19 ... Registrar

JAN 8 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 1 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Minutes
Other contributory causes of importance: Arterial Sclerosis	Some time

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation Clinical Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. E. Wood M. D. Coroner

(Address) 1712 N. Broadway

39 P85

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 F 53782

53782

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 W. Ostend St. 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sophie Hill (or Sophia Hill)

(a) Residence: No. 112 W. Ostend St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John T. Hill

7. DATE OF BIRTH (month, day, year) August, 1872

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	4	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, (State or country) Md.

13. NAME OF FATHER William Dehn

14. BIRTHPLACE (city or town) Don't know (State or country)

15. MAIDEN NAME OF MOTHER Don't know

16. BIRTHPLACE (city or town) Don't know (State or country)

17. INFORMANT John T. Hill (Husband)
(Address) 112 W. Ostend St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Jan. 9, 1939

19. UNDERTAKER A. Howard Evans
(Address) 1450-52 S. Charles St.

20. FILED JAN 8 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/6, 1939.

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~autopsy~~ (Inquest, Autopsy or Inquiry) thereon and from the evidence ~~obtained by~~ (Inquest, Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Renal Disease.	1/6/39.

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) L. Littman M. D.
Coroner

(Address) 130 E Ross

HEALTH DEPARTMENT—CITY OF BALTIMORE

3783 — 5378 3

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hosp. for the Women of Maryland St. (Ward) 14-1

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. 0 mos. 21 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME November, Ethel (Hines) Gordon

If U.S. Veteran specify WAR .....

(a) Residence: No. 1413 Bolton St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of S Bernard November

DATE OF BIRTH (month, day, year) Dec 16 1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57 58	0	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Samuel B Hinds

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Maggie V Dilley

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT S. Bernard November Husband

(Address) 1413 Bolton St - City

BURIAL, CREMATION, OR REMOVAL

Place Green Mount Cem. Date Jan - 9 19 39

UNDERTAKER STEWART & MEYER COMPANY

(Address) (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

FILED JAN 8 — 1939

Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 7 , 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1939 to Jan. 7, 1939

I last saw her alive on Jan. 7, 1939 Death is said to have occurred on the date stated above, at 7:24 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia, bilateral	12 days

Other contributory causes of importance:

Bronchial Asthma	?
Pulmonary tuberculosis, old	?

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Examination Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. P. Sellers , M. D.

(Address) Woman's Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53784

CERTIFICATE OF DEATH

131 F 53784

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hosp. St., 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Minnie Lyons

If U. S. Veteran specify WAR

(a) Residence: No. 3 N. Kenwood Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 20 - 1874

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	3	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00 39

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) City

13. NAME John Groot

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Reineck

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Wm. Smith

(Address) 3 N. Kenwood Ave.

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date 1/11 1939

UNDERTAKER J. J. Doran

(Address) 3300 E. Baltimore

JAN 8 -- 1939 Huntington Williams M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1938, to Jan 6, 1939

I last saw her alive on Jan 6, 1939. Death is said to have occurred on the date stated above, at 7:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis & Decompensation	2
Chronic Nephritis	
Uremia	
Other contributory causes of importance:	
Terminal Bronchio-Pneumonia	Jan 1, 39

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. R. Turner M. D.

(Address) St. Josephs Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53785

93-e F 53785

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 154 N. Potomac St. 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR ...

2. FULL NAME Emil L. Paetow

(a) Residence: No. 154 N. Potomac St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Catherine Paetow

DATE OF BIRTH (month, day, year) Jan 31 1862

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	11	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation 0 13

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Emil L. Paetow

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME don't know

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Estelle Paetow

(Address) 154 N. Potomac

BURIAL, CREMATION, OR REMOVAL

Place Oakland Date Jan 9, 39

UNDERTAKER John A. Horan

(Address) 3000 E. Baltimore St.

FILED JAN 8 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/5/39

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936 to Jan 5, 1939

I last saw him alive on Dec 31, 1938 Death is said to have occurred on the date stated above, at 11 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (chronic)	1936
Other contributory causes of importance: Bronchial Asthma	?

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Eugene L. Passano M. D.

(Address) 514 Drury Lane

HEALTH DEPARTMENT—CITY OF BALTIMORE

53786 CERTIFICATE OF DEATH X 52F 53786

1. PLACE OF DEATH St Agnes Hospital Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wilkens & Caton Ave Ward) 25

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs John Holmes If U. S. Veteran specify WAR

(a) Residence: No. Myrtle Beach, S.C. P.O. St, Box 237 Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1883

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saw filer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saw Mill
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Florida

13. NAME William L. Holmes

14. BIRTHPLACE (city or town) (State or country) Georgia

15. MAIDEN NAME Mary F. Redd

16. BIRTHPLACE (city or town) (State or country) Georgia

INFORMANT Hospital Record
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Panama Fla Date Jan. 8 1939

UNDERTAKER Martin Fahey & Sons
(Address) 1827 W. Baltimore Ave.

FILED JAN 8 - 1939 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 6. 1939

22. I HEREBY CERTIFY, That I attended deceased from December 15. 1938., to January 6. 1939.
I last saw him alive on January 6. 1939. Death is said to have occurred on the date stated above, at 3:25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epithelioma (squamous cell) - left ear	
Bronchio-pneumonia	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 12-29-38
For what disease or injury? Epithelioma - left ear.
Name of operation Excision of Epithelioma
What test confirmed diagnosis? Path. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Karl F. Meeh M. D.
(Address) St. Agnes' Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 131 F 53787

3787

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No.) President St (Ward) 2

ngth of residence in city or town where death occurred 68 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Sara Jackson

If U. S. Veteran specify WAR

(a) Residence: No. Stevens Run, Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

If married, widowed, or divorced ~~DAUGHTER~~ (or) WIFE of Geo H. Jackson

DATE OF BIRTH (month, day, year) March 1-1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	10	4	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Co Md

13. NAME Geo Smith

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

15. MAIDEN NAME Sophia Walker

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

INFORMANT (Address) Smith Stevens Run Md

BURIAL, CREMATION, OR REMOVAL Place Bethlehem Cem Date Jan 8 1939

UNDERTAKER (Address) Robert E. Williams 1515 McCulloh St

FILED JAN 8 - 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1938, to Jan 5, 1939. I last saw h[er] alive on Jan 5, 1939. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Cardiac Hypertension	7 1
Other contributory causes of importance	
Nephritis	

Was an operation performed? no Date of

For what disease or injury?

Name of operation none

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) P Harris M. D.

(Address) 1507 N Caroline

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53788

CERTIFICATE OF DEATH

107-A F 53788

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 509 McCabe Ave St. 27-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary A. Cain

If U. S. Veteran specify WAR

(a) Residence: No. 509 McCabe Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W.	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Cain

DATE OF BIRTH (month, day, year) June 6 - 1855

6. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	7		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Mass.

13. NAME Patrick Morr

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Minnie Cain

(Address) 509 McCabe Ave.

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 1-9 1939

UNDERTAKER Leonard J. Ruck

(Address) 5305 Harford Rd.

FILED JAN 8 - 1939 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1938 to Jan 6, 1938

I last saw her alive on Jan 5, 1938 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1/1/39
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Sol Smith M. D.

(Address) 1213 E. North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53789

53789

CERTIFICATE OF DEATH

140-193

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) University Hospital St. 27-3 (Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Patricia Mc Petrosa

(a) Residence: No. 5013 Catalpha Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

If married, widowed or divorced, HUSBAND of (or) WIFE of Willard Peterson

DATE OF BIRTH (month, day, year) May 21, 1903

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	7	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 503

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country) England

13. NAME

14. BIRTHPLACE (city or town) (State or country) Mckeesport

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Jos J Petrosa

(Address) 5013 Catalpha Rd

BURIAL, CREMATION, OR REMOVAL Interment Date 1/10 39

UNDERTAKER Leonard Hardy

(Address) 5705 Harford Rd

FILED JAN 8 - 1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 1, 1938, to January 7, 1939

I last saw her alive on January 6, 1939 Death is said to have occurred on the date stated above, at 4:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abortion ?	Nov 1938
Pelvic abscess	1/6/39
myocardial failure from toxic	
myocardial degeneration	
Other contributory causes of importance:	
Chronic salpingitis	?

Was an operation performed? yes Date of 12-30-38, 1-4-39, 1-7-39

For what disease or injury? Pelvic abscess

Name of operation Laparotomy, Incision & drainage - exploratory

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph L. Geraci, M. D.

(Address) University Hospital

53790

STATE OF MARYLAND—CERTIFICATE OF DEATH

53790

1. PLACE OF DEATH

17 6 82-a

County ..... Registration Dist. No. .....

~~Village~~ City Baltimore City No. 2751 Maryland Ave Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 31 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Virginia Rebecca Grove If U. S. Veteran, specify WAR .....

(a) Residence: No. 2751 Maryland Ave St., ... Ward. .....

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of John R. Grove

6. DATE OF BIRTH (month, day, and year) Feb 22-1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Home

10. Date deceased last worked at this occupation (month and year) Jan 1/39

11. Total time (years) spent in this occupation 48 yrs

12. BIRTHPLACE (city or town) (State or country) Frederick Md.

FATHER

13. NAME Andrew J. De Lashmutt

14. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

MOTHER

15. MAIDEN NAME Phoebe Rice

16. BIRTHPLACE (city or town) (State or country) Frederick City Md.

17. INFORMANT J. R. Grove Jr (Address) Balto Md.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Cem Frederick Md Date Jany 9 1939

19. UNDERTAKER C. E. Cline & Son (Address) Frederick Md.

DATE RECEIVED JAN 8 1939 Hunting for Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan. (Month) 7 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 1-5 1939 to 1-7 1939

I last saw her alive on 1-6 1939; death is said to have occurred on the date stated above, at 7:00 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROSIS	
HYPERTENSION	
CEREBRAL HEM.	1-2-39

Other Contributory Causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) John L. Dorsey M. D.

(Address) 1129 St. Paul St - Baltimore

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

HEALTH DEPARTMENT—CITY OF BALTIMORE

53791

CERTIFICATE OF DEATH

82-B F 53791

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2924 E. Fayette St. 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Elizabeth Regler

(a) Residence: No. 2924 E. Fayette St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Regler

DATE OF BIRTH (month, day, year) May 3rd 1870

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	8	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Gotlieb Huster

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Jane E. Lemmon

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Michael Regler

(Address) 2924 E. Fayette St.

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 1-8-39 19

UNDERTAKER Frederick A. Pohl

(Address) 1202 W. Lombard St

FILED JAN 8 - 1939 19 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 5 , 1939

22. I HEREBY CERTIFY, That I attended deceased from January 24, 1938, 19 to January 5, 19 39

I last saw her alive on January 5, 19 39 Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	Unknown
Other contributory causes of importance: Cerebral Thrombosis	12/20/38
Bronchial Pneumonia	1/1/39

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Philip Artigani M. D.

(Address) 2942 East Fayette Street

Spec. 6-9-19 H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

53792

CERTIFICATE OF DEATH. X 131 F 53792

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 410 E Cathland Ave (St.) (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Frances Dean

(a) RESIDENCE. No. Hollywood Md. St., Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3½ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Columbus Dean

6 DATE OF BIRTH (month, day, and year) Nov 13 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	1	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Calvert Co. Maryland.

10 NAME OF FATHER Ureland Jones.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Jane Neil

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mildred E. Bowen (Address) 410 E Cathland Ave

15 Filed JAN 9-1939 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8 1939

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1938, to Jan 8 1939, that I last saw her alive on Jan 7 1939, and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis
Arteriosclerosis
Myocarditis
unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia Chronic
unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) George F. Wenig, M. D.

19 (Address) 4000 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Chapel St. Marys Co.	1/10 1939
21 UNDERTAKER J. B. Robinson	ADDRESS Leonardtown Md.

53793

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53793

CERTIFICATE OF DEATH

✓ 92-e

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1127 Parrish St. Ward 25 Ward)

Length of residence in city or town where death occurred ... How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Virginia Dyer

(a) Residence: No. 1127 Parrish St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female | 4. Color or Race Colored | 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed or divorced: HUSBAND of (or) WIFE of Lilly Dyer

7. DATE OF BIRTH (month, day and year) Unknown

AGE: Years about 46 yrs | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Centerville Md.

13. NAME OF FATHER Thos. Dyer Jr.

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME OF MOTHER Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown.

INFORMANT Lilly Dyer

(Address) 517 N. Pinesdale St.

17. BURIAL, CREMATION, OR REMOVAL

Place Douglass Inters. Date 1-9- 1939

18. UNDERTAKER Jas. Jr. Skinner

(Address) 927 E. Fremont st

DATE JAN 9 1939 Huntington Williams Undertaker

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 6 1939

22. I HEREBY CERTIFY, That I took charge of the remains described herein and from the evidence above, held an (Inquest, Autopsy or Inquiry) obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. Hann, Coroner M. D.

(Address) 1253 Hanover St

Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

53794

CERTIFICATE OF DEATH

59 F 53794

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1237 Carroll St. 20-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth G. Macher

If U. S. Veteran specify WAR

(a) Residence: No. 632 S. Payson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Macher

DATE OF BIRTH (month, day, year) Aug. 11, 1864

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	4	27	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Belto, Co. Md

18. NAME Conrad Fritz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Kont Know

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. L. Mueller

(Address) 1237 Carroll St.

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 1/10, 1939

UNDERTAKER Margaret L. Flynn

(Address) 1420 Light St.

FILED JAN 9 - 1939 Harry Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1932 to Jan. 7, 1939

I last saw her alive on Jan. 6, 1939 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	7 yrs
Other contributory causes of importance:	
Coronary thrombosis	1 day

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Benjamin Miller, M. D.

(Address) 20 E. Lexington St.

STATE OF MARYLAND—CERTIFICATE OF DEATH

93-C F 53795

3795

1. PLACE OF DEATH Registration Dist. No.

County

Village or City Baltimore Md. No. 3033 Woodland Ave. St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 4 mos. 2 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James B. Jacquette If U.S. Veteran specify WAR

(a) Residence: No. Rockhall Md. St. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Irma Jacquette

6. DATE OF BIRTH (month, day, and year) July 22, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83 82	5	18 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ~~Farmer~~

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Retired Farmer

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) N. J. Town unknown (State or country)

FATHER

13. NAME John

14. BIRTHPLACE (city or town) N. J. (State or country)

MOTHER

15. MAIDEN NAME Hannah Starr

16. BIRTHPLACE (city or town) Wilmington, Del. (State or country)

17. INFORMANT Isabel Stevens, Daughter (Address) 3033 Woodland Ave

18. BURIAL, CREMATION, OR REMOVAL Place Westley Hunt Co. Date JAN 11 1939

19. UNDERTAKER William A. Gord (Address) Church Hill Md.

JAN 9 - 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan. (Month) 9 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1938, to Jan. 9, 1939

I last saw him alive on Jan. 7, 1939; death is said to have occurred on the date stated above, at 2.45 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1937
Other Contributory Causes of importance: Arterio-sclerosis, generalized	1935

Name of operation None Date of

What test confirmed diagnosis? Signs & Symptoms Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Frank N. Ogden M. D.

(Address) 2701 N. Calvert St.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

HEALTH DEPARTMENT—CITY OF BALTIMORE

53796

CERTIFICATE OF DEATH

✓ 100 F 53796

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1613 Edmondson Ave (Hospital)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Smoot

(a) Residence: No. 1613 Edmondson Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female | 4. Color or Race Colored | 5. Single, Married, Widowed, or Divorced (write the word) Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Leonard Not known

7. DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	about 54 yrs.			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Colleton North Carolina

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Colleton North Carolina

17. INFORMANT Beatrice Hawks

(Address) 1613 Edmonson ave

18. BURIAL, CREMATION, REMOVAL Interment Jan 6th 1939

Place Elroy D Wilson Date

19. UNDERTAKER 500 Brantley ave

(Address)

DATE RECEIVED JAN 9 - 1939 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 5 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage from pulmonary Tuberculosis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Hamm M. D.

Coroner

(Address) 1215 Druid Hill Ave

Coroner

F 53797

3797

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH — 522 S. Smallwood St — Registered No. ____

CITY OF BALTIMORE: (No. ~~Anna Murphy~~ St. D-5 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Anna Murphy

(a) Residence: No. 522 S. Smallwood St St., ____ Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of Edward Murphy

DATE OF BIRTH (month, day, year) June 19, 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	6	19 20	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Pottsville Pa

13. NAME Owen McGonigle

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Mary Devers

16. BIRTHPLACE (city or town) (State or country) Pala Alto Pa

INFORMANT (Address) Marie B. Foit 522 S. Smallwood St

BURIAL, CREMATION, OR REMOVAL Place Pottsville Pa Date Jan 9, 1939

UNDERTAKER (Address) Robt C. & B. M. Walter Pratt & Stricker Sts

FILED Jan 9 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 15 1938 to Jan 8 1939

I last saw h[illegible] alive on Jan 6 1939. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal disease	Jan. 1938
Wilo Hypertension	
Pneumonia Terminal	Jan 6. 1939

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ____, 19__

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elliot W Johnson M. D.

(Address) 8432 Fredericksburg

HEALTH DEPARTMENT—CITY OF BALTIMORE

53798 — 94-B — F 53798

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2711 Huntingdon Ave Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Susie E. Webster.

(a) Residence: No. 2711 Huntingdon Ave St., Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

If married, widowed or divorced: HUSBAND of (or) WIFE of Susie E. Webster.

DATE OF BIRTH (month, day, year) Sept 18, 1890

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	3	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mt. Clare Shops

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) md.

13. NAME George W. Webster.

14. BIRTHPLACE (city or town) (State or country) md.

15. MAIDEN NAME Susie J. Crumbacker

16. BIRTHPLACE (city or town) (State or country) md.

INFORMANT Susie E. Webster.

(Address) 2711 Huntingdon Ave.

BURIAL, CREMATION, OR REMOVAL Date Jan 11, 1939

David Crider

UNDERTAKER Chenoweth Sr.

(Address) 3615-17 Edmondson Ave

FILED JAN 9- 1939 Huntington Williams HB Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 4, 1938, to Jan. 7, 1939

I last saw her alive on Jan 7, 1939. Death is said to have occurred on the date stated above, at 7 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	Jan 6, 39
Myocardial Thrombosis	
Cardiac Dilatation	
Other contributory causes of importance: Coronary Thrombosis	Dec. 4-38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank H. Mueller M. D.

(Address) 4037 Falls Rd.

53799 E 53799

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 16 Ward)

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Cecil Carter If U. S. Veteran specify WAR WW

(a) Residence: No. 3225 Brighton St., Baltimore, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alice F. Fuller Carter

DATE OF BIRTH (month, day, year) June 30, 1896

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	6	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager of Hardware Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) July 11, 1938 | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Eckhart Mines,
(State or country) Allegheny County, Maryland

13. NAME Joseph J. Carter

14. BIRTHPLACE (city or town) Allegheny County,
(State or country) Maryland

15. MAIDEN NAME Margaret A. Connor,

16. BIRTHPLACE (city or town) Allegheny County,
(State or country) Maryland

17. INFORMANT Records-U. S. Marine Hospital,
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place David Ridge Date Jany 9 1939

19. UNDERTAKER John Carmichael Sons
(Address) 1400 Eastern Place

20. FILED Hunterstown Williamsport, Md.

JAN 9 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1938, 19..., to January 6, 1939.
I last saw him alive on January 6, 1939. Death is said to have occurred on the date stated above, at 11:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac disease, combined valvular disease, aortic stenosis and mitral insufficiency	Unknown
Other contributory causes of importance: Hemorrhage, gastric, due to ulceration	Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) T. B. H. Anderson, M. D.

(Address) U. S. Marine Hospital, Baltimore, Md.

3800 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 53800

CERTIFICATE OF DEATH

✓ 122-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hos. St., 15-b Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Alban Gilpin

If U. S. Veteran specify WAR

(a) Residence: No. 3207 Westwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Frieda M. Genso

DATE OF BIRTH (month, day, year) Nov. 18, 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	1	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Financier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R. G. Dunn Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Gideon Gilpin

14. BIRTHPLACE (city or town) (State or country) Del.

15. MAIDEN NAME Sarah Brown Lewering

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Mrs. Frieda G. Gilpin
(Address) 3207 Westwood Ave.

BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemy. Date Jan. 9, 1939

UNDERTAKER John C. Mitchell Sons.
(Address) 1900 Eutaw Place

FILED 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 5th, 1939, to Jan. 7th, 1939

I last saw him alive on Jan. 7th, 1939 Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	Jan 5.
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Isaac C. Dickson, M. D.

(Address) 3055 W. North Ave.

53801

HEALTH DEPARTMENT—CITY OF BALTIMORE

53801

CERTIFICATE OF DEATH

V 95-B

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1026 Granby St. 3-W ard)

Length of residence in city or town where death occurred 43 yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR ...

2. FULL NAME Maghenta Franco

(a) Residence: No. 1026 Granby St., ... Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Widow.

If married, widowed, or divorced HUSBAND of (or) WIFE of Antonio Franco

DATE OF BIRTH (month, day, year) June 15. 1870

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68.	6	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Italy

13. NAME John. Franco

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Giovanna Franco

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT John. Franco

(Address) 1008. Granby

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan. 10. 39

UNDERTAKER Rendell Hopwood

(Address) 1425. Eastern Ave.

FILED 1-9-1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 6 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1938 to Jan. 6 1939

I last saw her alive on Jan 1. 1939. Death is said to have occurred on the date stated above, at 9:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	1935
Other contributory causes of importance: Arteriosclerosis	?

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Samuel Cohen M. D.

(Address) 1161 Edmondson Ave

53802 F 53802

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 181 CC

Registered No. 1872

1. PLACE OF DEATH Balto. City Hospital

CITY OF BALTIMORE: (No. Bay View St., 3 E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 7 mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Walter Sippard

(a) Residence: No. 508 S. Spring St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Mulatto	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Aug. 0 1859

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	4	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME John Sippard

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Kate Thomas

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Irene E. Williams

(Address) 570 S. Carolina St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Jan 9 1939

19. UNDERTAKER Woodall & Sons

(Address) 1405 E. Monument St.

20. FILED ... Registrar.

9-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 5 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1st & 2nd Injuries } Head and right arm }	5 days
Valvular heart disease	3 years
Other contributory causes of importance:	
Arteriosclerosis general	3 years

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury Jan. 4. 1939

Where did injury occur? 508 S. Spring St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell on stone in yard

Nature of injury Injuries as above

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Broadway

53803

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131 F 53803

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 215 N Amity St. St., 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.

2. FULL NAME Moses Harris

(a) Residence: No. 215 N. Amity St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

6. If married, widowed, or divorced HUSBAND of (or WIFE of) Rose Harris

DATE OF BIRTH (month, day, year) Feb 13. 1891

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	10	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper on Truck

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Horse Feed Business

10. Date deceased last worked at this occupation (month and year) Dec 38

11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Levin Harris

14. BIRTHPLACE (city or town) (State or country) Cambridge, Md

15. MAIDEN NAME Fannie Ennell

16. BIRTHPLACE (city or town) (State or country) Albemarle Co Va

INFORMANT Sadie Harris

(Address) 215 N. Amity St

BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date 1/6 1939

UNDERTAKER Walter D. Phelps

(Address) 1511 Hamilton Ave

FILED JAN 9 - 1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 31 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Oedema Acute Cardiac Dilatation	24 hrs.
Other contributory causes of importance: Chr. Cardio-Vascular-Renal Disease	8 months

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Michael A Abrams, M. D.
Coroner

(Address) 2360 Eutaw Place

6

M. D. B. 1268-9

53804 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 53804

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH 620 McCabe Ave

CITY OF BALTIMORE: (No. ..... St., 27-12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Mary McGray

(a) Residence: No. 620 McCabe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary M McGray

DATE OF BIRTH (month, day, year) May 4th 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	8	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore
(State or country)

13. NAME David Weed

14. BIRTHPLACE (city or town) Elmira N.Y.
(State or country)

15. MAIDEN NAME Rachel Snyder

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mrs Mary Nail
(Address) 620 McCabe Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Jan. 9 1939

19. UNDERTAKER Harry A. Wiltse
(Address) 4101 Wilkinson Ave.

20. FILED Jan 10 1939 Thomas G. Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6th, 1939

22. I HEREBY CERTIFY, That I attended deceased from November 28, 1938 to Jan 6th, 1939

I last saw her alive on January 6th, 1939. Death is said to have occurred on the date stated above, at 3.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorrhage.	
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) Edna Roberts, M. D.

(Address) 1620 York Road Balto Md.

53805 F 53805

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 210-M

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5401 Catalpha Rd. St. 97-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George E. Chenoweth

If U. S. Veteran specify WAR .....

(a) Residence: No. 5401 Catalpha Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Lapper Chenoweth

DATE OF BIRTH (month, day, year) June 19, 1874.

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	6	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumbing Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0054

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME George E. Chenoweth

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Sarah V. Rutledge

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Margaret L. Chenoweth

(Address) 5401 Catalpha Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Jan. 9/39

19. UNDERTAKER Harry H. Nitzke

(Address) 2101 Hampden Ave.

FILED ..... 19..... Registrar.

939 Huntington Ave. Cem. Co.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1939 to Jan 5, 1939

I last saw him alive on Jan 5, 1939. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Vertigo	
Had a Automobile Accident 1 year ago & he had a spell of Vertigo ever since the new but himself	
Other contributory causes of importance:	
Auto accident about 1 year ago	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Acc Date of injury 12-19-38

Where did injury occur? Hamilton Avenue
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Auto

Manner of injury Head on Collision

Nature of Injury Bruises Face & Chest

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) J. O'Carroll, M. D.

(Address) 1201 N. Carlton St.

53806 HEALTH DEPARTMENT—CITY OF BALTIMORE F 53806

CERTIFICATE OF DEATH

1. PLACE OF DEATH Hebrew Home for Aged & Infirm
CITY OF BALTIMORE: (No. Belvedere & Greenspring Ave St. 2717 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mr Simon Goldberg
If U. S. Veteran specify WAR

(a) Residence: No. Belvedere & Greenspring Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	widowed

If married, widowed or divorced HUSBAND of (or) WIFE of Leah Greenberger

6. DATE OF BIRTH (month, day, year) 1847

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
91	9		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland

12. NAME Vokroon

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Vokroon

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Sig. Rendall
(Address) Belvedere & Greenspring Ave

BURIAL, CREMATION OR REMOVAL Date 1-9-39

UNDERTAKER Jack Levine Inc
(Address) 1439 E. Baltimore St

FILED 19 Registrar.
Harrington for Williams

1-9-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-8 1939

22. I HEREBY CERTIFY, That I attended deceased from 11-24- 1936, to 1-8 1939.

I last saw h[illegible] alive on 1-8 1939. Death is said to have occurred on the date stated above, at 6:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	
Hypostasis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Edmund Levin M. D.
(Address) Lemendale

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53807 X/108 F 53807

53807

1. PLACE OF DEATH Provident Hospital St. 14-2 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.....

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Forsell

If U. S. Veteran specify WAR .....

(a) Residence: No. 4 Jones Ave St., ... Ward. Catonville, Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Child

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 15, 1938

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Charles Forsell

14. BIRTHPLACE (city or town) (State or country) Catonsville Md

15. MAIDEN NAME Louise Butte

16. BIRTHPLACE (city or town) (State or country) Catonsville, Md

INFORMANT Louise Forsell
(Address) 4 Jones ave

BURIAL, CREMATION, OR REMOVAL
Place Western Star Date Jan 9, 1939

UNDERTAKER Mrs Lelia R Williams
(Address) 322 S Schroeder st

FILED Jan 9 — 1939 Lelia R Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-7-1939

22. I HEREBY CERTIFY, That I attended deceased from 1-4-1939 to 1-7-1939

I last saw him alive on 1-7-1939 Death is said to have occurred on the date stated above, at 7.50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia Left Lobe	?
Other contributory causes of importance: Leprosy	?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Chemical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. T. Maloney M. D.

(Address) Provident Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

53808 CERTIFICATE OF DEATH 107-C 53808

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 Pierce St. 18-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. 6 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John F. Gough.

If U.S. Veteran specify WAR .....

(a) Residence: No. 410 N. Pulaski St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Dec 20 1894

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	—	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Fred Gough

14. BIRTHPLACE (city or town) (State or country) St Mary Co Md

15. MAIDEN NAME Ella Gough.

16. BIRTHPLACE (city or town) (State or country) St Mary Co Md.

INFORMANT Virgie Giles

(Address) 253 N. Schroeder

BURIAL, CREMATION, OR REMOVAL

Place St. Peter's Date Jan 10, 1939

UNDERTAKER Mrs Katie R Williams

(Address) 322 N Schroeder St

Huntington Williams, M.D.

FILED JAN 9 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 30 1938 to Jan 6th 1939

I last saw h[illegible] alive on Jan 6th 1939 Death is said to have occurred on the date stated above, at 4.15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) F. C. Luk M. D.

(Address) North Dr & Division St

F 53809

53809 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1007 Argyle St., 17-2 Ward)

Length of residence in city or town where death occurred W yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alice White Johnson

If U.S. Veteran specify WAR .....

(a) Residence: No. 1007 Argyle St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Johnson

6. DATE OF BIRTH (month, day, year) Dec 28 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	—	8	9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fauquier Co Virginia

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Eliza White

16. BIRTHPLACE (city or town) (State or country) Fauquier Co Virginia

17. INFORMANT William H. Johnson

(Address) 1007 Argyle

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 1-10-39

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED 1939 Katie R. Williams, Reg. No. Huntingtor Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/6 1939

22. I HEREBY CERTIFY, That I attended deceased from 10/1 1925 to 1/6 1939

I last saw h[illegible] alive on 1/6 1939 Death is said to have occurred on the date stated above, at 9:10 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Hypertension nephritis	
Uraemia	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Hypertension Was there an autopsy? no + + +

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) David Drumheller M. D.

(Address) 1111 W Lee

F 53810

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME John Edwards If U. S. Veteran specify WAR .....

(a) Residence: No. Goller ave St., ... Ward. Essex Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 2-24-72

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	10	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mill

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) S Car

13. NAME Daniel Edwards

14. BIRTHPLACE (city or town) (State or country) S Car

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) S Car

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Mount Carmel Date Jan. 9 1939

UNDERTAKER Lilly & Zeiler Inc.

(Address) 403 S. Wolfe St.

FILED 1-9-1939 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1938, to Jan 5, 1939

I last saw him alive on Jan 5, 1939. Death is said to have occurred on the date stated above, at 845 Pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary tuberculosis Nov.	1938
Asbestosis about	1920
	none

Other contributory causes of importance:

none

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

Yes If no, specify Worked in asbestos mill for 2 years.

(Signed) Walter B. Boyd M. D.

(Address) Johns Hopkins

Oakland

E 53811

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME George D. Williams,

(a) Residence: No. 931 Ensor St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, year) 4/11/1886

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
52	52	8	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) N. C.

18. NAME William H. Williams

14. BIRTHPLACE (city or town) N. C.
(State or country)

15. MAIDEN NAME Ella Williams

16. BIRTHPLACE (city or town) N. C.
(State or country)

INFORMANT City Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Comty Date Jan 9, 1939

UNDERTAKER Lottie Gross

(Address) Gorsuch and Co

FILED 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-6, 1939

22. I HEREBY CERTIFY, That I attended deceased from 9-10, 1938 to 1-6, 1939

I last saw him alive on 1-5, 1939. Death is said to have occurred on the date stated above, at 9:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of ileo caecal valve with metastasis	1937
Bronchopneumonia	few days
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto City Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

53812 F 53812

CERTIFICATE OF DEATH

Registered No. 93C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph's Hosp St. 8-1 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Estelle Raley

If U. S. Veteran specify WAR

(a) Residence: No. 3111 Marco Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Edgar Raley

DATE OF BIRTH (month, day, year) Aug 15-1864?

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 74 yrs			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) St Marys Co

13. NAME Wm H Raley

14. BIRTHPLACE (city or town) (State or country) St Marys Co

15. MAIDEN NAME Cath Bohanan

16. BIRTHPLACE (city or town) (State or country) St Marys Co

INFORMANT Mrs Raley

(Address) 3111 Marco Ave

BURIAL, CREMATION, OR REMOVAL Holy Redeemer Jan-10-39

UNDERTAKER Jos D Taylor & Son

(Address) 1524 Eutaw Pl

FILED JAN 9-1939 Registrar. Hunter for Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1939, to Jan 7, 1939

I last saw her alive on Jan 7, 1939. Death is said to have occurred on the date stated above, at 5 35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Arterio Sclerosis	?
Broncho Pneumonia	1 wk

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M R Cunniff, M. D.

(Address) St. Joseph's Hosp

3813 F 53813

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 186-a CC

1. PLACE OF DEATH 208 S. Regester — Registered No. 157

CITY OF BALTIMORE: (No.) St. 2-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Kropp — If U. S. Veteran specify WAR

(a) Residence: No. 491 S. Regester St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Kropp (d)

6. DATE OF BIRTH (month, day, year) Feb 5-1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	11	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME [illegible] Mathews

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT James Kropp

(Address) 491 S. Regester St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date Jan 11 1939

19. UNDERTAKER Fred W. Ozazewski

(Address) 1930 Eastern Ave

20. FILED 1939 Registrar

MEDICAL CERTIFICATE OF DEATH ✓

21. DATE OF DEATH (month, day, year) Jan. 7, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	Jan. 5
Fracture 9th & 10th ribs left side	Dec. 26 1938
Other contributory causes of importance	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Dec 26 1938

Where did injury occur? 208 S. Regester (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Bath Room

Manner of injury Slipped and fell on bath tub

Nature of injury Fractures as above.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Bond St.

814 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 53814

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. [illegible] St., [illegible] Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James Gannon

(a) Residence: No. Middle River St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie H. (Fackler)

DATE OF BIRTH (month, day, year) Jan - 18 1879

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	11	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel Proprietor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charles Co. Md.

13. NAME Patrick Gannon

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Sally Glover

16. BIRTHPLACE (city or town) (State or country) Charles Co Md.

17. INFORMANT Annie H. Fackler

(Address) Middle River Md

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date 1/10 1939

19. UNDERTAKER John D. Connelly

(Address) Essex Md.

20. FILED JAN 9 - 1939 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 1939 to Jan 7 1939

I last saw him alive on Jan 7 1939 Death is said to have occurred on the date stated above, at 7-10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Cardiac Failure	

Other contributory causes of importance: Senility Anemia

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E L Diggs M. D.

(Address) University Hosp

F 53815

3815

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

CCK 3-4534-82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 17-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Eva Stephens

(a) Residence: No. 801 N. Fremont Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	~~Colored~~ White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Harry

DATE OF BIRTH (month, day, year) 3-22-~~1855~~ 1884

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
~~55~~ 54 ~~55~~	9	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~None~~

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (City or town) (State or country) Philadelphia Pa

13. NAME Frank Morgan

14. BIRTHPLACE (city or town) ? (State or country)

15. MAIDEN NAME Sophie ?

16. BIRTHPLACE (city or town) ? (State or country)

INFORMANT City Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Edwd Lawrence Date Jan 10 1939

UNDERTAKER Jos. George H. Kelly Phila. Pa.

(Address) 1631 Dauphin St. Phila.

FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 3 1939 to January 7, 1939

I last saw her alive on January 7, 1939 Death is said to have occurred on the date stated above, at 5.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-3-39
Other contributory causes of importance: Cerebral Hemorrhage	Dec. 1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Lamar Lantelle M. D.

(Address) Baltimore City Hospitals

9-1939

53816

HEALTH DEPARTMENT—CITY OF BALTIMORE

53816

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2911 Bayonne Ave. St., 27-L Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ELSIE MAY HOHLBEIN

If U. S. Veteran specify WAR

(a) Residence: No. 2911 Bayonne Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Charles H. Hohlbein

DATE OF BIRTH (month, day, year) July 8, 1883

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	5	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Pennsylvania

13. NAME Wm. McCallister

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

15. MAIDEN NAME Rachael Loughery

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

INFORMANT Mrs. Wm. McCallister

(Address) 2911 Bayonne Ave.

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cemetery Date Jan 10 1939

UNDERTAKER John Cusick & Son

(Address) 200 Edgewood St

FILED 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1937 to Jany 6, 1939

I last saw h[illegible] alive on Jany 6, 1939 Death is said to have occurred on the date stated above, at 11 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adeno Carcinoma Cervix	June 17 1937

Other contributory causes of importance:

Adeno Carcinoma Cervix	Some

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? microscopic Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Norris B. Grunt M. D.

(Address) 3009 Evergreen Ave City

F 53817

53817 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3117 Belair Rd. St., 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Philip F. Brenner

(a) Residence: No. 3117 Belair Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

6. If married, widowed, or divorced HUSBAND of (or WIFE of) Lydia M. Brenner

7. DATE OF BIRTH (month, day, year) December 13, 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	0	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pharmacist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John Brenner

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Mary Miller

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Lydia Brenner

(Address) 3117 Belair Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Jan 10 1939

19. UNDERTAKER John Leeds

(Address) 2008 Orleans St

20. FILED Jan 9 1939 Hunter Robbins, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 7, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber Coroner, M. D.

(Address) Coroner

18

✓ F 53818

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1403 E.Biddle Street St., 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 86 yrs. 1 mos. 27 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lydia A. Kimball

(a) Residence: No. 1403 E.Biddle Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of None

DATE OF BIRTH (month, day, year) Nov.10,1852

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	1	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Horrace S. Kimball

14. BIRTHPLACE (city or town) (State or country) Massachusetts

15. MAIDEN NAME Mahala Wrenn

16. BIRTHPLACE (city or town) (State or country) Fredersburg Va.

INFORMANT Mary B.Kimball

(Address) 1403 E.Biddle Street

BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date 1-10-39 19

UNDERTAKER Albert S. Dilly Jr.

(Address) 1606 N.Chester Street

FILED JAN 9-1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 7 . 1939

22. I HEREBY CERTIFY, That I attended deceased from November 13 . 1938 to January 7 . 1939

I last saw he alive on January 7 1939 Death is said to have occurred on the date stated above, at 7.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arterio Sclerosis -	2 years
Chronic Interstitial Nephritis -	4 yrs.
Other contributory causes of importance: Secondary Anaemia & Uraemia	3 days.

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? physical examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Albert Eisenberg M. D.

(Address) 2025 E North Ave -

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53819

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1821 Guilford ave 12-5 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Arnold Rufus King

(a) Residence: No. 1821 Guilford ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Julia M. King

6. DATE OF BIRTH (month, day, year) June 1 1845

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
93	7	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Surveyor Car Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B&O Ry Co. 1873

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 38 yrs

12. BIRTHPLACE (city or town) (State or country) Urbana Md

13. NAME Walter R. King

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Windsor

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Chas E King
(Address) 1824 Guilford ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Pk Date 1/10 39

19. UNDERTAKER William Cook
(Address) 1217 St Paul St

20. FILED JAN 9 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from January, 1938, to January 8, 1939.

I last saw h.... alive on January 7, 1938. Death is said to have occurred on the date stated above, at 5 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis (Generalized)	
Arteriosclerotic Heart Disease	2 years

Other contributory causes of importance:
Senility.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) W. Grafton Hirsperger, M. D.

(Address) 214 Medical Arts Building

20

E 53820

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 cc

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 192 Bank St. 2-1 Ward)

Registered No. 877

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran — specify WAR

2. FULL NAME Catherine T. Hagens

(a) Residence: No. 192 Bank St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Philip P. Hagens

DATE OF BIRTH (month, day, year) Nov 2 1867

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	2	5	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Mrs Emma (Walker) Wood

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME Kate Walpert

16. BIRTHPLACE (city or town) (State or country) Not Known

INFORMANT Myrtle Webb

(Address) 92 Bank St

17. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Jan 10 1939

UNDERTAKER Wm Cook

(Address) 217 St Paul St

JAN 9 - 1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Jan 7
Arteriosclerosis	2 years
Chronic Nephritis	Some time

Other contributory causes of importance:

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation Uterine Date of Jan 6

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas. W. Wood M. D.

Coroner

(Address) 1712 N. Broadway

6

HEALTH DEPARTMENT—CITY OF BALTIMORE

53821

CERTIFICATE OF DEATH

59 F 53821

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1637 Abbottston St., 9-1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME AGNES MATILDA TARR

(a) Residence: No. 1637 Abbottston St. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of William Howard Tarr

DATE OF BIRTH (month, day, year) Feb. 20, 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	10	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1637

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME OF FATHER William Petersen

14. BIRTHPLACE (city or town) (State or country) Denmark

15. MAIDEN NAME OF MOTHER Susanna Atwell

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Miss Lillian Estelle Tarr (Daughter)

(Address) 1637 Abbottston St.

BURIAL, CREMATION, OR REMOVAL Baltimore Cem. Date Jan. 9, 1939

UNDERTAKER HENRY SANDER & SONS, INC. Henry J. Sander

(Address) Baltimore & Broadway.

FILED JAN 9 - 1939 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 5, 1939.

22. I HEREBY CERTIFY, That I attended deceased from dec 2, 1938 to Jan 5, 1939

I last saw her alive on Jan 5, 1939 Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiac Infarction	11/1/38
Diabetes Mellitus	3/2/37

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? c Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Edw. L. Zimmerman M. D.

(Address) 4858 Harford Rd

HEALTH DEPARTMENT—CITY OF BALTIMORE

53822

CERTIFICATE OF DEATH

131 F 53822

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 725 E. Biddle St. 10th Ward)

Length of residence in city or town where death occurred 76 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Casserly

If U.S. Veteran specify WAR .....

(a) Residence: No. 725 E. Biddle St., 10th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Ellen Casserly

DATE OF BIRTH (month, day, year) Oct 21, 1862

AGE Years	Months	Days 16	If LESS than 1 day, hrs. or min.
76 yrs	2 Mo.	17 Days	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Water Dept

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 39 yrs

BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Byrne Casserly

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine McDermott

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Miss Casserly. Daughter

(Address) 725 E. Biddle St.

BURIAL, CREMATION, OR REMOVAL

New Cathedral Cem. Date Jan 10th 39

UNDERTAKER Elmer W. Conklin

(Address) 924 E. Eager St.

FILED 9-1939

Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7th, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 1939 to Jan 7th, 1939.

I last saw him alive on Jan 6th 1939. Death is said to have occurred on the date stated above, at 4.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Coronary Thrombosis	1/7/39
Arteriosclerosis generalized	?
Other contributory causes of importance: Chr. Interstit Nephritis	?

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) William P. Creaghe M. D.

(Address) 10 E. Biddle

53823

HEALTH DEPARTMENT—CITY OF BALTIMORE

53823

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1344 Homestead St., 9-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frank J. Barry

(a) Residence: No. 1344 Homestead St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie Murphy

DATE OF BIRTH (month, day, year) Sept. 22 1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	3 4	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME William Barry

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ellen Byrne

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Nellie Barry

(Address) 1344 Homestead St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date 1/10 39

19. UNDERTAKER John J. Fahey Home

(Address) 1318 Eastern Ave

Hearing 10 Williams Mgr

20. FILED JAN 9 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 20 1938 to Jan 7 1939

I last saw him alive on Jan 5 1939. Death is said to have occurred on the date stated above, at 8 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	[illegible]
Other contributory causes of importance: Dilatation of Heart	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Benj. L. Hopkins M. D.

(Address) 3114 Harford Road

821 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 53821

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 665 Sarah Ann St. 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henrietta Floyd

(a) Residence: No. 665 Sarah Ann St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: William Floyd

6. DATE OF BIRTH (month, day, year): June 7 - 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	7	—	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 1870

9. Date deceased last worked at this occupation (month and year): 11/24/38

10. Total time (years) spent in this occupation: 60 Yrs

11. BIRTHPLACE (city or town) (State or country): Only States Va

12. NAME: James Warton

13. BIRTHPLACE (city or town) (State or country): Va

14. MAIDEN NAME: Adline Conquest

15. BIRTHPLACE (city or town) (State or country): Va

16. INFORMANT: Nellie Smith

(Address): 665 Sarah Ann St

17. BURIAL, CREMATION, OR REMOVAL

Place: Dugherty Cem. Turkey Va Date: 1-10-1939

18. UNDERTAKER: Charles G. Corbin

(Address): 514 W. Calhoun St.

FILED 9 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jany 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1938 to Jany 7, 1939

I last saw her alive on Jany 6, 39 Death is said to have occurred on the date stated above at 12:35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chr Myocarditis	—
Other contributory causes of importance:	
Pulmonary Edema	—

Was an operation performed? No Date of —

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Neg. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. F. Howell M. D.

(Address) 601 N. Carrollton Ave

53825

HEALTH DEPARTMENT—CITY OF BALTIMORE

53825

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5915 Greenspring Ave. St. 27-15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life (mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Frederick Roeth

If U. S. Veteran specify WAR

(a) Residence: No. 5915 Green Spring Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Dilfer Roeth

DATE OF BIRTH (month, day, year) November 14, 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min
	59	1	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance Broker

10. Date deceased last worked at this occupation (month, day, year) January 1935

11. Total time (years) spent in this occupation 14 yrs

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Frederick Roeth

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Sophia Pipenbrink

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Mrs. Minnie Dilfer Roeth

(Address) 5915 Greenspring Ave.

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date Jan. 10 1939

UNDERTAKER Phillips Lamotte

(Address) 1003 W. Baltimore St.

JAN 9-1939 Hampton Williams M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 9, 1938 to January 7, 1939

I last saw him alive on Jan. 6, 1939. Death is said to have occurred on the date stated above, at 7:35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis.	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Charles F. Baggott M. D.

(Address) 2229 Eutaw Pl.

53826 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 53826

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3110 Brighton St. 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Catharine E. Gleason,

(a) Residence: No. 3110 Brighton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ———

DATE OF BIRTH (month, day, year) November 3, 185[illegible]

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	2	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

13. NAME Michael Gleason,

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Judie Shanahan,

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mrs Marie F. McCurdy.

(Address) 3110 Brighton St.

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date JAN 10 1939

UNDERTAKER Robert S. Little

(Address) 2700 Edmondson Ave.

FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 7 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 22, 1938, to Jan 6, 1939

I last saw h[illegible] alive on Jan 6 1939 Death is said to have occurred on the date stated above, at 11.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular heart dis	
Other contributory causes of importance: Hemiplegia Cerebral Hemorrhage	12/22/38

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Ernest H. Lakeman M. D.

(Address) 1735 Poplar Hill Ave.

1939 Huntington Williams, M.D.

53827 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 53827

Chas F Andrews

133

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mt Belle Ave Hosp St. 46-6 Ward)
Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mr. Chas. F. Andrews
If U. S. Veteran specify WAR .....

(a) Residence: No. 2825 Rayner Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Birdie Andrews

DATE OF BIRTH (month, day, year) June 23 1865

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	6 8	7 12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Thomas Andrews

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Mary Sanders

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Mrs Thomas Andrews
(Address) 2825 Rayner Ave

BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Jan 11 1939

UNDERTAKER Geo W Sadler
(Address) 2700 Edmondson Ave

FILED 19 ..... Registrar.

19-1939 Transferred to Williamsport, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 27 1938 to Jan 9 1939

I last saw him alive on Jan. 9 1939 Death is said to have occurred on the date stated above, at 2 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Bronchopneumonia	
Coronary Occlusion - Left	
Other contributory causes of importance:	

Was an operation performed? No Date of —
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas. F. Shear, M. D.
(Address) 4 E. 13 St.

53828

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 53828

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. Gen. Hosp. St. 24-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME William F. Morris

(a) Residence: No. 1126 Riverside St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Sept. 27, 1877

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	3	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman (Conduits)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City

10. Date deceased last worked at this occupation (month and year) 10

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME John D. Morris

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Laura V. Hilditch

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT J. F. Morris

(Address) 2536 W. Fairmount Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park - Date Jan. 10/39

19. UNDERTAKER McCully Funeral Home

(Address) 130 E. Fort Avenue

20. FILED Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/7/ , 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	1/5/39
Other contributory causes of importance: Chronic Myocarditis	1935

Was an operation performed? no Date of 1938

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Sigvel Littman, M. D. Coroner

(Address) 1304 E. Chase St

✓ F 53829

53829

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 CC

Registered No. 187

1. PLACE OF DEATH Mercy City Hospital

CITY OF BALTIMORE: (No. Bay View St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Boy Eaton

(a) Residence: No. 528 N. Calhoun St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): ✓

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 6 1939

7. AGE: Years | Months | Days | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME George Eaton

14. BIRTHPLACE (city or town) (State or country) Littleton N.C.

15. MAIDEN NAME Emma Alston

16. BIRTHPLACE (city or town) (State or country) Littleton N.C.

17. INFORMANT Emma Eaton

(Address) 528 N. Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date JAN 9 1939

Commissioner of Health

19. UNDERTAKER

(Address)

For H. A. Moore

20. FILED JAN 9 1939 Registrar

Funeral for William HB

3/C

4526

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 6, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

disclosed by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis	Jan. 6, 1939

Other contributory causes of importance: Premature birth — Date of onset 8 hours

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 17 N. Broadway

3830 F 53830

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH × 159

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. St., 12-26 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Walker

If U.S Veteran specify WAR ...

(a) Residence: No. Fulton Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	colored	Infant

If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

DATE OF BIRTH (month, day, year) 12-31-38

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		5-4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Provident Hospital

13. NAME Richard Jones

14. BIRTHPLACE (city or town) (State or country) Simpsonville Md.

15. MAIDEN NAME Myrtle Walker

16. BIRTHPLACE (city or town) (State or country) Fulton, Md.

INFORMANT Myrtle Walker
(Address) Fulton Md

BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date JAN 9 1939
Commissioner of Health

UNDERTAKER Per M. A. Moore
(Address)

FILED 9-1939 Registrar 1521

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-4 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-31, 1938, to 1-4, 1939

I last saw her alive on 1-4, 1939. Death is said to have occurred on the date stated above, at 11.15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Atelectasis	
Premature termination of pregnancy	
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. S. Baker M. D.

(Address) Resident Hospital

F 53831

3831

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 326 - 22½ St. 12 - 4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Simon Williams

(a) Residence: No. 326 - 22½ St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

M | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6. If married, widowed, or divorced HUSBAND of (or WIFE of) Harriett Williams

DATE OF BIRTH (month, day, year) 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Old Age Pensioner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gloucester Co Va

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Consuella Dyson
(Address) 326 - 22½ St.

17. BURIAL, CREMATION, OR REMOVAL
Place Date JAN 1939

18. UNDERTAKER Parker Funeral Home
(Address) Park & Moore

FILED JAN 1939 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) and from the evidence adduced by (Inquest, Autopsy or Inquiry) find that said deceased came to death on the date stated above.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset Abt Dec 1938

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George L. Adler M. D.
(Address) 60 Park Square

525

53832 ✓ F 53832

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hospital (St.) 15-1 (Ward) D

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clarence Pritchett — If U. S. Veteran specify WAR .....

(a) Residence: No. 1501 Pressman St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) June 19-1899

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
39	6	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Danville Va.

12. NAME Robert Pritchett

13. BIRTHPLACE (city or town) (State or country) Va

14. MAIDEN NAME Fannie Saunders

15. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Alonzo Pritchett

(Address) 1531 1/2 E. Pratt St.

BURIAL, CREMATION, OR REMOVAL

Place Gilmore Mem. Date Jan 11 1939

UNDERTAKER Mrs Francis A. Hemsley

(Address) 575 W. Biddle St

FILED ... 19 ... [illegible] Registrar.

1-9-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9 - 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-9- 1938 to 1-7- 1939

I last saw h— alive on 1-7- 1939. Death is said to have occurred on the date stated above, at 7p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1/1/39
Intestinal obstruction	12/9/38
Incarcerated Hernia	12/9/38

Other contributory causes of importance:
Acute Dilatation of Heart

Was an operation performed? yes Date of 12/9/38

For what disease or injury? Strangulated obstruction

Name of operation Hernioplasty

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) H. L. Jackson M. D.

(Address) 606 Darling Rd E

F. D. 53833 ✓ F 53833

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH Baltimore, Md. Registered No.

CITY OF BALTIMORE: (No. 1911 Druid Hill Ave St. 4-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isabella Alice Hall

(a) Residence: No. 1911 Druid Hill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Colored	Single

a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 1, 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	4	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School - teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Schools

10. Date deceased last worked at this occupation (month and year) Dec. 1937

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Dennis Hall

14. BIRTHPLACE (city or town) (State or country) Calvert County, Md.

15. MAIDEN NAME Martha Whitting

16. BIRTHPLACE (city or town) (State or country) Calvert County, Md.

17. INFORMANT Mrs. Mattie Brayston

(Address) 1911 Druid Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Jan 10. 1939

19. UNDERTAKER Mrs Francis A. Kemp Ley

(Address) 512 N Bridge St

20. FILED — Registrar.

1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 6 . 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1938, to Jan. 6, 1939.

I last saw her alive on Jan. 6, 1939. Death is said to have occurred on the date stated above, at 3.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia with edema (Rt Side) due to Metastasis	2 wks ago.
Other contributory causes of importance: Neoplasm (Rt. breast)	2 yrs

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address) 2945 Druid Hill Ave.

53834 HEALTH DEPARTMENT—CITY OF BALTIMORE E 53834

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1802 E North Ave St., 8-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME John Butler Nichols

(a) Residence: No. 1802 E North Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	white	Widower

If married, widowed, or divorced, HUSBAND of (or) WIFE of Lydia L. Nichol.

DATE OF BIRTH (month, day, year) April 7, 1851

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
87	9		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

12. NAME Joseph Nichol

13. BIRTHPLACE (city or town) (State or country) Ireland

14. MAIDEN NAME

15. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mrs. Janet Parnell

(Address) 5013 Eugene Ave

BURIAL, CREMATION, OR REMOVAL

John (Greenmount) Nov. 1-10, 1939

UNDERTAKER Leonard J. Pugh

(Address) 5215 Harford Ave

FILED Harrington for Williams, M.D. Registrar.

9-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-7 1939

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1938, to January 7, 1939

That I last saw him alive on January 7, 1939. Death is said to have occurred on the date stated above, at 6:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Insufficiency	Jan 1938
General Arteriosclerosis	
Arterial Hypertension	
Other contributory causes of importance: Cardiac Dilatation	11/6/39

Was an operation performed? no Date of —

For what disease or injury?

Name of operation Physical Examination

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If ...

(Signed) Albert Eisenberg M. D.

(Address) 2025 E North Ave

Issued 12-28-37 ✓ E 53835

3835 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

92-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2735 Riggs Ave St., (Ward) 6-6

Length of residence in city or town where death occurred.....yrs. .....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

Was U. S. Veteran (Specify WAR).....

2. FULL NAME Catherine Krieg (nee Magness)

(a) Residence: No. 2735 Riggs Ave St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	W	Widow

If married, widowed, or divorced, HUSBAND of (or) WIFE of Christopher Krieg

DATE OF BIRTH (month, day, year) Dec 25-1857

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
81		12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME John Magness

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Serf

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Catherine Krieg

(Address) 2735 Riggs Ave

BURIAL, CREMATION, OR REMOVAL.

Place Holy Rood Date 1-10 39

UNDERTAKER Leonard J. Koch

(Address) 1 W. Mt. Rd.

FILED 1-9 1939 .....Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1937 to Jan 7, 1939

I last saw her alive on Jan 6, 1939. Death is said to have occurred on the date stated above, at 2:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis - Arteriosclerosis	Dec, 38
Other contributory causes of importance: Hypostatic Congestion	
Cirrhosis Pulmonary	c.

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

.....If so, specify .....

(Signed) Edwin B Lyman M. D.

(Address) 718 N Patterson Park Ave

53836 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 53836

CERTIFICATE OF DEATH

46-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3713 (St.) Yosemite Ave (Ward) 15-11

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Elizabeth Ann Shanaman

If U. S. Veteran specify WAR .....

(a) Residence: No. 3713 (Usual place of abode) St. Yosemite Ave Ward. .....

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of W- Francis Shanaman

DATE OF BIRTH (month, day, year) Sept. 28 1860

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	3	9 10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Balto Md

12. NAME Richard Alexander

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Deborah Howell

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Mr. Eva M. Griffin

(Address) 3701 Barrington Rd

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date Jan 10 1939

UNDERTAKER Wm H Weikel & Sons

(Address) Balto Md

FILED Jan 10 1939 ..... Registrar.

1-9-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 14 1938 to Jan 7 1939

I last saw her alive on Jan 7 1939 Death is said to have occurred on the date stated above, at 10.25A M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Stomach	?

Other contributory causes of importance:

Chronic myocarditis

Chronic nephritis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H H Calas M. D.

(Address) 4 N. Fulton.

53837 E 53837

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-a

Registered No. 458

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3008 Garrison Blvd St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Marie Beck

If U. S. Veteran specify WAR

(a) Residence: No. 3008 Garrison Blvd St., Ward. Jersey City, N.J.

(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of Michael Beck

DATE OF BIRTH (month, day, year) May 5 1851

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	8	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Denmark

12. NAME John Peterson

14. BIRTHPLACE (city or town) (State or country) Denmark

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Mr Frank M Bundy

(Address) 3008 Garrison Blvd

BURIAL, CREMATION, OR REMOVAL Jersey City N.J.

Place N.Y. Bay Cemetery Date Jan 10 1939

UNDERTAKER William J Dickson & Son

(Address) North & Pennsylvania Ave

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 30th 1938 to Jan 7th 1939

I last saw h. alive on Jan 7th 1939 Death is said to have occurred on the date stated above, at 4:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Toxemia	12/30/38
Other contributory causes of importance: Obstruction of bowel from strangulated hernia Inoperable	12/30/38

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R E Poulton M. D.

(Address) 3909 Garrison Blvd

Q-1939

3838 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 53838

CERTIFICATE OF DEATH

126

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Infirmary 11-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... dys. How long in U. S. If of foreign birth? ... yrs. ... mos. ... dys.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Bessie Musgrave

(a) Residence: No. 921 N. Calvert St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Walter Musgrave

DATE OF BIRTH (month, day, year) April 23, 1885

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	8	15	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) Fredericksburg
(State or country) Virginia

12. NAME Rubin H Mighee

14. BIRTHPLACE (city or town) .....
(State or country) Virginia

15. MAIDEN NAME Maria Lewis

16. BIRTHPLACE (city or town) .....
(State or country) Virginia

INFORMANT Mr. Walter Musgrave
(Address) 921 N. Calvert ST.

BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date Jan 10 - 1939

UNDERTAKER Henry W. Mearsolon
(Address) 805 N. Calvert St

Filed 1-9-1939 Huntington Williams, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 30, 1938 to January 8, 1939.

I last saw her alive on January 8, 1939. Death is said to have occurred on the date stated above, at 6.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism (2)	1-8-'39

Other contributory causes of importance:

Cholelithiasis; chronic cholecystitis	Many years

Was an operation performed? Yes Date of January 4, 1939

For what disease or injury? Cholelithiasis; chronic cholecystitis

Name of operation Cholecystectomy

What test confirmed diagnosis? Micro. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Howard W. Jones, M. D.

(Address) Church Home & Infirmary

839 F 53839

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1718 N. Broadway St. 8-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME MARGARET LANG

If U. S. Veteran specify WAR ...

(a) Residence: No. 1718 N. Broadway St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Lang

DATE OF BIRTH (month, day, year) May 13, 1856

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
82	7	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Germ ny

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Agnese Wiseman

(Address) 1718 N. Broadway

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan. 9-39

Jos. L. Gilbert & Son

UNDERTAKER

(Address) 800 Eutaw Place

FILED JAN 9 - 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 7- 39. 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1938. to Jan. 7, 1939

I last saw her alive on Jan 6, 1939. Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Arteriosclerosis	
Other contributory causes of importance—	
Chr - Nephritis	

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) D. W. Bowers M. D.

(Address) 1812 E. Broadway

3840 ✓ E 53840

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

174 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St. 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ernest Brooks

(a) Residence: No. 2902 O'Donnel St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Ethel Brooks

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

13. NAME Joseph B. Brooks

14. BIRTHPLACE (city or town) (State or country) Richmond Va.

15. MAIDEN NAME Sara Moran

16. BIRTHPLACE (city or town) (State or country) Richmond Va.

17. INFORMANT Ethel Brooks

(Address) 2902 O'Donnel St.

18. BURIAL, CREMATION, OR REMOVAL

Place Richmond Va. Date 1/10/39

19. UNDERTAKER John J. Ducca

(Address) 28 29 Hudson St

FILED 19 Huntington Williams, M.D.

JAN 9 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 7, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stab Wound of heart	

Other contributory causes of importance:

Was an operation performed? Yes Date of 1/6/39

For what disease or injury? Stab Wound of heart

Name of operation Repair of Laceration Date of

What test confirmed diagnosis? Clinic Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 1/6/39

Where did injury occur? 2902 O'Donnel St Brets, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Stabbed in heart with pocket knife during fight.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenken, M. D. Coroner

(Address)

O. C. Kurt Schenker, M.D

841 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 53841

CERTIFICATE OF DEATH

44-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 12-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. 5 mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edward Sollanek

(a) Residence: No. 2005 Barclay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) July 13, 1931

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
7	5	20 24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Karl Sollanek

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Elizabeth Sperke

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

INFORMANT Father
(Address) 2005 Barclay St

BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date Jan 10 1939

UNDERTAKER Jos. & Mrs. John W. Gimbel & Son
(Address) 801 W. Fayette St

FILED JAN 9 - 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 7, 1939 to January 7, 1939

I last saw him alive on January 7, 1939 Death is said to have occurred on the date stated above, at 9.55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Staphylococcic Septicemia	1/6/39
Other contributory causes of importance: Jaundice	1/1/39
VARICELLA	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Blood culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Harry S. Gimbel M. D.

(Address) Sydenham Hospital

842

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 53842

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 E. 23rd St. (or) Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John J. Lawlor

(a) Residence: No. 506 E. 23rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Maher

7. DATE OF BIRTH (month, day, year): 9-10-1867

8. AGE: Years 51 | Months 4 | Days 27 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ireland

13. NAME: Jeremiah Lawlor

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Elizabeth Martin

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs. John J. Lawlor

(Address): 506 E. 23rd St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Catholic Cemetery Date: Jan 10, 1939

19. UNDERTAKER: Mary M. Wiedefeld

(Address): 69 E. 22nd St.

20. FILED: JAN 10 1939 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 7, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day fixed above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance:

—

Was an operation performed? No Date of

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber Coroner, M. D.

(Address)

53843 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 53843

CERTIFICATE OF DEATH

V-131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1611 Cypress St. 25-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 32 yrs. ..... mos. ..... ds.

2. FULL NAME Stephen Emri

If U. S. Veteran specify WAR .....

(a) Residence: No. 1611 Cypress St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Emri

7. DATE OF BIRTH (month, day, year) Not known

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coke

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Hungary

13. NAME Louis Emri

14. BIRTHPLACE (city or town) (State or country) Hungary

15. MAIDEN NAME Magdalena Csirie

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Mary Emri

(Address) 1611 Cypress st

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Jan 11 1939

19. UNDERTAKER Frank Lynch & Son

(Address) 1906 Ashland Ave.

20. FILED JAN 10 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 9. 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 27 1938 to Jan 9 1939

I last saw him alive on Jan 9 1939. Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis 1 yr	Prostate
Other contributory causes of importance: Cardiac decompensation	Dec 15 38

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Leon D Hollett M. D.

(Address) 4700 Roland Ave

F 53844

HEALTH DEPARTMENT—CITY OF BALTIMORE

3844

CERTIFICATE OF DEATH

46-F 40393-IS

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals St. 4-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... 35 yrs.

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran ——— specify WAR .....

2. FULL NAME Richard Rutsche

(a) Residence: No. 2644 Garrett Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Unknown

DATE OF BIRTH (month, day, year) 12-26-1878

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	0	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Machine Shop

10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) (State or country) Germany

12. NAME Richard Rutsche

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Pauline

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT B.C.H. Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Jan 11 1939

UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED Huntington Billings MD Registrar.

10 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 29, 1938 to January 8, 1939

I last saw him alive on January 8, 1939 Death is said to have occurred on the date stated above, at 5:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of pancreas.	1938

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Clinical .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. de Lautelle M. D.

(Address) Baltimore City Hospitals

53845

F 53845

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 4000 Liberty Heights Av. 15-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marcus Arthor Tregor

If U. S. Veteran specify WAR

(a) Residence: No. 3813 Forrest Park Av. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) April 6, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	9	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney at Law

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME John D. Treger

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna F. Remey

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT J. F. Schmidt

(Address) 1211 Lakeside Av.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Jan 11th 1939

19. UNDERTAKER Wm Cook

(Address) 217 St. Paul St

JAN 10 1939 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 8, 1939 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) , M. D. Coroner

(Address)

39 P86
ahe/cee

3846 **HEALTH DEPARTMENT—CITY OF BALTIMORE** C+53846

CERTIFICATE OF DEATH

25-1 82-a

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1118 Haverhill Rd. St. 25 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Harry M. Watson

If U. S. Veteran specify WAR

(a) Residence: No. 1118 Haverhill Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Lillie S. Watson

DATE OF BIRTH (month, day, year) March 21, 1884

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	54	9	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Street car mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Railway Co. Baltimore Transit

10. Date deceased last worked at this occupation (month and year) Jan. 24, 1928

11. Total time (years) spent in this occupation 15

BIRTHPLACE (city or town) (State or country) Prince George's Co. Md.

13. NAME OF FATHER William Watson

14. BIRTHPLACE (city or town) (State or country) Prince George's Co., Md.

15. MAIDEN NAME OF MOTHER Mollie Watson

16. BIRTHPLACE (city or town) (State or country) Prince George's Co., Md.

INFORMANT Mrs. Lillie S. Watson (Wife)
(Address) 1118 Haverhill Rd.

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Jan. 11, 1939

UNDERTAKER A. Bernard Burns
(Address) 1400-02 S. Charles St.

FILED JAN 10 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1938 to Jan 8, 1939

I last saw him alive on Jan 8, 1939 Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia, acute	8 days
Other contributory causes of importance: arterio sclerosis	
Hemiplegia	11 yrs

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical or autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) Howard Haines M.D.

(Address) 2020 N. Charles St

53847 HEALTH DEPARTMENT—CITY OF BALTIMORE 53847

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hosp. St. 16-4 Ward)

Registered No. 177

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. 2 mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME David Snyder Deibel

If U. S. Veteran specify WAR ———

(a) Residence: No. 1809. W Lanvale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Wh.

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Dora May Deibel

7. DATE OF BIRTH (month, day, year): Oct 25 1887

7. AGE: Years 51 | Months 2 | Days 12 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Baltimore Transit Co

10. Date deceased last worked at this occupation (month and year): June 5 31

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

13. NAME: James Wilson Deibel

14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

15. MAIDEN NAME: Patty Browning

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT: David W. Deibel.

(Address): 1809. W. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place: Meadow Ridge Date: Jan 10 1939

19. UNDERTAKER: Wm Cook.

(Address): 217 St Paul St

20. FILED ... 19 ... Registrar

JAN 10 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 7, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastro enteritis	Jan 6.
Toxemia	
Other contributory causes of importance: Pneumonia probably focal, Kind unknown	

Was an operation performed? no. Date of

For what disease or injury?

Name of operation: Date of

What test confirmed diagnosis: Exam & Autopsy findings Was there an autopsy? yes.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Probably Accidental Date of injury 1/6, 1939.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify

(Signed) H. Hanna M. D.

(Address) 1824 W Baltimore St Coroner

53848

HEALTH DEPARTMENT—CITY OF BALTIMORE

53848

CERTIFICATE OF DEATH

✓ 167

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1240 Battery Ave. St. 24-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME C. Walter Reviol

If U. S. Veteran specify WAR

(a) Residence: No. 1240 Battery Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie A. Reviol

6. DATE OF BIRTH (month, day, year) March 1, 1892

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
46	10	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2063

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME George W. Reviol

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Louisa Bothe

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Elsie A. Reviol
(Address) 1240 Battery Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place ~~Mount~~ BALTO. CEM. Date Jan. 11, 1939

19. UNDERTAKER BERNARD C. HARLE
(Address) 124 E. WEST ST. Huntington, Williams, W.V.

JAN 10 1939

Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 8, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound through head and brain	1/8/39

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 1/8/39

Where did injury occur? 1240 Battery Ave.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Gunshot through head & brain

Nature of injury thru suicide.

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) J. Littman M. D.
Coroner

(Address) 1304 E. Chase Street

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53849

53849

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2730 N. CALVERT St. 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME CHARLES J RADECKE

If U. S. Veteran specify WAR

(a) Residence: No. 2730 N CALVERT St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	SINGLE

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) FEB. 7th 1877

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	11	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. BOX MAKER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. box

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MD

13. NAME HERMAN F RADECKE

14. BIRTHPLACE (city or town) (State or country) GERMANY.

15. MAIDEN NAME MARY MEYER

16. BIRTHPLACE (city or town) (State or country) GERMAINY

17. INFORMANT MISS EMMA RADECKE
(Address) 273[illegible] CALVERT ST.

18. BURIAL, CREMATION, OR REMOVAL
St Pauls VIOLETSVILLE Date 1/10/ 1939

19. UNDERTAKER MRS CHAS. A. G ROHDE
(Address) 2327 EDMONDSON AVE

20. FILED ... 19... [illegible]
1 10 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JANUARY 7th 1939

22. I HEREBY CERTIFY, That I attended deceased from June 3 1938 to January 1 1939

I last saw him alive on January 1 1939 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	1938
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J A T Leiffer M. D.

(Address) 2934 N. Calvert St.

53850 HEALTH DEPARTMENT—CITY OF BALTIMORE E 53850

CERTIFICATE OF DEATH 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2638 Huntingdon St. 17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward E. Hughes. Sr. If U. S. Veteran specify WAR

(a) Residence: No. 2638 Huntingdon Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Jane Hughes

DATE OF BIRTH (month, day, year) Dec 26 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78		13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stonecutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pollman & Wilson

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

12. NAME Edw. Hughes.

13. BIRTHPLACE (city or town) (State or country) Md

14. MAIDEN NAME Sarah Cole.

15. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Sarah Jane Hughes.

(Address) 2638 Huntingdon Ave

BURIAL, CREMATION, OR REMOVAL

Mount Hamden Date Jan 12 1939

UNDERTAKER Johnson & Son

(Address) 3615 Harford Ave

FILED 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 9 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5 1938 to Jan 9 1939

I last saw him alive on Jan 9. 1939 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Other contributory causes of importance: Chronic Interstitial Nephritis & Cerebral Hemorrhage	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state how

(Signed) E. E. Brohnson M. D.

(Address) 1102 W. 25th St

pec.—8-16-29—L. F. S.—100 Fks.

53851

F 53851

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-a

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1423 Argyle ave ST. 15-1 WARD)

2—FULL NAME Viola Rose Reed

(a) RESIDENCE NO. 1361 Stockton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Sept 24 1891

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	3	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 0070

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER John Ross

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Ida Frederick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Ida Rose

(Address) 1361 Stockton St

JAN 10 1939 Thomas Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7, 1939

17 I HEREBY CERTIFY, That I attended deceased from Jan 4, 1939, to Jan 7, 1939, that I last saw her alive on Jan 7, 1939, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) J. Douglas Stuppard, M. D.

1/9 1939 (Address) 1063 Whitelock

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL 1/10 1939

20 UNDERTAKER Theo. E. Kelson

ADDRESS 303 Presstman St

HEALTH DEPARTMENT—CITY OF BALTIMORE

852 — F 53852 — #30110 SF

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 14-3 Ward)

Length of residence in city or town where death occurred 7 yrs mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ezekial Guggenheim

If U. S. Veteran specify WAR

(a) Residence: No. 1313 W. North Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

DATE OF BIRTH (month, day, year) 12/30/1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
71	71	0	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Tenn. (State or country)

13. NAME Samuel Guggenheim

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Johanna Ullman

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Shaarb Shalom Cem. Date Jan 10 1939

19. UNDERTAKER Sol Levinson & Bro.

(Address) 1124-26 N. Eutaw St.

20. FILED JAN 10 1939 19 Huntington Hollins Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/9/39 , 19

22. I HEREBY CERTIFY, That I attended deceased from January 7, 1939 to January 9, 1939

I last saw him alive on January 9, 1939. Death is said to have occurred on the date stated above, at 2:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-2-39
Other contributory causes of importance: Hypertensive heart disease	1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) H. L. de Santalle M. D.

(Address) Baltimore City Hospitals

53 E 53853

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3512 Pk. Heights ave. St. 15-12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME David Lissenco

(a) Residence: No. 3512 Pk. Height ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

6a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Fredie Lissenco

6. DATE OF BIRTH (month, day, year) 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Junk

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown Heiach Lissenco

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown Hannah Fagel Schwartz

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jacob Lissenco
(Address) 2431 Lakewin ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Mt Carmel Road Date Jan 10, 1939

19. UNDERTAKER Sol Levinson & Bros
(Address) 1124-26 W. North ave

FILED JAN 10 1939 Huntington Williams, M.D. Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 7, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Thurber Coroner, M. D.

(Address) Conn

F 53854

53854

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. Ward)

Registered No. 1160-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 9 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Donald Comer

If U. S. Veteran specify WAR ...

(a) Residence: No. Eastport md St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov 13-1938

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Sudbley md

13. NAME Charles Lee Comer

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Ada Fay Owen

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Charles Lee Comer
(Address) Eastport md

BURIAL, CREMATION, OR REMOVAL
Place Parole md Date Jan 10 39

UNDERTAKER B. F. Hopkins
(Address) Annapolis md

FILED Huntington Williams Registrar.
JAN 10 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9 . 1939

22. I HEREBY CERTIFY, That I attended deceased from January 1, 1939 to January 9, 1939

I last saw him alive on January 9, 1939 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1/7/39
Other contributory causes of importance: Intracranial Hemorrhage Birth Injury	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? X-Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) S. E. Bradley M. D.

(Address) University Hospital

53855 HEALTH DEPARTMENT—CITY OF BALTIMORE 53855

CERTIFICATE OF DEATH ✓ 186-a

1. PLACE OF DEATH Balto City Hospitals Registered No. 187 ac

CITY OF BALTIMORE: (No. Bay View St., 15 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Sheffield If U. S. Veteran specify WAR

(a) Residence: No. 858 Warwick Ave St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Jan 23-1874

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	64	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cement Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 20 8

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md. (State or country)

MOTHER FATHER

13. NAME Samuel Sheffield

14. BIRTHPLACE (city or town) Virginia (State or country)

15. MAIDEN NAME Catherine ?

16. BIRTHPLACE (city or town) Baltimore Md. (State or country)

17. INFORMANT Mrs. Mary Sheath (Address) 458 N. Eden St.

18. BURIAL, CREMATION, OR REMOVAL Place Western Cem. Date Jan 11 1939

19. UNDERTAKER Francis C. Syfer (Address) 1000 W. North Ave Huntington Williams, W. Va.

DATE JAN 10 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8, 1939

22. I HEREBY CERTIFY, That I last attended the deceased from Jan 8, 1939 to Jan 8, 1939 that I last saw the deceased alive on Jan 8, 1939 and that death occurred on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 8-1939
Result of Accident	
Other contributory causes of importance: Pulmonary Tuberculosis	1 year

Was an operation performed? No Date of ✓

For what disease or injury? ✓

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Jan 8, 1939

Where did injury occur? City Hospitals (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Ward E-3

Manner of injury Fell out of bed

Nature of injury Hemorrhage as above

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. E. Wood M. D. Coroner

(Address) 1712 N. Broadway

S 6

M. D. P. 1268-9

53856 HEALTH DEPARTMENT—CITY OF BALTIMORE 53856

CERTIFICATE OF DEATH

53-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 643 W. Pratt St., 22-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dora B. Tighe

(a) Residence: No. 643 W. Pratt St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of George P. Tighe

6. DATE OF BIRTH (month, day, year) 4/3/1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	9	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Simon Hopf

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME K. Patel

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Geo. Tighe

(Address) 643 W Pratt St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem Date Jan 11 ... 39

19. UNDERTAKER Geo. Leimbach

(Address) 526 Lynhurst St Huntington Station, L.I.

20. FILED JAN 10 1939 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/7 ... 1939

22. I HEREBY CERTIFY, That I attended deceased from 10/7 ... 1937 to 1/7 ... 1939

I last saw h-r alive on 1/7 ... 1939 Death is said to have occurred on the date stated above, at 9:50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	1/6/39
Other contributory causes of importance: Hypertension Cardiovascular disease with Metastases	10/7/37
Name of operation Removal of growth	Date of 10/7/37
What test confirmed diagnosis? Clinical	was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in house, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Joseph D. Laukaitis, M. D.

(Address) 679 Washington Blvd

Brenneis

F 53857 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 53857

CERTIFICATE OF DEATH

12+-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hosp. St., 9-9 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Petey H. Brenneis
If U. S. Veteran specify WAR .....

(a) Residence: No. 1503 Aisquith St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Brenneis

6. DATE OF BIRTH (month, day, year) July 7-1906

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
32 yr.	6	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. not working

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Former Candler

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Phillip Brenneis

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Josephine Preiber

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Patient - Petey Brenneis
(Address) 1503 Aisquith

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Jan. 12, 1939

19. UNDERTAKER George J. Ruth, Inc.
(Address) 1735 Harford Avenue

20. FILED JAN 10 1939 19 Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-9, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1939 to Jan. 9, 1939

I last saw h.. alive on Jan. 9, 1939 Death is said to have occurred on the date stated above, at 3½ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Portal Arrhosis	7 yrs
Oesophageal varices - hemorrhage	about 12/20/38

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John F. Schaefer M. D.

(Address) Mercy Hosp.

D/K. Paul Shumley, M.D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

3858

CERTIFICATE OF DEATH

9-4 94-8 F 53858

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 943 Montpelier Street St., 9-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Steven Ward

If U.S Veteran specify WAR

(a) Residence: No. 943 Montpelier Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Mathilda Olfers

DATE OF BIRTH (month, day, year) May 7, 1886

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	8	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bldg

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

6. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Steven Ward

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Anna Burton

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Alice Behn

(Address) 620 W. Belnord Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Jan 10 39

19. UNDERTAKER Philip Herwig Sons

(Address) 2016 Orleans st

19 Registrar.

JAN 10 1939 Hunting for Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 7, 1939, to January 7, 1939

I last saw him alive on January 7, 1939. Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Coronary Embolism	1/7/39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? ------

What test confirmed diagnosis? Clinical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George Ward M. D.

(Address) 401 E. 25th Street

HEALTH DEPARTMENT—CITY OF BALTIMORE

53859 53859

CERTIFICATE OF DEATH

157-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Jewish Hospital (Street) Ward.

Length of residence (in city or town where death occurred) yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Jerry Walker Jr

(a) Residence: No. 945 Haviland Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

H U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Mal

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 10-1937

7. AGE: Years 1 | Months 0 | Days 29 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Jerry Walker Jr

14. BIRTHPLACE (city or town) (State or country) Kirkwood

15. MAIDEN NAME Ruth Hill

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Mrs Ruth Cooper 945 Haviland Ave

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 1-10 1939

19. UNDERTAKER Baltimore Memorial Funeral Home

(Address) 1200 Eastern Ave

JAN 10 1939 Huntington Williams M.D.

Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7 39

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Pneumonia, Lobar

Date of onset Jan 5 1939

Other contributory causes of importance:

over

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George A. Allen M. D.

Coroner

(Address) 5 E Lexington St

M. D. B 1268-9

3860

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 53860

CERTIFICATE OF DEATH

165

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2117 Dennison St. St., 27-19 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Grace Jaffee

If U. S. Veteran specify WAR .....

(a) Residence: No. 5719 Winner Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Jaffee

6. DATE OF BIRTH (month, day, year) Oct. 21, 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME Morris Schuman,

14. BIRTHPLACE (city or town) (State or country) New York.

15. MAIDEN NAME Clara Silberstein,

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mr. E. Jaffee.

(Address) 5719 Winner Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Heb. Cem. Date Jany. 11, 1939

19. UNDERTAKER Chesid Sonnenschein & Son

(Address) 1902 Eutaw Place.

20. FILED 1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany. 9, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulation by Hanging	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Cir. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Jan. Date of injury 1939, 19...

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Crawfords Home 2117 Dennison

Manner of injury Hung Self with Stocking tied to Bed

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, state how .....

(Signed) [signature] M. D.

(Address) 2757 W. North Ave. Coroner

61 061
35

HEALTH DEPARTMENT—CITY OF BALTIMORE 53861

CERTIFICATE OF DEATH

47-C

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. 20-5 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hattie Mc Mullen If U. S. Veteran specify WAR

(a) Residence: No. 349 S. Bentalou Street, Balto. Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Ralph Mc Mullen

DATE OF BIRTH (month, day, year) Feb 9 1894

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	11		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

13. NAME Henry Ansell

14. BIRTHPLACE (city or town) (State or country) Penna

15. MAIDEN NAME Catherine Gary

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Connellsville Pa. Date Jan 11 1939

19. UNDERTAKER Harry E Wolfe

(Address) 411 Eberhart Ave

FILED JAN 10 1939 Dorothy Wilson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 1938 to Jan 9 1939

I last saw her alive on Jan 9 1939 Death is said to have occurred on the date stated above, at 9 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adeno-Carcinoma of Unknown	July '38
Primary Site - ? Bronchogenic	
Carcinoma of Vertebra - Secondary	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Roger B. Scott M. D.

(Address) Johns Hopkins Hospital

53862 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53862

CERTIFICATE OF DEATH

X 210-M

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Nellie H. Martin

(a) Residence: No. Laurel Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jos. L. Martin

6. DATE OF BIRTH (month, day, year) 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
69	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spioner, sawyer, bookkeeper, etc. ... for ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H. W.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME E. T. Malon

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Hester Rope

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Jos. L. Martin

(Address) Laurel Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Ivory Hill Laurel. Md. Date 1/13/39.

19. UNDERTAKER H. E. White Co Inc

(Address) Laurel Md.

Huntington Williams, M.D. Registrar.

0 1939

S 8

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 9, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple fractures	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Accident Jan. 9 1939 Date of injury ..., 19...

Where did injury occur? Wash. Bldg. Laurel Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Road

Manner of injury Walking side of Road struck by Auto

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) R. Rosellen M. D.

Coroner

(Address) Jessup

3863

HEALTH DEPARTMENT—CITY OF BALTIMORE

53863

CERTIFICATE OF DEATH

11-B 40326 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 15-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Estelle Jones

If U. S. Veteran specify WAR

(a) Residence: No. 1418 Bruce St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

3. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 6-27-1938

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	6	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

13. NAME Robert Jones

14. BIRTHPLACE (city or town) S. C.
(State or country)

15. MAIDEN NAME Estelle Cook

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn C Date 1/10/39, 19

19. UNDERTAKER Donald Brown & Son
(Address) 108 W Montgomery St

20. FILED ... 19 ... Registrar.

1 0 1939 Hunting for Witness, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1938, 19..., to Jan. 8, 1939

I last saw h[illegible] alive on Jan. 8, 1939. Death is said to have occurred on the date stated above, at 9:25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenzal Meningitis	12-19-38

Other contributory causes of importance:

Emaciation
Secondary Anemia

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Culture Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Joseph M. Cook, M. D.

(Address) Balto City Hosp.

53864 HEALTH DEPARTMENT—CITY OF BALTIMORE F 53864

CERTIFICATE OF DEATH 93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5026 W Montgomery 22-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Wilson

If U. S. Veteran specify WAR

(a) Residence: No. 5026 W Montgomery St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Samuel Carter

(Address) 639 W Lee St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 1/10/38 19

19. UNDERTAKER Isaac L Brown & Son

(Address) 1018 W Montgomery St

20. FILED JAN 10 1938 Wilson Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) on the body and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Apoplexy	Jan 7 1938
Other contributory causes of importance:	

over

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Necropsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L Collins M. D.

(Address) 1518 E Lexington St

3865 F 53865

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3114 W. Garrison Ave 7-17 Ward)

Length of residence in city or town where death occurred 61 yrs. 9 mos. 29 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bertha May Haefner

If U. S. Veteran specify WAR .....

(a) Residence: No. 3114 W. Garrison Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edmund Haefner

DATE OF BIRTH (month, day, year) Dec. 4, 1877

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	0	29	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME John R. Dillon

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Martha Dally

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr. Edmund Haefner

(Address) 3114 W. Garrison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Meadow Ridge Date Jan. 11 39

19. UNDERTAKER Jos. Deckner Sons

(Address) Hoyle & Peaves.

20. FILED Jan 10 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 8. 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1938 to Jan 8 1939

I last saw h[illegible] alive on Jan 7 1939 Death is said to have occurred on the date stated above, at 1.15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	6 yrs ago

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....; What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) C. B. Enson M. D.

(Address) 4936 Park Heights Ave

53866

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53866

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 503 N. Monroe St. St. 20-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry Steigerwald

(a) Residence: No. 503 N. Monroe St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida E. Quillen

6. DATE OF BIRTH (month, day, year) Dec. 10, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	0	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John C. Steigerwald

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Hanna Deproe

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Wm. E. Steigerwald

(Address) 2905 W. Lanvale

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan. 11- 39

19. UNDERTAKER Charles J. Schwab

(Address) 505 N. Monroe St.

20. FILED JAN 10 1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 8, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) , M. D.

Coroner

(Address)

Emeram T Pscherer

HEALTH DEPARTMENT—CITY OF BALTIMORE

53867

CERTIFICATE OF DEATH

93-C 53867

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2029 E. Lombard St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emeram T. Pscherer

If U. S. Veteran specify WAR

(a) Residence: No. 2029 E. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Caroline

DATE OF BIRTH (month, day, year) Dec 30 1858

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80		8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME OF FATHER Joseph T.

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Emeram Pscherer
(Address) 2029 E Lombard St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 11 1939

19. UNDERTAKER Martin K. Deppel
(Address) 37 S. Eden St

20. FILED 19

Registrar.

JAN 10 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1939 to Jan 8, 1939

I last saw him alive on Jan 4 1939. Death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Large - Non-Malignant Ulcer	
2 Senility -	
Myocarditis	
Myocardial Insufficiency	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Wm. Thos. Howard M. D.

(Address) 25 E. Eager St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

53868

CERTIFICATE OF DEATH

157 F 53868

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Melvin Piechocki

If U. S. Veteran specify WAR

(a) Residence: No. 519 S. Lakewood Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) October 9, 1938

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Joseph Piechocki

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Theresa Jeskiewicz

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Joseph Piechocki

(Address) 519 S. Lakewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Cem. Date Jan 11, 1939

19. UNDERTAKER M. F. Jakowski & Sons

(Address) 1808 Eastern Ave.

20. FILED JAN 10 1939 19 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1938 to Jan 9, 1939

I last saw h[illegible] alive on Jan 9, 1939. Death is said to have occurred on the date stated above, at 10 20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus	birth
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? X-ray Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Irwin Davies M. D.

(Address) Sinai Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

53869

CERTIFICATE OF DEATH

159 F 53869

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Baby Boy Craig

(a) Residence: No. Premature Born St. 1216 Fawn St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Negro	premature

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. premature

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. premature

10. Date deceased last worked at this occupation (month and year) premature

11. Total time (years) spent in this occupation premature

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Baby Girl Craig

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Minnie Olga Craig

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Minnie Craig

(Address) 1216 Fawn St. Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL Place Baby Taken Jan 10 1939

19. UNDERTAKER City Undertaking Co

(Address) For H. A. Kraus

Huntington Williams Undertaker.

JAN 10 1939

4531

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1939, to Jan. 6, 1939

I last saw him alive on Jan. 6, 1939 Death is said to have occurred on the date stated above, at 1.05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (23 wks. Preg.)	
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Edna J. Wells M. D.

(Address) University Hospital

53870

HEALTH DEPARTMENT—CITY OF BALTIMORE

53870

CERTIFICATE OF DEATH

130

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 633 Wyeth st St., 21-V Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 70 yrs. ..... mos. ..... ds.

2. FULL NAME Mary A. Wunder

If U. S. Veteran specify WAR .....

(a) Residence: No. 633 Wyeth St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Christian Wunder

6. DATE OF BIRTH (month, day, year): Apr 18 1893

7. AGE: Years 45 | Months 8 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): 00

11. Total time (years) spent in this occupation: 00

12. BIRTHPLACE (city or town) (State or country): Germany

13. NAME: Caspar Rembardt

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Mary Margaret

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Christian Wunder

(Address) 633 Wyeth st

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 1/10 1939

19. UNDERTAKER: Jere A. Shirey

(Address) Fort Hunt + Lafayette

Hunting for Williams, M.D.
Registrar.

20. FILED JAN 10 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 7. 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1938, to Jan. 7 1939

I last saw h.. alive on Jan 7. 1939. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronch Nephritis.	3 wks
Other contributory causes of importance: None	over

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation None

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Thurston Ko, M. D.

(Address) 852 N. Lond[illegible]

8871

F 53871

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) John Hopkins Hospital 7-5 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Albert McCoy

(a) Residence: No. 1740 E Madison St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 20-1938

7. AGE: Years | Months: 1 | Days: 20 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Albert McCoy

14. BIRTHPLACE (city or town) (State or country): S. C.

MOTHER

15. MAIDEN NAME: Georgia Reed

16. BIRTHPLACE (city or town) (State or country): S C

17. INFORMANT: Albert McCoy
(Address) 1740 E Madison St

18. BURIAL, CREMATION, OR REMOVAL: Mt. Calvary Date Jan. 11 1939

19. UNDERTAKER: Robert H. Young
(Address) 804 W. Caroline St

20. FILED JAN 10 1939 Huntington Williams, M.D.

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Pneumonia Lobular Primary — Date of onset Jan 28 1939

Other contributory causes of importance:

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? Widal Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) George L. Allen M. D.

(Address) 850 Lexington St

53872 E 53872

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-3

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3908 N. Charles St. 12-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Belle Hambleton Hickok

(a) Residence: No. 3908 N. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Was Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John J. Hickok

7. DATE OF BIRTH (month, day, year) April 11 - 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	8	28 29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City Md.

13. NAME John A. Hambleton

14. BIRTHPLACE (city or town) (State or country) New Windsor Md.

15. MAIDEN NAME Mary Elizabeth Woollen

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT J. Hambleton Ober

(Address) 3803 St Paul St.

18. BURIAL, CREMATION, OR REMOVAL

Place Richmond, Va Date January 11 1939

19. UNDERTAKER Henry W. Jenkins & Sons Co

(Address) McCulloh & Orchard Sts

FILED JAN 10 1939 By Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-9, 1939

22. I HEREBY CERTIFY, That I attended deceased from July, 1938 to 1-9, 1939

I last saw her alive on 1-9, 1939. Death is said to have occurred on the date stated above, at 6.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	1930?

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Dorsey M. D.

(Address) 1129 St Paul St.

✓ F 53873

3873

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 298 Duncan St., 1-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Daisy Bennett

If U. S. Veteran specify WAR .....

(a) Residence: No. 298 Duncan St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: Col

5. Single, Married, Widowed, Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Richard Bennett

6. DATE OF BIRTH (month, day, year): June 1-1894

7. AGE: Years: 44 | Months: 7 | Days: 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: no

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Joseph Watts

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Olivia Watts

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Richard Bennett 298 Duncan St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Calvery Date: 1-11-39

19. UNDERTAKER: (Address): W. P. E. Elliott & Sons 1124 N. Caroline St

JAN 10 1939 Huntington Williams, Mgr

E H K

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 7, 1939

22. I HEREBY CERTIFY, That I took care of the deceased during the illness described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset: June 6, 1939

Hemorrhage

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Hearing Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George Allen M. D.

(Address) 507 Cathedral St

HEALTH DEPARTMENT—CITY OF BALTIMORE

53874

CERTIFICATE OF DEATH

106-B

F 53874

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2534 Annah Ave 6-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thorvald E Larsen.

If U. S. Veteran specify WAR

(a) Residence: No. 2534 Annah Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. SEX	5. Color or Race	6. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

7a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna E Larsen

7. DATE OF BIRTH (month, day, year) June 15 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
88	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Custom Shoe Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Anna. E Larsen

(Address) 2534 Annah Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Jan. 11 1939

19. UNDERTAKER Mrs Chas A Ogg Rohde

(Address) 2327 Edmondson Ave

Date 1-10-1939 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1939 to Jan 8 1939

I last saw him alive on Jan 5 1939. Death is said to have occurred on the date stated above, at 2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insuff.	1/3/39
Other contributory causes of importance: Chr bronchial catarrh	
	5yrs

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinic Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Chas. J. Keller M. D.

(Address) 222 W Lanvale St

HEALTH DEPARTMENT—CITY OF BALTIMORE

53875

CERTIFICATE OF DEATH

82 F 53875

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1404 N. Luzerne Ave. St. 8-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. 1 mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME TRAVIS F. TWEEDALE

If U. S. Veteran specify WAR

(a) Residence: No. 1404 N. Luzerne Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amanda Tweedale

6. DATE OF BIRTH (month, day, year) Nov. 15, 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	1	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 303

10. Date deceased last worked at this occupation (month and year) 1/39

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Wm. Tweedale

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Sarah Ann Ward

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Amanda Tweedale

(Address) 1404 N. Luzerne Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Jan. 12, 1939

19. UNDERTAKER John Ulbrich

(Address) 1200 E. Eden St

20. FILED JAN 10 1939 Huntington Williamsville, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/15/38, 19..., to Jan 9, 1939

I last saw him alive on Jan 9, 1939. Death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage (apoplexy)	1/9/39
Other contributory causes of importance: Arteriosclerosis Chronic Nephritis	(?) 3/15/38

Was an operation performed? No Date of —

For what disease or injury?

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No — If so, specify

(Signed) [illegible] M. D.

(Address) 110 S. Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE

53876

CERTIFICATE OF DEATH

F 53876

93-E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2520 Greenmount Ave. Southern Home St., 12 Ward) 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Henrietta Boteler

If U. S. Veteran specify WAR

(a) Residence: No. 2520 Greenmount Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	WIDOWED

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Dec. 8/1851

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
87		1	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Rev. H. P. King

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Elizabeth Dobbins

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B.S. Edwards

(Address) 3622 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Beltsville, Md. Date 1-11-39, 19

19. UNDERTAKER John O. Mitchell & Sons, Inc.

(Address) 1900 Eutaw Place

20. FILED JAN 10 1939 19 Hunter for Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-8- 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1938 to Jan. 8, 39.

I last saw her alive on Jan 7, 1939. Death is said to have occurred on the date stated above, at 2-a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	several years.
Other contributing causes of importance: Old. Age.	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert E Black, M. D.

(Address) Med. Arts Bldg.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 53877

53877

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH Home for the Aged M. E. Church — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2211 Rogers Ave St. 27 Ward 5

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Helen L. Luby

(a) Residence: No. 2211 Rogers St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John Luby

7. DATE OF BIRTH (month, day, year) Feb. 10. 1853

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	86	2	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At the Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Fulton Redgrave

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Martha Reed

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Ella Lindsay

(Address) 2211 Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 1/12 19 39

19. UNDERTAKER W. M. Cook

(Address) 1210 E. Fayette St

FILED 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10 19 39

22. I HEREBY CERTIFY, That I attended deceased from Sept 23 19 38 to Jany 10 19 39

I last saw h.. alive on Jany 9 19 39 Death is said to have occurred on the date stated above, at 9:10 A.M.

The principal cause of death and related causes of importance were as follows:

Bronchitis Chronic. — Date of onset

Other contributory causes of importance:

Myocarditis

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Time of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George C. Shannon M. D.

(Address) 700 N. Fulton Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

53878 53878

CERTIFICATE OF DEATH

✓ 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3704 Gotham Rd St. 15-11 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran —

specify WAR .....

2. FULL NAME Lily B Jones

(a) Residence: No. 3704 Gotham Rd St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Howard E Jones

DATE OF BIRTH (month, day, year) Dec 12 1876

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
62	4	2728	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Kidderminster England

13. NAME Henry Griffiths

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Annie Gorlich

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Lillian Barkley

(Address) 3704 Gotham Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 1/12 1934

19. UNDERTAKER W M Cox

(Address) 1214 E Fayette St

20. FILED ..... 19..... Registrar.

JAN 11 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9 1934

22. I HEREBY CERTIFY, That I attended deceased from May 2 1928 to Jan 9 1934

I last saw h[illegible] alive on Jan 9 1934 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
Other contributory causes of importance:	
Bronchopneumonia	6 mo

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John H Crane M. D.

(Address) 612 N 40

53879 E 53879

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH South Baltimore General Hospital Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 21st Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Mary C. Feeney

(a) Residence: No. 1140 Battery Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	WIDOW

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of JOSEPH FEENEY

6. DATE OF BIRTH (month, day, year) JULY 3rd 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	5	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. SEAMSTRESS

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. IN LAUNDRY

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) BALTO MD

13. NAME HENRY BUSCHMAN

14. BIRTHPLACE (city or town) (State or country) GERMANY

15. MAIDEN NAME ANNIE C. MITTENDORF

16. BIRTHPLACE (city or town) (State or country) BALTO MD

17. INFORMANT ANNA M FEENEY
(Address) 1140 BATTERY AVE

18. BURIAL, CREMATION, OR REMOVAL
(Place) HOLY CROSS. A.A.Co. (Date) Jan. 12 1939

19. UNDERTAKER BERNARD C HARLE
(Address) 121 E WEST ST.

20. FILED JAN 11 1939 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-10 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-6 1939 to 1-10 1939

I last saw her alive on 1-10 1939 Death is said to have occurred on the date stated above, at 8.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular-Disease	?
Generalized Anasarca	1938
Cerebral Hemorrhage.	1-8-39

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) Louis J. Krall M. D.
(Address) South Balto. Gen. Hosp.

53880 HEALTH DEPARTMENT—CITY OF BALTIMORE 53880

CERTIFICATE OF DEATH ✓ CGK--40005

46 SE-348

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Charles Van Story

(a) Residence: No. 914 Bevan St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence

DATE OF BIRTH (month, day, year) April 26, 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
72	72	8	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. White Washer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

13. NAME Peter Van Story

14. BIRTHPLACE (city or town) (State or country) N.C.

15. MAIDEN NAME Mahallery ?

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date Jan. 11 1939

19. UNDERTAKER
(Address)

20. FILED 19 Registrar.

JAN 11 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 8. 1939

22. I HEREBY CERTIFY, That I attended deceased from December 15 1938 to January 8 1939

I last saw him alive on January 8 1939. Death is said to have occurred on the date stated above, at 5:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of pancreas	1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. C. De Lautelle M. D.

(Address) Baltimore City Hospitals

Dr Shannon — 700 N. Fulton Ave.

F 53881

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3502 Kenwick Road Ward 13-6)

Length of residence in city or town where death occurred 46 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jennie Burke.

(a) Residence: No. 3502 Kenwick Road St. ..... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow.

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frances M. Burke.

6. DATE OF BIRTH (month, day, year) Unknown.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME John Porter

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Ella Moore.

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Walter Burke.
(Address) 3502 Kenwick Road.

18. BURIAL, CREMATION, OR REMOVAL
St. Mary's Govans Date Jan 12, 1939

19. UNDERTAKER Chenoweth & Son.
(Address) 3615-17 Chestnut Ave

20. Filed JAN 11 1939 19... Registrar. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9, 1939

22. I HEREBY CERTIFY, That I attended, deceased from Sept. 26, 1938 to Jan 9, 1939

I last saw her alive on Jan 9, 1939 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

Left Hemiplegia

Hypostatic Pneumonia

Date of onset

Other contributory causes of importance:

Chr. Nephritis.

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation none

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Hope E. Shannon, M. D.

(Address) 700 N. Fulton Ave

53882 HEALTH DEPARTMENT—CITY OF BALTIMORE F 53882

CERTIFICATE OF DEATH 181

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Rear 2000 block Washington St., Block 7 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Edward Leisher

(a) Residence: No. 1328 W. Baltimore St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Ma.	Wh.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E Leisher

6. DATE OF BIRTH (month, day, year) Apr. 24 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Montgomery Co (State or country) Maryland.

FATHER

13. NAME Edward Leisher

14. BIRTHPLACE (city or town) Monty Co (State or country) Maryland.

MOTHER

15. MAIDEN NAME Anna Turner.

16. BIRTHPLACE (city or town) Monty Co (State or country) Maryland.

17. INFORMANT Mary E Leisher

(Address) 328 W Baltimore St

18. BURIAL, CREMATION, OR REMOVAL

Place Ivy Hill Cemetery Date Jan 11 1939

19. UNDERTAKER Durnard & Funk

(Address) 1927 Edmondson Ave

FILED JAN 11 1939 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
3rd degree burns (Body)	
Other contributory causes of importance	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accidently Date of injury Jan 7, 1939

Where did injury occur? Vacant Lot 2000 block Washington Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Vacant Lot.

Manner of injury Clothing ignited from fire

Nature of injury 3rd degree burns body

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) M Hanna Coroner M. D.

(Address) 1828 W Baltimore St

ANTI 1939

V S 6

53883

HEALTH DEPARTMENT—CITY OF BALTIMORE

53883

CERTIFICATE OF DEATH

✓ 46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1510 N Broadway St. 8-6 Ward)

Length of residence in city or town where death occurred 70 yrs. 6 mos. 23 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Doerflein

(a) Residence: No. 1510 N Broadway St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Conrad Doerflein

6. DATE OF BIRTH (month, day, year) June 14th 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Bode

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Sophia Doerflein
(Address) 1510 N Broadway

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date Jan 13th 1939

19. UNDERTAKER Geo Schillinger & Sons
(Address) 1124-26 E Monument St Use Airport

20. FILED ..... 19..... Registrar.

JAN 11 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 10 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1 1938 to Jan 10 1939.

I last saw her alive on Jan 9 1939 Death is said to have occurred on the date stated above, at 5a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
Diabetes	
Arteriosclerosis	
Other contributory causes of importance:	
Cystitis	
Gangrene of Right foot	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Sol Smith M. D.

(Address) 1213 E. North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

146-B

E 53884

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 1 E-W) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR ...

2. FULL NAME George Joseph

(a) Residence: No. 215 Norris St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Felia

6. DATE OF BIRTH (month, day, year) 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (10 yrs)

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Czechoslovakia

MOTHER FATHER

13. NAME George Joseph

14. BIRTHPLACE (city or town) (State or country) Czechoslavakia

15. MAIDEN NAME Sophia ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Sacred Heart Cem. Date 1/7, 1939

19. UNDERTAKER John J. Fahey & Sons
(Address) 1314 Light St.

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 1-5, 1939

22. I HEREBY CERTIFY, That I attended deceased from 11-16, 1938, to 1-5, 1939

I last saw h[illegible] alive on 1-5, 1939. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach ?	?
Arteria sclerosis	?
Broncho pneumonia	few days
Other contributory causes of importance:	
Carbuncles chest and back	few weeks

Was an operation performed? Yes Date of 12/15 & 12/30/38

For what disease or injury? Carbuncles

Name of operation Excision carbuncles

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. L. Woodward Jr. M. D.

(Address) Balto City Hosp.

Dec 11 1939 Huntington Williams, M.D.

3885

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53885

CERTIFICATE OF DEATH

3294 (M3) 83-23

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Felix

If U. S. Veteran specify WAR

(a) Residence: No. 1437 E. Fayette St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 6 -- 1900

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
38	38	7	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Puerto Rico
(State or country)

13. NAME August

14. BIRTHPLACE (city or town) Porto Rico
(State or country)

15. MAIDEN NAME Gloria Quiness

16. BIRTHPLACE (city or town) Porto Rico
(State or country)

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Cem. Date 1/11, 1939

19. UNDERTAKER John Fahey & Son
(Address) 130 Light St.

20. FILED JAN 11 1939, Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 - 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from 11 - 4, 1938, to 1 - 3, 1939

I last saw h/m alive on 1 - 3, 1939. Death is said to have occurred on the date stated above, at 2.55 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tabo-paresis	
urinary retention	
uremia	
Pulmonary tuberculosis	
Other contributory causes of importance:	

Was an operation performed? yes Date of 12/31/38

For what disease or injury? Urinary Retention

Name of operation Supra pubic cystostomy

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. K. Woodward, M. D.

(Address) Balto. City Hosp.

EKL

56418 F 53886

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53886

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 16-2 St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Silas Fox Whatcoat

(a) Residence: No. 1204 Whatcoat St., ... Ward. Oster 2
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) 6-29-22

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	16	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Scrub girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER OR FATHER

13. NAME Charles Fox

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Martha Koontz

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date 1/14, 39

19. UNDERTAKER Thomas E. Kelso
(Address) 1303 Druid Hill Ave

20. FILED JAN 11 1939, 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1938 to Jan 8, 1939

I last saw him alive on Jan 8, 1939 Death is said to have occurred on the date stated above, at 12:05 A m.

The principal cause of death and related causes of importance were as follows:	Date of onset
Acute rheumatic fever	3 wks
Rheumatic pancarditis	5 yrs
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Hermann Bilingsley, M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

53887 CERTIFICATE OF DEATH ✓ F 53887

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon. Hosp. St. 14-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Cora Newsome

If U. S. Veteran specify WAR .....

(a) Residence: No. 2138 Division St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
F	cd	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jordan Newsome

6. DATE OF BIRTH (month, day, year) 1908

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
31	30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C.O.?

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Wm Deloatch

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Rebecca Mitchell

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Jordan Newsome

(Address) 2138 Division St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 1/11 1939

19. UNDERTAKER Thomas E. Kelly

(Address) 1303 Pleasant

20. FILED JAN 11 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 1-8- 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-2- 1939 to 1-8- 1939

I last saw he alive on 1-8-39 Death is said to have occurred on the date stated above, at 6.20 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Essential Hypertension	?
Other contributory causes of importance:	
Broncho-pneumonia	1-4-39

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. E. Maloney M. D.

(Address) Provident Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53888

CERTIFICATE OF DEATH

F 53888

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1939 Penna. Ave St. Penna. Ave 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Bertha Powell

If U. S. Veteran specify WAR

(a) Residence: No. 1939 Penna ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew James Powell

6. DATE OF BIRTH (month, day, year) July 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Lancaster Co. Penna

FATHER

13. NAME George Woods

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Kittie Davenport

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Alice Smith

(Address) 553 Bloom St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 1/13 19 39

19. UNDERTAKER Thomas E. Kelsey

(Address) 1303 Pennsylvania Ave

20. FILED JAN 11 1939 19

Registrar.

E K

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-9- 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 25 1938 to Jan. 9- 1939

I last saw her alive on 1-9- 1939 Death is said to have occurred on the date stated above, at 3:2 P m.

The principal cause of death and related causes of importance were as follows:

Nephritis — Date of onset unknown

Other contributory causes of importance:

Myocarditis — unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Laboratory & physical examination

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank A Saunders M. D.

(Address) 1919 N. Stricker St.

889

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 53889

CERTIFICATE OF DEATH

92-a CC

Registered No. 1872

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2538 Fait Ave. St.) (13 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Dziennik (or Aleksandrowicz) U. S. Veteran (specify WAR)

(a) Residence: No. 2538 Fait Ave. St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Frank Dziennik

6. DATE OF BIRTH (month, day, year) 879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
60	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME John Marcenkwicz

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Constantine Aleksandrowicz

(Address) 2542 Fait Ave. City

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date 1/12 39

19. UNDERTAKER John J. Pinda

(Address) 2324 Hudson St Huntingdon Milwaukee, Wis.

20. FILED JAN 11 1939

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 7 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	1 Week

Other contributory causes of importance: Valvular heart disease 6 Months

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation Clinical Date of ...

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Broadway

56

HEALTH DEPARTMENT—CITY OF BALTIMORE

53890 CERTIFICATE OF DEATH ✓ 13 | F 53890

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1839 N. Carolina St. 8-5 Ward)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

If U. S. Veteran specify WAR

2. FULL NAME Marsha A Connelly

(a) Residence: No. 1839 N Caroline St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm J. Connelly

7. DATE OF BIRTH (month, day, year) March 11-1844

AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	74	9	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Richard McAleese

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Marsha E. Broom

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Hiram C Beake (Daughter)

(Address) 1839 N Caroline St

18. BURIAL, CREMATION, OR REMOVAL

Place Kirk Leath. Date Jan 12 1939

19. UNDERTAKER John A. McShan

(Address) 1005 E. Baltimore St.

20. FILED JAN 11 1939 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 6, 1939 to January 9, 1939

I last saw her alive on January 8, 1939 Death is said to have occurred on the date stated above, at ..m.

The principal cause of death and related causes of importance were as follows:	Date of onset
Arterio Sclerosis, Hypertension	4 d
myocarditis	4 d
and Decompensation of Heart	1 day
Other contributory causes of importance:	
Chronic Interstitial Nephritis	4 d

Was an operation performed? NO Date of

For what disease or injury?

Name of operation None What test confirmed diagnosis Hemoglobin - Sp Gr Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Thos. F. A Stevens M. D.

(Address) 2878 Harford Rd

3891

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53891

CERTIFICATE OF DEATH

✓ 124-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4000 Liberty Hgts Ave 15-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Ellen Knell

(a) Residence: No. 4000 Liberty Hgts St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Knell

6. DATE OF BIRTH (month, day, year): Mar 25 1851

7. AGE: Years 87 | Months 2 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

13. NAME: Mrs Mary

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

15. MAIDEN NAME: Mary Hemmerman

16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: Mrs. K. Knell

(Address): Home of Funeral Director

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Jan 12, 1939

19. UNDERTAKER: Licensed Embalmer

(Address): North Ave

FILED JAN 11 1939 Huntington Williamson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10/39, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1935, to Jan 10/39, 19

I last saw her alive on Jan 9, 1939. Death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

		Date of onset
Arterio-sclerosis		2 years
Cirrosis of liver	about	1 yr. over
Myocarditis	about	1 yr. duration
		Jan 1/39

Other contributory causes of importance:

Jaundice

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Walter S. Tebbett M. D.

(Address) 2220 Harford Blvd

53892

HEALTH DEPARTMENT--CITY OF BALTIMORE

53892

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5002 Frederick Road 28-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sophia D. Hazeltine

(a) Residence: No. 5002 Frederick ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single ✓

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 1873

7. AGE 66 Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lady
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Washington D.C.
(State or country)

FATHER

13. NAME Mayo W. Hazeltine

14. BIRTHPLACE (city or town) Baltimore
(State or country)

MOTHER

15. MAIDEN NAME Sophia Dallas

16. BIRTHPLACE (city or town) Penna.
(State or country)

17. INFORMANT Paul E. Johnston

Address 803 Woodward Bldg. Wash. D.C.

18. BURIAL, CREMATION, OR REMOVAL Pleasantville Cem.

Place Atlantic City N.J. Date Jany 12, 1939

19. UNDERTAKER John C. Mitchell Sons

(Address) 1600 Eutaw Place

FILED JAN 11 1939 Thurston Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1937 to June 10, 1939.

I last saw her alive on June 10, 1939. Death is said to have occurred on the date stated above, at 8-45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronal thrombosis + Hemiplegia	
duration	

Other contributory causes of importance:

Hypertensive Degeneration

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Wynne V. Conway, M. D.

(Address) 5002 Frederick Rd City

53893

HEALTH DEPARTMENT—CITY OF BALTIMORE

53893

CERTIFICATE OF DEATH

13-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1013 Chapel St. 7-4 Ward)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ida Williams

(a) Residence: No. 1013 Chapel St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Andrew Williams

6. DATE OF BIRTH (month, day, and year): Dec 29-1899

7. AGE: Years 39 | Months 0 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

FATHER

12. BIRTHPLACE (city or town) (State or country): Wilmington N.C.

13. NAME: Preston Lightstone

14. BIRTHPLACE (city or town) (State or country): N C

MOTHER

15. MAIDEN NAME: Lucas Hattie Liggott

16. BIRTHPLACE (city or town) (State or country): N C

17. INFORMANT (Address): Andrew Williams 1013 Chapel St

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Calvery Date 1-11- 39

19. UNDERTAKER: Mrs N. D. Elliott-Daughter (Address) 1129 N. Carolina St

Huntington Williams, M.D. Registrar

20. DATE RECEIVED: JAN 11 1939

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 7 39

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) and from the evidence (Inquest, Autopsy or Inquiry) died that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Apoplexy — Date of onset Jan 6 1939

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Wasserman Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ..

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) George S. Allen M. D.

(Address) 50 Bloomingdale St

HEALTH DEPARTMENT—CITY OF BALTIMORE

53894

53894

CERTIFICATE OF DEATH

V 108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 432 W. Henrietta St. 22-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas Marshall

(a) Residence: No. 432 W. Henrietta St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	C	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Marshall

6. DATE OF BIRTH (month, day, year) 12-25-1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	0	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Darlington S.C.

MOTHER FATHER

13. NAME Daniel Kirkman

14. BIRTHPLACE (city or town) (State or country) S.C.

15. MAIDEN NAME Mary Allen

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Thomas Marshall (Address) 432 W. Henrietta

18. BURIAL, CREMATION, OR REMOVAL

Place Lemar Cem. Date 1/17 1939

19. UNDERTAKER Lane & Elgin & Son (Address) 832 W. Belmont

Filed 19 Registrar.

JAN 17 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1939 to Jan 10 1939

that I last saw h[illegible] alive on Jan 10 1939 Death is said to have occurred on the date stated above, at 8:30 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1/1/39
Other contributory causes of importance: None	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John W. Gaines M. D.

(Address) 615 S. Paca St

53895

HEALTH DEPARTMENT—CITY OF BALTIMORE

53895

CERTIFICATE OF DEATH

159 40691-FS

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 23-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds. life

2. FULL NAME Baby Boy Fischer If U. S. Veteran specify WAR .....

(a) Residence: No. 49 E. Heath St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-7-39

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0		1	35

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Edward

14. BIRTHPLACE (city or town) (State or country) N. Dakota

MOTHER

15. MAIDEN NAME Lois Duke

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B.C.H. Records
(Address)

18. ~~BURIAL~~ CREMATION ~~OR REMOVAL~~
Place Balt. City Hosp. Date 1-11- 1939

19. UNDERTAKER .....
(Address)

20. JAN 11 1939 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 7 1939 to Jan 8 1939

I last saw ~~him~~ alive on ~~Jan 7 1939~~ Jan 8 1939. Death is said to have occurred on the date stated above, at 7.45 P.m.

The principal cause of death and related causes of importance were as follows: Prematurity — Date of onset

Other contributory causes of importance: None

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. W. Duncan Jr. M. D.

(Address) Baltimore City Hospitals

E 53896

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 53896

CERTIFICATE OF DEATH

159

DEK--40408

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 1-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

N B

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Baby Girl Brunner

(a) Residence: No. 2704 Elliott St. St., ...Ward.....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-30-38

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
10 days	0	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Barbara Seneak

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records

(Address)

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~

Place Balt City Hosp Date 1-11- 19 39

19. UNDERTAKER

(Address)

20. FILED JAN 11 1939 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/9 . 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1938, to Jan 9, 1939.

I last saw her alive on Jan 9, 1939. Death is said to have occurred on the date stated above, at 1:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date at onset
Prematurity	
Other contributory causes of importance:	
Atelectasis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Asst Phys, M. D.

(Address) Balto City Hospitals

F 53897 HEALTH DEPARTMENT—CITY OF BALTIMORE F 53897

CERTIFICATE OF DEATH

82-13

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 107 N. Streeper St. 6-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Suzanna Fremont Tarbuk
If U. S. Veteran specify WAR .....

(a) Residence: No. 107 N. Streeper St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emile Tarbuk

6. DATE OF BIRTH (month, day, year) March 29, 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	9	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) France

FATHER
13. NAME Fremont
14. BIRTHPLACE (city or town) (State or country) France

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Husband Emile Tarbuk
(Address) 107 N. Streeper

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 12 1939

19. UNDERTAKER Frank V. Pipitone
(Address) 29 S. E. Balto

20. FILED JAN 11 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30 1937 to Jan 10 1939
I last saw her alive on Jan 7 1939 Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	
1 hour	

Other contributory causes of importance:
Hypertension yrs. — 2 years
Arterio-Sclerosis duration

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? Found Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) E. V. Kelly M. D.
(Address) 100 N. Linwood Ave

53898

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53898

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 593 Orchard St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Martha V. Mason

If U. S. Veteran specify WAR

(a) Residence: No. 593 Orchard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of / WIFE of John Mason

6. DATE OF BIRTH (month, day, year) Sept 27, 1884

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
54	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Charles Robinson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mildred Parker

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Fannie Mason

(Address) 593 Orchard St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 1/13 1939

19. UNDERTAKER Edward Foulkes

(Address) Druid Field

20. FILED JAN 11 1939 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 10 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1939 to Jan 10, 1939

I last saw her alive on Jan 10, 1939. Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

1939

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

High blood Pressure

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address) 924 Madison Ave

38989 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓ E 53899

CERTIFICATE OF DEATH

59

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1201 McHenry St. St. 19-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Katherine J. Reich

(a) Residence: No. 1701 McHenry St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Charles F. Reich

6. DATE OF BIRTH (month, day, year) March 14-1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Charles E. Williams

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Matilda Kramer

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. H. E. Myles

(Address) Catonsville Md.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 13 1939

19. UNDERTAKER Geo. Zepp & Sr

(Address) 1512 Baltimore St

20. FILED 1-11-1939 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11, 1939.

22. I HEREBY CERTIFY, That I attended deceased from April 5 1937 to Jan 11 1939.

I last saw her alive on Jan 10, 1939 Death is said to have occurred on the date stated above, at 605 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	2 days
Cardio-Vascular disease	30 yrs
Pulmonary Edema	2 wks

Other contributory causes of importance:

Nephritis

Diabetes

Was an operation performed? No Date of

For what disease or injury? No

Name of operation No

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel V. Nelson M. D.

(Address) 1120 St Paul St

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

53900

CERTIFICATE OF DEATH

93-D F 53900

Registered No.

1. PLACE OF DEATH 3016 O'Donnell St. 1-1

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie Ketchum (Anna)

(a) Residence: No. 2816 Elliott St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	W	married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: CHARLES KETCHUM

6. DATE OF BIRTH (month, day, year): JULY 21 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: HOUSE WORK AT HOME

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): BALTO. MD.

FATHER

13. NAME: JOJHN HOHN

14. BIRTHPLACE (city or town) (State or country): B ALTO. MD.

MOTHER

15. MAIDEN NAME: MARY KUB B LLE

16. BIRTHPLACE (city or town) (State or country): BALTO. MD.

17. INFORMANT: CHARLES KETCHUM

(Address): 2816 ELLIOTT ST

18. BURIAL, CREMATION, OR REMOVAL

Place: MT. CARMEL Date: JAN 12 19 39

19. UNDERTAKER: Lilly & Zeilor

(Address): 403 S. BOND ST.

20. FILED JAN 11 1939 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 8 . 1939

22. I HEREBY CERTIFY, That I attended deceased from June . 1938 to January . 1939

I last saw her alive on Jan. 7 . 1939. Death is said to have occurred on the date stated above, at 1 30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertention and Myocardial Insuffici	Un-
Kidney	Knon

Other contributory causes of importance:

Name of operation: none Date of:

What test confirmed diagnosis? Sys. Ex Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: NONE

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? no If so, specify: none

(Signed) J. A. Rosenblatt M. D.

(Address) 3018 O'Donnell St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

53901 F 53901

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto. City Hospital Registered No. 1872

CITY OF BALTIMORE: (No. Bay View 26 St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME James Brown

(a) Residence: No. 5 Highland Ave. Curtis Bay St., 7 Ward. Anne Arundel Co.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color of Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Joseph Brown

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place E. Mathe Date Jan. 11 1939

19. UNDERTAKER Lilly & Zeiler Inc

(Address) 403 N. Wolfe St.

JAN 11 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 days
Carcinoma of Larynx	3 Months

Other contributory causes of importance:

Was an operation performed? Yes Date of Jan. 6-1939

For what disease or injury? Carcinoma of Larynx

Name of operation Tracheotomy Date Jan 6 1939

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury March 3 1938

Where did injury occur? Not known (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury not known

Nature of injury Fracture neck right femur

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood Coroner M. D.

(Address) 1712 N. Broadway

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

53902 94-3F 53902

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 E. Montgomery St. 22-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Oscar M. Murphy

(a) Residence: No. 110 E. Montgomery St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nena V. Murphy

6. DATE OF BIRTH (month, day, year) Nov. 17, 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	1	23 ?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Material Distributor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. 873

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

FATHER

13. NAME French A. Murphy

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ella Crawford

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT French T. Murphy
(Address) 110 E. Montgomery

18. BURIAL, CREMATION, OR REMOVAL
Place Louden Pk. Date Jan. 12, 1939

19. UNDERTAKER John F. Dennis, Inc.
(Address) 715 Light Street William M. Marsch

JAN 11 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 9, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1/9/39

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) S. Litton M. D.
Coroner

(Address) 1504 E. Chase Street

V S 6

53903

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-F 53903

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2323 Greenmount Ave Ward) 9-8

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edward M Murphy

(a) Residence: No. 2323 Greenmount Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia A Murphy

6. DATE OF BIRTH (month, day, year) Oct 28 1859

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
79	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Stephen Murphy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Dorgan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Julia A Murphy

(Address) 2323 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Jan 13. 1939

19. UNDERTAKER William M Marsch

(Address) 215 Light St

20. FILED Hunter for Williams Registrar.

JAN 11 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10 . 1939

22. I HEREBY CERTIFY That I attended deceased from March 29 38 to Jan 10 1939

I last saw h[illegible] alive on Jan 10 1939 Death is said to have occurred on the date stated above, at 12 10 P.M.

The principal cause of death and related causes of importance, were as follows:

	Duration of onset
Carcinoma prostate gland	1937
Chronic myocarditis	1938
Heart block	1938
Metastases carcinoma lungs, Spine	1938
Other contributory causes of importance:	
Cerebral loss	1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical data Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H H Schlenger M. D.

(Address) 1600 Eutaw St Baltimore Md

HEALTH DEPARTMENT—CITY OF BALTIMORE

53904

CERTIFICATE OF DEATH

159 F 53904

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 849 W. Fayette St. 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Baby Girl Sternsdorff

If U.S. Veteran specify WAR ....

(a) Residence: No. 849 W. Fayette St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
FEMALE	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ——

6. DATE OF BIRTH (month, day, year) JAN. 10, 1939

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	—	—	—	1

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Premature baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) BALTIMORE Md.

FATHER

13. NAME Lloyd Gauss

14. BIRTHPLACE (city or town) (State or country) BALTIMORE Md.

MOTHER

15. MAIDEN NAME Lavine Cecelia Helfrich

16. BIRTHPLACE (city or town) (State or country) Cumberland Md.

17. INFORMANT Lavine C. Helfrich
(Address) 849 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date JAN 11 1939 19

19. UNDERTAKER COMMISSIONER of Health
(Address) Per H. A. Moore

(FILED) JAN 11 1939 Huntington Williams M.D. Registrar.

5.32

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN. 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from JAN. 10, 1939 to JAN. 10, 1939

I last saw her alive on JAN. 10, 1939 Death is said to have occurred on the date stated above, at 11 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	1/10/39

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? Birth Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Jas. W. Blumberg M. D.

(Address) 2000 Hollins St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

53905

CERTIFICATE OF DEATH

82-a F 53905

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2415 E. Fayette St. St. 6-2 Ward)

Length of residence in city or town where death occurred 64 yrs. 0 mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME MARY CHRISTINA GERDING

(a) Residence: No. 2415 E. Fayette St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis H. Gerding

6. DATE OF BIRTH (month, day, year) Jan. 8, 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	0	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME John Hoffman

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary A. Dougherty

16. BIRTHPLACE (city or town) Don't know (State or country)

17. INFORMANT Mr. Louis H. Gerding
(Address) 2415 E. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Oak Lawn, Balto. Co. Date Jan. 14, 1939

19. UNDERTAKER John Ulland
(Address) 1008 Orleans St

20. FILED JAN 11 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1938, to Jan 11, 1939.

I last saw her alive on Jan 10, 1939. Death is said to have occurred on the date stated above, at ... a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Arterial Hypertension	
Chronic Interstitial Nephritis	
Cerebral Apoplexy	
Other contributory causes of importance: Pneumococcic Bronchopneumonia	
Myocardial Insufficiency	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. L. Geyer M. D.

(Address) 156 N. Milton Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

53906

CERTIFICATE OF DEATH

93-CF 53906

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5100 Eugenia Ave 27-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Elizabeth Snyder

If U. S. Veteran specify WAR

(a) Residence: No. 5100 Eugenia Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Snyder

6. DATE OF BIRTH (month, day, year): Feb. 27, 1864

7. AGE: Years 73 | Months 11 10 | Days 17 13 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. [illegible] Leonard

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Mary Clary

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: [illegible] W. L. Snyder

(Address): 5100 Eugenia Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: New Cathedral Date: Jan 13 19 39

19. UNDERTAKER: John Ulbrich

(Address): 2008 Orleans St

20. [illegible] Huntington Williams H.P.

JAN 11 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1939 to Jan. 10, 1939

I last saw h[illegible] alive on Jan. 10, 1939 Death is said to have occurred on the date stated above, at 2:35 P m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 1/9/39

Chronic Myocarditis — Date of onset Years

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) F. E. Kodoy M. D.

(Address) 4700 Sheldon Ave

53907

HEALTH DEPARTMENT—CITY OF BALTIMORE

39-P87 abv ee

108 F 53907

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH St. Agnes Hospital
CITY OF BALTIMORE: (No. Wilkens & Caton aves. 9-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William E. Houser (HOUSER) If U. S. Veteran specify WAR

(a) Residence: No. 19 S. Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE) Anna Marie Houser

6. DATE OF BIRTH (month, day, year) June 16, 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Poultry Dealer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0045
10. Date deceased last worked at this occupation (month and year) Jan. 5, 1939
11. Total time (years) spent in this occupation 1 1/2

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER
13. NAME Harry H. Houser
14. BIRTHPLACE (city or town) (State or country) Washington Co. Md.

MOTHER
15. MAIDEN NAME Florence Ford
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Laura Bridel (sister)
(Address) 1217 N. Ellwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Jan. 12, 1939

19. UNDERTAKER W. Howard Evans per L.E.E.
(Address) 1400-02 E. Baltimore St.

20. FILED JAN 11 1939 Registrar Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-9- 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7. 1939. to Jan. 9 1939.
I last saw him alive on Jan. 9 1939. Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia, left lung, (and lower R. lung. (type 7)	
Other contributory causes of importance: Epitasis Leprosia.	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph E. Muse Jr. M. D.
(Address) St. Agnes Hospital

39-P88
abe/cee

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 53908

CERTIFICATE OF DEATH

95-B

E 53908

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Church Home & Infirmary N. Broadway St. 25-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 58yrs mos da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

2. FULL NAME Mrs Catherine Holmes
(a) Residence: No. 512 Patapsco Ave. St., Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mr Jacob Holmes

6. DATE OF BIRTH (month, day, year) Nov 23, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	1	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None (At Home)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER
13. NAME Christian Isenhardt
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Elizabeth Emert
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Elizabeth Young (daughter)
(Address) 512 Patapsco Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Balto Md. Date Jan. 14, 1939
19. UNDERTAKER F. Howard Evans 1400 E. Lombard St.
(Address)

20. FILED JAN 11 1939 19 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/10/39, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/5/39, 19, to 1/10/39, 19
I last saw her alive on 1/10/39, 19. Death is said to have occurred on the date stated above, at 5-10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobular pneumonia	1/3/39
Other contributory causes of importance: Arteriosclerotic hypertensive cardiovascular disease	3yrs ago

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) F. D. Whitmore, M. D.
(Address) F. D. Whitmore
Church Home & Infirmary

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53909

CERTIFICATE OF DEATH 40081 MB 53-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 19-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ella Wood

If U. S. Veteran specify WAR .....

(a) Residence: No. 1400 McHenry St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William A.

6. DATE OF BIRTH (month, day, year) 2/ 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	67	11	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME James Brooks

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Ellen ?

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 1-13-39 19

19. UNDERTAKER Frederick A. Cole
(Address) 120 W Lexington St

20. FILED ..... 19 ..... Registrar.

JAN 14 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-10 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-18 1938 to 1-10 1939

I last saw her alive on 1-10 1939 Death is said to have occurred on the date stated above, at 10:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of unknown primary site with cerebral & bony metastasis	Unknown
Other contributory causes of importance: Pathological fractures femur	?

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? None If so, specify .....

(Signed) L K Woodward Jr. M. D.

(Address) Dr. Cor. City Hosp

910

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53910

CERTIFICATE OF DEATH

131

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3849 Wilkens Ave. St. 25-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna M. Brender

(a) Residence: No. 3849 Wilkens Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles A. Brender

6. DATE OF BIRTH (month, day, year) June 20, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0031

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Bernard Kroger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Bernadine Becker

(Address) 1845 W. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 1-12-39

19. UNDERTAKER Frederick A. Dole

(Address) 1700 W Lombard St

20. Filed JAN 11 1939 Theodore McKeldin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1938, to Jan 8, 1939

I last saw her alive on Jan 8, 1939. Death is said to have occurred on the date stated above, at 5.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis Angina pectoris	?
Other contributory causes of importance: Cerebral (Senile)	

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Thos W. Kaldenberg M. D.

(Address) 1106 W Baltimore

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53911

CERTIFICATE OF DEATH 40622 (MB) aF 53911

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 9-7 82 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alvin Wilkerson

If U. S. Veteran specify WAR

(a) Residence: No. 2547 Garrett Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Maggie

6. DATE OF BIRTH (month, day, year) 9/13/1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Daniel

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Alice Howard

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Where Loudon Park Date 1/14 1939

19. UNDERTAKER J. McCoy & Sons
(Address) 1310 E. Fayette

20. FILED 19 Huntington Williams Registrar

JAN 11 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 5, 1939. January 11, 1939

I last saw him alive on January 11, 1939. Death is said to have occurred on the date stated above, at 8 25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-8-39
Other contributory causes of importance: Cerebral hemorrhage	12-30-38

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. A. de Lauballe M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 53912 — 95-B — F 53912

1. PLACE OF DEATH Church Home & Infirmary. Registered No.

CITY OF BALTIMORE: (No. 20-8 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 10 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Catharine Lanehart. If U. S. Veteran specify WAR

(a) Residence: No. 128 Carlton Ave St., Ward —
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Daniel J. Lanehart.

6. DATE OF BIRTH (month, day, year) Feb. 4 1873.

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
65	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife O.O.W.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry Otto.

14. BIRTHPLACE (city or town) (State or country) Denmark.

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Denmark.

17. INFORMANT David J. Lanehart
(Address) 128 N. Carlton Ave

18. BURIAL, CREMATION, OR REMOVAL. Place Woodlawn Cem. Date 1/14 1939

19. UNDERTAKER Wm. Cook & Son
(Address) 1217 E. Monument St.

20. DATE RECEIVED JAN 11 1939 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-11 1939.

22. I HEREBY CERTIFY, That I attended deceased from Dec. 29th 1938, to Jan. 11 1939.

I last saw h.&.y. alive on Jan. 11 1939. Death is said to have occurred on the date stated above, at 5:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	1 3 days.
Bronchopneumonia.	8 days.

Other contributory causes of importance:

Hypertension. Cardio-vascular disease.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) F. A. Whitmarsh M.D. M. D.

(Address) Church Home & Infirmary

HEALTH DEPARTMENT—CITY OF BALTIMORE

53913

CERTIFICATE OF DEATH

92-A F 53913

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1633 Poplar Grove St., 45-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mamie A O'Farrell

(a) Residence: No. 1633 Poplar Grove St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND (or) WIFE of Edward J O'Farrell

6. DATE OF BIRTH (month, day, year) Jan 23, 1886

7. AGE: Years 52 | Months 11 | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Wilson Collins

14. BIRTHPLACE (city or town) (State or country) Crisfield Md

MOTHER

15. MAIDEN NAME Mary Kelly

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Edward J O'Farrell

(Address) 308 N Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 1/13 '39

19. UNDERTAKER W M Corby & Sons

(Address) 1217 Pennsylvania Ave

20. FILED JAN 11 1939 By Hattie Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1939 to Jan 10, 1939

I last saw h alive on Jan 5, 1939 Death is said to have occurred on the date stated above, at 3.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart dis	1921
Other contributory causes of importance: Cardiac asthma	1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, where?

(Signed) Ernest H Rahn M. D.

(Address) 1732 Pennsylvania Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53914

CERTIFICATE OF DEATH

93-cF 53914

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1812 Linden Ave. St., 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jesse S. Vogt

(a) Residence: No. 1812 Linden Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie T. Vogt

6. DATE OF BIRTH (month, day, year) May 10, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Vogt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Baldwin

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Bessie T. Vogt
(Address) 1812 Linden Av.

18. BURIAL, CREMATION, OR REMOVAL
Place MORELAND MEM. Date JAN 12. 1939

19. UNDERTAKER WILLIAM COOK
(Address) 1217 ST. PAUL ST.

19 Huntington Williams, M.D.
Registrar.

20. FILED JAN 11 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 9, 1939 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came
His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so,

(Signed) Coroner M. D.

(Address)

53915 E 53915

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

184

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Franklin Square Hsp St. 9-W Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward C. Rexroade
If U. S. Veteran specify WAR

(a) Residence: No. 529 W Fayette St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Ma	Wh	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 17. 1915.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	9 10	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Counterman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lunch room
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va.

FATHER
13. NAME Paul Rexroade
14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER
15. MAIDEN NAME Kermie Hevener
16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Paul Rexroade
(Address) Harrisonburg Va.

18. BURIAL, CREMATION, OR REMOVAL
Place Harrisonburg Va Date Jan 11 1939

19. UNDERTAKER Harry H Hyde
(Address) 410 Edgewood Lane Huntington West Va

FILED JAN 11 1939

VSB

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10. 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Compound Fracture Skull	
(Gunshot)	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Jan 10. 1939.

Where did injury occur? 10 N. Stockton St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public

Manner of injury Carless handling of pistol

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Hanna, M. D.
Coroner

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

53916

CERTIFICATE OF DEATH

94-B-1 53916

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 8-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME John Bayerlein

(a) Residence: No. 1515 N. Dunbar St., Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~ of) Lillie Bayerlein

6. DATE OF BIRTH (month, day, year) April 7, 1875.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME ...

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Lillie Bayerlein

(Address) 1515 N. Dunbar St.

18. BURIAL, CREMATION, OR REMOVAL Western Cemetery Date 1-12-39 19

19. UNDERTAKER Wendell E. Humphreys

(Address) 5-01 W. Broadway Huntington, West Virginia

20. FILED JAN 11 1939

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 9, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Paul Schreiber Coroner, M. D.

(Address) Coroner

53917 F 53917

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St. 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 14 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR ...

2. FULL NAME Mary Freis

(a) Residence: No. Shrupshire Md. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Freis

6. DATE OF BIRTH (month, day, year) 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 1037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) ...

FATHER

13. NAME William Cox

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Catherine Otto

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Shrupshire Date Jan 14 1939

19. UNDERTAKER Edith V. Spot Md
(Address) Wallersville Md

20. FILED JAN 12 1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 27, 1938, to January 11, 1939

I last saw h[illegible] alive on January 11, 1939 Death is said to have occurred on the date stated above, at 4 30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiovascular failure	Jan 10
Acidosis	Jan 9
Septicemia, Streptococcus Hemolyticus	Jan 5
Other contributory causes of importance:	
Carcinoma Breast, L. Mastectomy	Dec 29
Post operative - Anteriorelectis	7

Was an operation performed? yes Date of Dec 28. 1938

For what disease or injury? Carcinoma, L. Breast

Name of operation Radical Mastectomy, Left

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John A Wagner M. D.

(Address) University Hospital

53918

HEALTH DEPARTMENT—CITY OF BALTIMORE

53918

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Current Hospital Ward) 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Edward Banks

If U. S. Veteran specify WAR .....

(a) Residence: No. 1227 Penna Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 1880

7. AGE — Years: 59 | Months: — | Days: — | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ...

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Trappe Md

FATHER

13. NAME: Frank Banks

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Eliza Eugene

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): William T Banks 1227 Penna Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Auburn Cemet Date: Jan 12 1939
Authority

19. UNDERTAKER: Ritter & Wilson
(Address): 1000 Pratt St

20. FILED ... 19 ... Registrar

JAN 12 1939
Mt Auburn Cemetery

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-9-39

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence adduced by said inquest (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Apoplexy	1/9/39

Other contributory causes of importance: .....

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signature) George L Allen M. D.

(Address) 350 Pratt St

M. D. B. 1208-9

Disher

F 53919

53919 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH Franklin Sq Hosp 1-1

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 years yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Katherine Disher

(a) Residence: No. 703 S. Robinson St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	M.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry F Disher

6. DATE OF BIRTH (month, day, year) July 4 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edwin Langham

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) [illegible]

17. INFORMANT Harry F Disher

(Address) Catonsville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Meadowridge Cem Date Jan 14 19

19. UNDERTAKER Howard K McGeary

(Address) Glen Burnie Md

20. FILED ..... 19 ..... Registrar.

1 21 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11, 1939 Dec'd was not

22. I HEREBY CERTIFY, That I attended deceased from Dec 27 19 38 to Jan 11 19 39

I last saw h.. alive on Jan 11 19 39 Death is said to have occurred on the date stated above, at 10 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A Friedman, M. D.

(Address) Franklin Sq Hosp

920

HEALTH DEPARTMENT—CITY OF BALTIMORE

53920

CERTIFICATE OF DEATH

√ 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secour Hosp. St. 1900-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth J Day

(a) Residence: No. 1809 W Mulberry St Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of late Lancey Day

6. DATE OF BIRTH (month, day, year) July 27 1888

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
50	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Michael J Hickey

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Bridget Reilly

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Mrs John M Day (Address) 1809 W. Mulberry St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Cathedral Date 1/13/ 1939

19. UNDERTAKER John J Cowan & Son (Address) 1918 Eutaw Pl

20. FILED ..... 19..... Registrar. .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10 , 1939

22. I HEREBY CERTIFY, That I attended deceased from May 9 , 1938 to Jan 10 , 1939

I last saw h[illegible] alive on Jan 10 , 1939. Death is said to have occurred on the date stated above, at 9:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilat	Jan 10
Chr Hypertension	5/9/38
Chr Int Nephritis	5/9/38

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Chas J Chantler M. D.

(Address) 301 N Paca St

VS 3

JAN 12 1939

53921

HEALTH DEPARTMENT—CITY OF BALTIMORE

53921

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Agnes Hospital

Registered No. 108

CITY OF BALTIMORE: (No. Wilkens + Caton Ave, St., 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sue Annie Martin

If U. S. Veteran specify WAR

(a) Residence: No. Linden + Arbutus Aves Halethorpe St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) December 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	77		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dressmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Charles H. Martin

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Martha E. Thompson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Elizabeth Delehay

(Address) Taylor Avenue and Halethorpe

18. BURIAL, CREMATION, OR REMOVAL

Place Pine Lethuania Date 1/14/ 1939

19. UNDERTAKER John F. Cowan Sons

(Address) 901 Fallsway

20. FILED JAN 12 1939 19...

Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) January 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 6, 1939 to January 11, 1939

I last saw her alive on January 11, 1939. Death is said to have occurred on the date stated above, at 8:55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia, Rt lung (Type - 3)	1 wk.

Other contributory causes of importance:

Was an operation performed? No. Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Joseph E. Muse Jr. M. D.

(Address) St. Agnes Hospital

53922 HEALTH DEPARTMENT—CITY OF BALTIMORE F 53922

CERTIFICATE OF DEATH

Registered No. V 167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Rear of 3023 Taylor Ave St., 27-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. dr.

If U. S. Veteran specify WAR

2. FULL NAME Edward Urban

(a) Residence: No. 3023 Taylor Ave St., Ward.

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Katie Urban

6. DATE OF BIRTH (month, day, year) Oct. 15, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Keyser Furniture Co

10. Date deceased last worked at this occupation (month and year) Jan 1938

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME ? Urban

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Urban

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Caroline Meley

(Address) Taylor Ave. Hamilton P.O.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Jan 10th 1939

19. UNDERTAKER Wm Cook

(Address) 1217 E Pratt St

20. FILED 19 Registrar

JAN 10 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 7, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet Wound of head	
Other contributory causes of importance	

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide Date of injury 1/7/ 1939

Where did injury occur? Balto., Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Shot self in head with a revolver.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) Paul Schreiber Coroner, M. D.

(Address) Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

53923 53923

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 16-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lilly Stitcher (39694) If U. S. Veteran specify WAR

(a) Residence: No. 901 Fulton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 2, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ME.

FATHER

13. NAME James (D)

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary E. Shandoler

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date Jan. 14, 1939

19. UNDERTAKER Cashman, Inc.
(Address) 1017 W. Baltimore St.

20. FILED 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 5, 1938 to January 10, 1939

I last saw her alive on January 10, 1939. Death is said to have occurred on the date stated above, at 6:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	July 1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

Schloer

53924 HEALTH DEPARTMENT—CITY OF BALTIMORE 53924

CERTIFICATE OF DEATH ✓23

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St Joseph's Hosp St., 27-5 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.
If U. S. Veteran specify WAR

2. FULL NAME Frederick W. Schloer
(a) Residence: No. 4107 Northern Parkway Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 12-1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
43 44 Jrs.	0	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Formerly Fireman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fire Dept
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER
13. NAME Joseph R. Schloer
14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER
15. MAIDEN NAME Katherine Fatch
16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Joseph R. Schloer
(Address) 4107 Northern Parkway

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem Date Jan-13-1939

19. UNDERTAKER Henry Haack & Sons Inc.
(Address) 1301 E. Eager St.

20. FILED JAN 12 1939 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-10-1939

22. I HEREBY CERTIFY, That I attended deceased from 1-8-39 to 1-10-39
I last saw him alive on 1-10-39 Death is said to have occurred on the date stated above, at 4 35 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary tuberculosis of lungs (only)	?
Alcoholic Psychosis	

Other contributory causes of importance:

Was an operation performed? No Date of —
For what disease or injury?
Name of operation —
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. Roy Tanner M. D.
(Address) St. Josephs Hosp.

53925 HEALTH DEPARTMENT—CITY OF BALTIMORE 53925

CERTIFICATE OF DEATH 210-M

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hospital St., 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Nicholas DeLions

(a) Residence: No. 1148 Shields st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Not Known

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Not Known

FATHER

13. NAME: Not Known

14. BIRTHPLACE (city or town) (State or country): Not Known

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT: Wife Resides

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Arbutus Memorial Jan 13 39

19. UNDERTAKER: L. A. Jackson

(Address) 918 Decatur Ave.

20. FILED ... 19 ... Registrar

JAN 12 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 6, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest and that said deceased came (Inquest, Autopsy or Inquiry)

his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of R. Leg	
Broncho Pneumonia	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Accident Dec. Date of Injury 1938, 19...

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury crossing Myrtel Av. & Franklin St.

Nature of injury struck by Auto.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. C. Teller M. D. Coroner

(Address) 2357 W. North Ave.

E 53926

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Eutaw Place & Wilson St.

CITY OF BALTIMORE: (No. 2 Marlborough Apt. St., 14 Ward)

Length of residence in city or town where death occurred life time How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Isaac Hable

(a) Residence: No. 2 Marlborough Apt. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lottie L. Hable

6. DATE OF BIRTH (month, day, year) Feb 3, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Shoe

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Simon Hable

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Bertha Schwab

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. M Hable,
(Address) Eutaw & Pt.

18. BURIAL, CREMATION, OR REMOVAL
Pr. Balto Hebr. Cem. Date Jany 13, 1939

19. UNDERTAKER Sherd Sondheim & Co.
(Address) 1902 Eutaw Place

20. FILED ..... 19 ..... Huntington Williams, M.D. Registrar.

JAN 12 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1904 to Jan 11, 1939

I last saw him alive on Jan 11, 1939 Death is said to have occurred on the date stated above, at 8.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Jan 11 1939
Hypertension (Signs)	1920

Other contributory causes of importance:

Arteriosclerosis (Signs)	1918
Angina pectoris (coronary artcl.)	1935

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Louis T Hamburger M. D.

(Address) 1207 Eutaw Place

F 53927

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53927

CERTIFICATE OF DEATH

✓ 108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 16 Ward 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Harold Higgs

If U. S. Veteran specify WAR

(a) Residence: No. 1528 W Lanvale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 5 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1 yr 3 mo	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Arthur Higgs

14. BIRTHPLACE (city or town) (State or country) Annapolis Md

MOTHER

15. MAIDEN NAME Katie Porter

16. BIRTHPLACE (city or town) (State or country) Columbia S. C.

17. INFORMANT Arthur Higgs

(Address) 1528 W Lanvale

18. BURIAL, CREMATION, OR REMOVAL

Place [redacted] Date 1/12 1939

Mt Auburn Cem

19. UNDERTAKER T. A. Pleasants

(Address) 1202 Pennsylvania Ave

20. FILED JAN 12 1939 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-10- 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-2-39, 19 to 1-10-, 1939

I last saw him alive on 1-10-, 1939 Death is said to have occurred on the date stated above, at 8.10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia Left Lobe	?
Other contributory causes of importance:	
Leprema	?

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

M.D. (Signed) C. H. Maloney M. D.

(Address) Provident Hospital

VS 8

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53928 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH F 53928

Registered No. 94

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 232 Mallow Hill Ave St., 28 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susan E. Wicklein If U. S. Veteran specify WAR

(a) Residence: No. 232 Mallow Hill Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of late Geo. R. Wicklein

6. DATE OF BIRTH (month, day, year) Mch. 11-1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	9	2829	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Benjamin F. Hiss

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah E. Sears

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Chas. W. Belt (Address) 232 Mallow Hill

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Cem Date Jan. 12 39

19. UNDERTAKER Geo. L. Berger Jr (Address) 1512 Hollins St.

20. FILED JAN 12 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1938 to Jan 10, 1939. I last saw her alive on Jan 3, 1939. Death is said to have occurred on the date stated above, at 4:26 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	1939
Arteriosclerosis	1936

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward Davis M. D.

(Address) 1 E Madison

V0 8

53929 HEALTH DEPARTMENT—CITY OF BALTIMORE 53929

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2733 N Calvert St. St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME ALFRED E. SHARP

(a) Residence: No. 2733 N. Calvert St. St., 12 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise F. Sharp

6. DATE OF BIRTH (month, day, year) Oct. 30-1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Vice Pres. of the (08)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ladish Stoppenbach Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Brooklyn
(State or country) New York

FATHER

13. NAME Bernnet Parker Sharp

14. BIRTHPLACE (city or town) Sharon
(State or country) New York

MOTHER

15. MAIDEN NAME Etta Hastermach

16. BIRTHPLACE (city or town) Ohio
(State or country)

17. INFORMANT Mrs. Louise F. Sharp (wife)
(Address) 2733 N. Calvert Street

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jan. 12-39

19. UNDERTAKER Albert F. Siebert & Son
(Address) 1300 EUTAW PLACE

20. FILED 19

JAN 12 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1937, to Jan. 10, 1939. I last saw him alive on Jan. 10, 1939. Death is said to have occurred on the date stated above, at 8:A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	July 1937
Other contributory causes of importance: Diabetes Mellitus	June 1937

Was an operation performed? No Date of

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? Symptoms & laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify None

(Signed) Frank M. Ogden, M. D.

(Address) 2701 N. Calvert St.

53930 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 53930

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH Church Home & Infirmary (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. E-5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mr Mary Mood

(a) Residence: No. 429 E. Street. Sparrows St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mable. —.

6. DATE OF BIRTH (month, day, year) July 11 1898.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40	40	5	30. 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Mill

10. Date deceased last worked at this occupation (month and year) Dec. —.

11. Total time (years) spent in this occupation —.

12. BIRTHPLACE (city or town) (State or country) Kingston N. J.

FATHER

13. NAME Edward Mood.

14. BIRTHPLACE (city or town) (State or country) Kingston N. J.

MOTHER

15. MAIDEN NAME Emma Carey.

16. BIRTHPLACE (city or town) (State or country) Kingston N. J.

17. INFORMANT Mrs Mabel E Wood

(Address) 429 E St Sparrow Pt.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Jan 13 1939

19. UNDERTAKER William McMarech

(Address) 111 Light St

Huntington Williamsport

20. FILED JAN 12 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 8 to ..., 19.., to Jan 10, 1939.

I last saw him alive on Jan 9, 1939. Death is said to have occurred on the date stated above, at 1:10 P.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia (acute-Type I). — Date of onset 1-6-39.

Other contributory causes of importance:

Bacteriamia ? Sepsis. — 1-6-39.

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) F. L. Whitworth, M. D.

(Address) Church Home & Infirmary.

V9 3

53931 HEALTH DEPARTMENT—CITY OF BALTIMORE 53931

CERTIFICATE OF DEATH 108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 Shugs St. 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Drucilla Jefferson

(a) Residence: No. 907 Shugs St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas Jefferson

6. DATE OF BIRTH (month, day, year) 10/31/1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 47

12. BIRTHPLACE (city or town) (State or country) James md Johnson

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Grant

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Blanche Collins
(Address) 907 S Shugs St

18. BURIAL, CREMATION, OR REMOVAL
Place St John C.C Md Date 1/13 19 39

19. UNDERTAKER Isaiah L Brambow
(Address) 1018 W Montgomery St

Huntingtown Williams, Md.

FILED JAN 12 1939

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Jan 9 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 1938 to Jan 9 1939

I last saw h... alive on Jan 9 1939 Death is said to have occurred on the date stated above, at 1204 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	8 days
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D L Carroll M. D.

(Address) 911 Warren Ave

F 53932 HEALTH DEPARTMENT—CITY OF BALTIMORE F 53932

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 Sharp St. 23-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Thomas Jefferson

If U. S. Veteran specify WAR .....

(a) Residence: No. 907 Sharp St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Drusilla

6. DATE OF BIRTH (month, day, year) 10 4 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saloon

10. Date deceased last worked at this occupation (month and year) Oct

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Md Thomas Jefferson

FATHER

13. NAME James Jefferson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Blanche Collins

(Address) 907 S Sharp St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 1/12 1939

19. UNDERTAKER Isaiah C Brown Son

(Address) 108 W Montgomery St

20. FILED ..... 19.... Registrar.

JAN 12 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 15th 1938 to Jan 8th 1939

I last saw h[illegible] alive on Jan 8 1939 Death is said to have occurred on the date stated above, at 6.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1 yr
Uraemia	3 dys

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) D H Cannold, M. D.

(Address) 911 Warner

53933

HEALTH DEPARTMENT—CITY OF BALTIMORE

53933

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 E Clement St. 2nd Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Della Betson (BETSON)

If U. S. Veteran specify WAR .....

(a) Residence: No. 411 E Clement St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 23-1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53 54	9 8	18 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None (Invalid)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1936

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Frederick, Md.

FATHER

13. NAME A. Betson

14. BIRTHPLACE (city or town) (State or country) Frederick, Md

MOTHER

15. MAIDEN NAME Annie ?

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Catherine Howard
(Address) 411 E Clement St

18. BURIAL, CREMATION, OR REMOVAL
Holy Cross Cem. Date 1/12 1939

19. UNDERTAKER John J. Tabeling Sons
(Address) 1315 Light St

JAN 12 1939

Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Jan 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 4th, 1939, to Jan 10, 1939
I last saw her alive on Jan 10, 1939. Death is said to have occurred on the date stated above, at 6.35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan 5, 1939

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Sidney H. Streett, M. D.

(Address) 427 E Fort Ave.

53934 ✓ E 53934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 139 W Hamburg St. 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Patterson

(a) Residence: No. 139 W. Hamburg St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Dorothy Patterson

6. DATE OF BIRTH (month, day, year) July 7, 1910

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailoring

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Whitaker

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Gertrude Patterson

16. BIRTHPLACE (city or town) (State or country) Calvert Co Md

17. INFORMANT Ida Patterson
(Address) 139 Hamburg St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date 1/15 1939

19. UNDERTAKER Watts Bros. Funeral Dir.
(Address) 1210 Hanover St.

20. FILED ..... 19 ..... Registrar.

JAN 12 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 1939 to Jan 11 1939

Last saw h. alive on Jan 11 1939 Death is said to have occurred on the date stated above, at 10 20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1/1/39
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signature) Douglas Shepperd M. D.

(Address) 1431 W Baltimore St

53935 F 53935

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a Registered No.

1. PLACE OF DEATH 1415 Eastern Ave.

CITY OF BALTIMORE: (No. City Mission Home St., 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs.....mos.....ds. How long in U. S. If of foreign birth? ....yrs.....mos.....ds.

If U. S. Veteran specify WAR

2. FULL NAME Stuart M. Gates

(a) Residence: No. 1415 Eastern Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mae Bowen Gates

6. DATE OF BIRTH (month, day, year) August 1, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	40	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Virginia

FATHER

13. NAME James E. Gates

14. BIRTHPLACE (city or town) (State or country) Chesterfield County Virginia

MOTHER

15. MAIDEN NAME Mary Noble

16. BIRTHPLACE (city or town) (State or country) Chesterfield County Virginia

17. INFORMANT Mr. B. C. Gates

(Address) 2902 Idlewood Ave., Richmond, Va

18. BURIAL, CREMATION, OR REMOVAL

Place Richmond, Va. Date Jan 12. 1939

19. UNDERTAKER W. Andrew

(Address) 1003 W. Baltimore St.

20. FILED ..... 19.... Registrar.

JAN 12 1939

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 11, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Unknown
Chronic heart disease	Unknown
Other contributory causes of importance:	
Alcoholism	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood, M. D. Coroner

(Address) 1710 W. Pond St.

OCCUPATION is very important. See instructions on back of certificate.

F 53936

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53936

CERTIFICATE OF DEATH

186-a cc

1. PLACE OF DEATH Balto. City Hospitals — Registered No. 1872

CITY OF BALTIMORE: (No. Bay View St., 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Benjamin Schofield — If U. S. Veteran specify WAR

(a) Residence: No. 854 W. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Annie M. Schofield

6. DATE OF BIRTH (month, day, year) Jan. 19 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Optometrist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0080

10. Date deceased last worked at this occupation (month and year) January 6, 1939

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Schofield

14. BIRTHPLACE (city or town) (State or country) Woodley England

MOTHER

15. MAIDEN NAME Margaret Jones

16. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

17. INFORMANT Miss Ida Schofield

(Address) 854 W. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date Jan. 14 1939

19. UNDERTAKER J. Amoscato

(Address) 1008 W. Baltimore St.

20. FILED Jan 16 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 11 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	day
result of accident.	

Other contributory causes of importance: Fracture neck right femur days.

Was an operation performed? No Date of

For what disease or injury?

Name of operation. Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Jan. 6, 1939

Where did injury occur? 854 W. Balto. St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell and struck a chair

Nature of injury Fracture as above.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Broadway

OCCUPATION is very important. See instructions on back of certificate.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

53937

CERTIFICATE OF DEATH

93-C 53937

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1730 Jackson St., 2nd-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Isaac N. Williams

If U. S. Veteran specify WAR

(a) Residence: No. 1720 Jackson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Williams

6. DATE OF BIRTH (month, day, year) Oct. 1, 1861

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
77 78	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm. Williams

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Margaret Whalen

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr. Ed. Williams

(Address) 1741 Bank St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Jan. 3, 1939

19. UNDERTAKER Fred. S. Shaum & Son

(Address) 1216 E. Baltimore St.

20. FILED JAN 12 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 10, 1939.

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1938 to Jan 10, 1939

I last saw him alive on Jan 10, 1939 Death is said to have occurred on the date stated above, at 3095 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	

Other contributory causes of importance:

Hypertension - Broncho-Pneumonia (Terminal).

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A. Schmuck M. D.

(Address) 1337 S. Charles St.

OCCUPATION IS VERY important

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53938 CERTIFICATE OF DEATH 187-a CGK--40636 F 53938

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 10-3 Ward)

Unknown

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME James Clayton

(a) Residence: No. Baltimore City Jail St., ...Ward.....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	65		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 007

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date JAN 12 1939

19. UNDERTAKER Commissioner of Health
(Address) For H. A. Moore
Date JAN 12 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 9. 1939

22. I HEREBY CERTIFY, That I attended deceased from January 5. 1939. to January 9. 1939.
I last saw him alive on January 9. 1939. Death is said to have occurred on the date stated above, at 6:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-5-39

Other contributory causes of importance:

Was an operation performed? No Date of.....

For what disease or injury?.....

Name of operation Clinical

What test confirmed diagnosis?..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?.....Date of injury....., 19.....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify.....

(Signed) H. A. De Sanfille M. D.

(Address) Baltimore City Hospitals

V0 B

4533

HEALTH DEPARTMENT—CITY OF BALTIMORE

53939

CERTIFICATE OF DEATH

CGK-31777 F 53939

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospital St. 26-12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Samuel Jones

If U. S. Veteran specify WAR

(a) Residence: No. No Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
70	70	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ill.
(State or country)

FATHER

13. NAME Jack Jones

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Fannie Davis

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date JAN 12 1939 19
Commissioner of Health

19. UNDERTAKER
(Address) Per H. A. Moore

20. FILED JAN 12 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1938 to January 9, 1939

I last saw him alive on January 9, 1939 Death is said to have occurred on the date stated above, at 4:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-2-39
Other contributory causes of importance: Osteosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Lautelle M. D.

(Address) Baltimore City Hospitals

JAN 12 1939

6

6334

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53940

F 53940

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 E. Chase St., 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 30 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jeanne Bell Grattan

(a) Residence: No. Easton Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Divorced

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frank Olmstead Grattan

6. DATE OF BIRTH (month, day, year) Oct. 25, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	7	15 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York, N.Y.

FATHER

13. NAME William Bell

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Christian

16. BIRTHPLACE (city or town) (State or country) (?) England

17. INFORMANT (Address) Mrs. Virginia Bushnell 11 E. Chase St (Daughter)

18. BURIAL, CREMATION, OR REMOVAL

Place Ferncliff Cem. Hartsdale, N.Y. Date Jan 13, 1939

19. UNDERTAKER John O. Sullivan & Sons. (Address) 1900 Eutaw Place

20. FILED JAN 12 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1939, to Jan. 12, 1939.

I last saw her alive on Jan. 11, 1939. Death is said to have occurred on the date stated above, at 2:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriolasclerosis	Unknown
Cardiac Hypertrophy	Unknown
Myocardial Insufficiency	Jan 11, 39

Other contributory causes of importance:

Parkinsons syndrome (?) Post Encephalitic	about 1910

Name of operation None Date of

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John W. Parsons, M. D.

(Address) 1010 N. Calvert St

(OCCUPATION is very important. See instructions on back of certificate.)

3941

HEALTH DEPARTMENT—CITY OF BALTIMORE

No. 53941

CERTIFICATE OF DEATH

× 54-B

1. PLACE OF DEATH Maryland General Hospital
CITY OF BALTIMORE: (No. ..... St., 11 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Nellie E. Unger
If U. S. Veteran specify WAR .....

(a) Residence: No. Ferndale, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frederick Unger

6. DATE OF BIRTH (month, day, year) 7/31/890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	5	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME William Gibson
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Laura V Wolf
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Fred Unger
(Address) Ferndale Md

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Jan. 13 1939

19. UNDERTAKER Wm. J. Tickner and Sons
(Address) North and Penna. Aves.

20. FILED JAN 12 1939 Hunter Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/11, 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-9-38, 19..., to 1-11-39, 19...
I last saw her alive on 1-11-39, 19... Death is said to have occurred on the date stated above, at 7 25 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uterine Fibroids	
Acute Intestinal Obstruction	6-19-38
Other contributory causes of importance:	
Abdominal Adhesions	12-9-38
Intestinal Obstruction	"

Was an operation performed? yes Date of 1-6-39
For what disease or injury? Abdominal Adhesions
Name of operation Total Abd. Hysterectomy
What test confirmed diagnosis? Surg. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. Cantwell Jr. M. D.
(Address) Md. Gen. Hosp. Balto. Md.

BURHL-GAVER.

HEALTH DEPARTMENT—CITY OF BALTIMORE

53942 F 53942

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 6-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 12 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Miss Burhl Gaver (Gaver)

If U. S. Veteran specify WAR .....

(a) Residence: No. R F D 1 Sykesville, Md. St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) December 16, 1922

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	16	0	2 26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sykesville, Md.

FATHER

13. NAME Harry S Gaver

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Aida Dabel

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Harry S. Gaver (Father)

(Address) Sykesville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Myersville Md. Date Jan 15 1939

19. UNDERTAKER F. Francis Reese

(Address) Westminster, Md

20. JAN 12 1939 Huntingtown Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/12/39 . 19

22. I HEREBY CERTIFY, That I attended deceased from 12/30/38 . 19 ... to 1/12/39 . 19 ...

I last saw her alive on 1/12/39 . 19 ... Death is said to have occurred on the date stated above, at 11:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Heart Disease	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) A. M. Ferry . M. D.

(Address) Church Home & Infirmary

HEALTH DEPARTMENT—CITY OF BALTIMORE

53943

CERTIFICATE OF DEATH

46-13 F 53943

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 706 Mt Holly St., 16-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Katherine V Kennedy

If U. S. Veteran specify WAR

(a) Residence: No. 706 Mt Holly St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 5 & 10

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Samuel Kennedy

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Annie Cassidy

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Fay Tyemeier

(Address) 706 Mt Holly St.

18. BURIAL, CREMATION, OR REMOVAL

Place St Mary Govans Date Jan 13, 1939

19. UNDERTAKER Mary Inc Undertakers

(Address) 2150 Eutaw St

20. FILED JAN 12 1939 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/10/1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1938, to Jan 10, 1939

I last saw her alive on Jan 10, 1939 Death is said to have occurred on the date stated above, at 1000 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1938
Other contributory causes of importance: Myocarditis	1938

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? X ray Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Nathan F. Coleman M. D.

(Address) 6 East Biddle St.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

53944

CERTIFICATE OF DEATH

92-6 F 53944

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2441 Lakeview Avenue St. 13-1 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amelia Fernheimer Rascover

If U. S. Veteran specify WAR.

(a) Residence: No. 2441 Lakeview Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Abe Rascover

6. DATE OF BIRTH (month, day, year) October 14th, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hours or min.
54	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Louis Fernheimer

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Fanny Herford

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Miss Bertha Fernheimer (Sister
(Address) 2441 Lakeview Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Har Sinai Date Jan. 15, 1939

19. UNDERTAKER J. Ahrens and Company
(Address) 2432 Reisterstown Road

20. FILED JAN 12 1939 Hunter for Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1925, to 1-12, 1939

I last saw her alive on 1-12, 1939. Death is said to have occurred on the date stated above, at 5.30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypocardiac insufficiency	10 yrs
Salvular disease	
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Klemperer M. D.

(Address) 1212 St. Paul St.

OCCUPATION is very important. Be sure it is filled in.

53945

HEALTH DEPARTMENT—CITY OF BALTIMORE

53945 96 F

CERTIFICATE OF DEATH

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. ..... St., 15-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Esther H. Stein

If U. S. Veteran specify WAR .....

(a) Residence: No. 2931 E. Fourth Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Ida R. Stein

6. DATE OF BIRTH (month, day, year) Mar 29 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME David Stein

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Jane Lambert

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Ida Stein

(Address) 2931 E Fourth Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hagerstown Md Date Jan 14 1939

19. UNDERTAKER F. K. Leffler

(Address) Hagerstown Md.

20. FILED JAN 12 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 9 1939 to Jan 11 1939

I last saw him alive on Jan 11 1939 Death is said to have occurred on the date stated above, at 6:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Vascular Disease	?
Decompensation Changes	?
Generalized Arteriosclerosis	?
Other contributory causes of importance:	
Diabetes Mellitus	1935 ?
Pleurisy Acute	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. E. T. Lasuska M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53946

CERTIFICATE OF DEATH

167 F 53946

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. W.M.R.R. & Gwynn Fall St. 13-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Alfero A. Hunter

U. S. Veteran specify WAR

(a) Residence: No. 1003 Retreat St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Hunter

6. DATE OF BIRTH (month, day, year) May. 13, 1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0130

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James Hunter

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Eva McCreary

16. BIRTHPLACE (city or town) (State or country) Wash. D.C.

17. INFORMANT Mrs. Frances L. Hunter (Address) 1003 Retreat St.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Jan 15 1939

19. UNDERTAKER Putnam Bros. (Address) 2324 N. Charles St.

20. FILED JAN 12 1939 Huntington Williams, M.D. Registrar

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 11, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun Shot Wound of R. Side of Head	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Suicide Jan. Date of injury 11, 1939, 19

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place W.M.R.R. & Gwynn Fall Sulv.

Manner of injury Shot Self

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. B. Culbreth M. D.

(Address) 2737 Ursuline

HEALTH DEPARTMENT—CITY OF BALTIMORE

53947

CERTIFICATE OF DEATH

81 F 53947
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital 27-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. 8 mos. 9 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

If U. S. Veteran specify WAR

2. FULL NAME J. Howard Bucher

(a) Residence: No. Roland & Upland Aves St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lula Lengrall

6. DATE OF BIRTH (month, day, year) May 1, 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frederick Bucher

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Katherine Roth

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Lula L. Bucher
(Address) Roland & Upland Avenues

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date 1/13 1939

19. UNDERTAKER Kenly U. Mears my Son
(Address) 505 N. Calvert St.

20. FILED JAN 12 1939 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 13, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Landry's Ascending paralysis	

Other contributory causes of importance: —

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) Paul Schaefer Coroner, M. D.

(Address) Coroner

USE BLACK INK OR INDELIBLE PENCIL. See instructions on back of certificate. OCCUPATION is very important.

V5 6

53948

HEALTH DEPARTMENT—CITY OF BALTIMORE

53948

CERTIFICATE OF DEATH

124-a

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7-5 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hamilton Karsch

If U. S. Veteran specify WAR

(a) Residence: No. 531 Stonewall Place St., Memphis Tenn Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of M. Naomi Karsch

6. DATE OF BIRTH (month, day, year) Sept 20 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wholesale grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20?

12. BIRTHPLACE (city or town) (State or country) Memphis, Tenn

FATHER

13. NAME Dr. Joseph Karsch

14. BIRTHPLACE (city or town) (State or country) Tenn

MOTHER

15. MAIDEN NAME Blanche Hamilton

16. BIRTHPLACE (city or town) (State or country) Tenn

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Memphis Tenn Date Jan 13 1939

19. UNDERTAKER Wm H Dickey Wood
(Address) Poplar & Mt Auburn

20. FILED 1939 Registrar.

Huntington Pollard MD K

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1939 to Jan 12, 1939

I last saw h. alive on Jan 12, 1939 Death is said to have occurred on the date stated above, at 7.25 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pancreatic Carcinosis of liver	2 months
	6 months

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. A. Kennay M. D.

(Address) Johns Hopkins Hosp

OCCUPATION IS VERY Important.

V6 8

53949

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53949

CERTIFICATE OF DEATH

92-a cc

1. PLACE OF DEATH Balto. City Hospital

Registered No. 1872

CITY OF BALTIMORE: (No. Bay View St., 15-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edna R. Chenoweth

If U. S. Veteran specify WAR

(a) Residence: No. 2710 W. North Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William Chenoweth

6. DATE OF BIRTH (month, day, year): March 27-878

7. AGE: Years 60 | Months 9 | Days 13 14 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
10. Date deceased last worked at this occupation (month and year): Dec. 1938
11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Pikesville Md.

FATHER

13. NAME: Henry Stanley
14. BIRTHPLACE (city or town) (State or country): Balto. Co. Md.

MOTHER

15. MAIDEN NAME: Isabella Peacock
16. BIRTHPLACE (city or town) (State or country): Balto. Co. Md.

17. INFORMANT: Stanley Chenoweth
(Address) 2710 W. North Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Stone Ridge Cemetery Pikesville Md Date Jan 13 1939

19. UNDERTAKER: Wm Cook
(Address) 1217 St Paul St

FILED JAN 13 1939 Hunting for Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 10, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	4 hours.
Valvular Heart disease	Year
Other contributory causes of importance: Abdominal Fibroid Tumor	Year

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Chas. W. Wood M. D.
Coroner

(Address) 1712 N. Broadway

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

V S 6

53950

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 53950

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 31 E. Hennietta St. 23-2 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie E. Slouck

If U. S. Veteran specify WAR

(a) Residence: No. 31 E. Hennrietta St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry H. Slouck

6. DATE OF BIRTH (month, day, year) April 30, 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~None~~

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife At Home 0037

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Henry Woods

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Sarah ?

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Sarah E. Moore

(Address) 10 E. Hamburg St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Jan. 14 1939

19. UNDERTAKER Wm. Cook

(Address) 1217 St. Paul St.

20. FILED 19 [illegible] Registrar

JAN 13 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 11, 19 39

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1/11/39

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation ----- Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury , 19

Where did injury occur? ----- (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place -------

Manner of injury -------

Nature of injury -----

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) J. Littman, M. D. Coroner

(Address) 1304 E. Chase St.

See instructions on back of certificate. OCCUPATION is very important.

F 53951

53951

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-13

Registered No. .....

(If death occurred in a hospital or institution, give its NAME (instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3708 Hillsdale Rd. St. 28-1 Ward)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran, specify WAR .....

2. FULL NAME Annie F. Gross

(a) Residence: No. 3708 Hillsdale Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dr. Harry Gross

6. DATE OF BIRTH (month, day, year) Aug. 7, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
66	00	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H.W. 037

10. Date deceased last worked at this occupation (month and year) 1/10/34

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Madison Maryland

FATHER

13. NAME Jones Gross

14. BIRTHPLACE (city or town) (State or country) Madison Maryland

MOTHER

15. MAIDEN NAME ? Troth

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Geraldine M. Gross
(Address) 3708 Hilsdale Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Loraine Date Jan 13 1939

19. UNDERTAKER Wm Cook
(Address) 127 St Paul St

20. FILED JAN 13 1939 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 11, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thromoosis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature] M. D.
Coroner

(Address) 2757 Ames

state CAUSE OF DEATH in plain terms. Do not use abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

V S 6

53952 HEALTH DEPARTMENT—CITY OF BALTIMORE E-53952

CERTIFICATE OF DEATH 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1705 E Biddle St St. 8-2 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME William Fields

(a) Residence: No. 1705 E Biddle St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M

6. DATE OF BIRTH (month, day, year) Sept 2 1848

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
90	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Good)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Baltimore

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Baltimore

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Helen Pohler
(Address) 658 Cokesbury Ave.,

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date 1-13-39 19

19. UNDERTAKER Wm Cook.
(Address) 1217 St Paul St Balto Md.

20. FILED JAN 13 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11 1939 19

22. I HEREBY CERTIFY, That I attended deceased from JAN 2 - 1939 19 to JAN 9 - 1939 19

I last saw him alive on JAN 9 - 1939 19 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	JAN 1 1939
Other contributory causes of importance: Hypertrophied Prostate (and Chronic Arteriosclerosis	(Abt)
Chronic Heart and Kidney disease	
Was an operation performed? ..... Date of	
For what disease?	
Name of operation	

What test confirmed diagnosis? C. A. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas Pohler M. D.

1-11-39 (Address) 4286 North Av

OCCUPATION is very important. See instructions on back.

JOSEPH GEORGE GANZERMILLER

53953

HEALTH DEPARTMENT—CITY OF BALTIMORE

53953

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyderhorn Hospital St. 1-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 7 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph G. Ganzer Miller

If U. S. Veteran specify WAR

(a) Residence: No. 2318 Fleet St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 30, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	7	13	12

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Joseph Ganzer Miller

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Dorothy Fowler

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT mother

(Address) 2318 Fleet St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date Jan 13 1939

19. UNDERTAKER Ernest A. Weber

(Address) 700 S. Ann St.

20. FILED 19 Registrar

JAN 13 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 12, 1939 to January 12, 1939

I last saw him alive on January 12, 1939 Death is said to have occurred on the date stated above, at 12 1/2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchi-pneumonia	1-9-39
Other contributory causes of importance:	
Measles	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Harry S. Lyderhorn M. D.

(Address) Lyderhorn Hospital

OCCUPATION is very important. See instructions on back of certificate.

Swisher

53954

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53954

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hosp. Registered No. ×108

CITY OF BALTIMORE: (No.) Madison & Linden Ave (Ward) 11-13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James L. Swisher If U. S. Veteran specify WAR

(a) Residence: No. Sparrows Pt. 236 - P.O. Box St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Swisher

6. DATE OF BIRTH (month, day, year) Oct. 6 - 1907

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
31 ~~33~~	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Welder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship Bldg

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME James L Swisher

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Annie Frigley

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Roam Swisher (Address) Sparrows Pt. Box 236

18. BURIAL, CREMATION, OR REMOVAL Place Craigsville Va. Date 1/13, 1939

19. UNDERTAKER John E. Connelly (Address) Essex Md.

20. FILED ..., 19... ... Registrar.

JAN 13 1939

MEDICAL CERTIFICATE OF DEATH ×

21. DATE OF DEATH (month, day, year) 1-11, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-9, 1939 to 1-11-, 1939

I last saw him alive on 1-11- 1939 Death is said to have occurred on the date stated above, at 1:25 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia Rt. side	1-3-39
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) M. J. Nemkowski M. D.

(Address) Md. Gen'l Hosp.

OCCUPATION is very important. See instructions on back of certificate.

53955

HEALTH DEPARTMENT—CITY OF BALTIMORE

53955

CERTIFICATE OF DEATH

J 92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marcelline Carroll (40022)

If U. S. Veteran specify WAR

(a) Residence: No. 212 Dolphin St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 9, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Carroll

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Gertrude Jackson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem Date Jan 15 1939

19. UNDERTAKER Mrs Francis A. Hemsley
(Address) 578 W. Biddle St.

20. FILED 19 Registrar.

JAN 13 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 16, 1938 to January 11, 1939

I last saw her alive on January 11, 1939 Death is said to have occurred on the date stated above, at 4:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured aortic cusp (spontaneous) with aortic insufficiency and heart failure	Nov. 7 1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 53956

53956

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto. City Hospitals 127-P Registered No.

CITY OF BALTIMORE: (No. Bay View St., 22-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William E Wilson

If U. S. Veteran specify WAR

(a) Residence: No. 629 W. Lee St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

3a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Carrie E Wilson

6. DATE OF BIRTH (month, day, year) 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57 56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Henry Wilson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Amanda ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Carrie Wilson

(Address) 629 W. Lee St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Jan 14 1939

19. UNDERTAKER James A Dotson

(Address) 1142 Woodall St

20. FILED JAN 13 1939

Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 11, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	Some time
Arterio-sclerosis	
Right inguinal hernia	Some time

Other contributory causes of importance:

Psychopathic Case.

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. W. Wood M. D. Coroner

(Address) 1712 N. Broadway

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact OCCUPATION is very important. See instructions on back of certificate.

E 53957 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 53957

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General St. 11-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 2 mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eugene L. Smith

If U. S. Veteran specify WAR .....

(a) Residence: No. Augusta W. Va. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 27, 1922

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
16	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Augusta, W. Va.

FATHER

13. NAME L. D. Smith

14. BIRTHPLACE (city or town) (State or country) Augusta West Virginia

MOTHER

15. MAIDEN NAME Vallie Bennett

16. BIRTHPLACE (city or town) (State or country) Shawsville Pulaski Co. Va.

17. INFORMANT L. D. Smith

(Address) Augusta W. Va.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Memorial Park W Va Date 1/15/39

19. UNDERTAKER Wellman Cook

(Address) 1217 St. Paul St.

20. FILED JAN 13 1939 [signature] for William H. Peters Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1939 to Jan. 13, 1939

I last saw h... alive on Jan. 3, 1939. Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteomyelitis, st. leg	Unknown
Probable Aleukemic Leukemia?	Week
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? None

Name of operation .....

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Francis J. Iannarelli M. D.

(Address) Maryland General Hospital

OCCUPATION is very important. See instructions on back of certificate.

VS 3

53958 F 53958

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 cc

Registered No. 877

1. PLACE OF DEATH Balto. City Hospitals

CITY OF BALTIMORE: (No.) Bay View St., 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Effie Derricks

(a) Residence: No. 816 N. Fremont Av. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed or divorced HUSBAND of (or WIFE of) Thomas Derrick

6. DATE OF BIRTH (month, day, year) Dec. 30-1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Maryland

FATHER

13. NAME Thomas Furgus

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Henrietta Hammond

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

17. INFORMANT Viola Wood

(Address) 1629 N. Calhoun St. (rear)

18. BURIAL, CREMATION, OR REMOVAL

Place Antrim Memorial Park Jan 16 1939

19. UNDERTAKER Graybald & Gaddis

(Address) 2101 McCulloh St.

20. FILED JAN 13 1939 Huntington Williams, M.D. Registrar.

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 11, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry) find that said deceased came her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4 days

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. E. Wood, M. D. Coroner

(Address) 1712 N. Bond St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

53959

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53959

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2225 Ettings St. 14-3 Ward)

Length of residence in city or town where death occurred ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Ernest Bond

If U. S. Veteran specify WAR .....

(a) Residence: No. 2225 Ettings St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal	Col	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 2-1894

7. AGE — Years: 44 | Months: 10 | Days: 8 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John P Bond

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Nellie Talbot

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Nellie Bond

(Address) 2225 Ettings St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cemetery Date Jan 12 1939

19. UNDERTAKER Rickefold & Gaddis

(Address) 2101 Mc Coulloch St

20. FILED JAN 13 1939 Harrington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10 39

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said inquest, autopsy or inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Lobar Pneumonia — Date of onset Jan 9 1939

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.

(Address) 520 Dr Osler Blvd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V 56

F 53960

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53960

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1128 Stockton St. 16-1 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah C. Johnson

If U. S. Veteran specify WAR .....

(a) Residence: No. 1128 Stockton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	A. A.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edgar Johnson

6. DATE OF BIRTH (month, day, year) 3/16/80

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	58	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Otho L. Davis (Son)

(Address) 1128 Stockton st

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 1/14/39

19. UNDERTAKER Thos. E. Kelson

(Address) 1203 Pennsylvania Ave

20. FILED ... 19... Thurlow Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/11/39

22. I HEREBY CERTIFY, That I attended deceased from 12/31/38 to 1/11/39

I last saw her alive on 1/11/39. Death is said to have occurred on the date stated above, at 12:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Myocarditis	1
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Carson C. Johnson M. D.

(Address) 1202 Pennsylvania Ave

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

53961

53961

CERTIFICATE OF DEATH

349-23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 16-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. d.

2. FULL NAME Agnes Carter (38386)

If U. S. Veteran specify WAR

(a) Residence: No. 822 N. Mount St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leon

6. DATE OF BIRTH (month, day, year) Oct. 1, 1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Elijah Curry

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Delilah Carter

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Northumberland Co, Va. Date 1/16 1939

19. UNDERTAKER Thos. E. Kelam
(Address) 1203 Pennsylvania Ave

FILED JAN 13 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from October 25, 1938, to January 12, 1939

I last saw her alive on January 12, 1939. Death is said to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	Aug 1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

State whether OCCUPATION is very important. See instructions on back of certificate.

53962 ✓F 53962

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 21 N Durham St. 6-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Richard Whitty

(a) Residence: No. 21 N Durham St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Jan 29-1900

7. AGE: Years 38 | Months 11 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Washington DC

FATHER

13. NAME: John Dangerfield

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Mary Blue

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Mrs Elizabeth Davis

(Address) 927 Hollins St

18. BURIAL, CREMATION, OR REMOVAL: Mt Calvary Date Jan 13 39

19. UNDERTAKER: H. C. Packard & Son

(Address) 916 Penna Ave

Huntington Williams, M.D.

Registrar

JAN 13 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 7 39

22. I HEREBY CERTIFY, That I took care of the remains described above, held an inquest and from the evidence (Inquest, Autopsy or Inquiry)

signed by said inquest found that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Apoplexy	Jan 7 1939

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.

(Address) 508 Lexington St

V 56

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact OCCUPATION is very important. See instructions on back of certificate.

F 53963

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53963

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 955 Rosedale St. 16-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John E. Baker

If U. S. Veteran specify WAR

(a) Residence: No. 955 Rosedale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Irma E. Baker

6. DATE OF BIRTH (month, day, year) Feb. 13 189

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Jacob M. Baker

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Mary Mummert

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Irma E. Baker

(Address) 955 Rosedale

18. BURIAL, CREMATION, OR REMOVAL Rosehill Hagerstown 1-16 39

19. UNDERTAKER Fred. W. Craigo Hagerstown Md Per J.A. Cole

(Address) Huntington Williamsport, Md.

20. FILED JAN 15 1939

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 13, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. R. Alcorn, M. D. Coroner

(Address) 2757 Union

Information should be given in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

53964

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53964

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH St. Agnes' Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Wilkens & Caton Aves. St. Balto. Ward

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. William H. Lauer

(a) Residence: No. 1001 Edmondson Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine M. Lauer

6. DATE OF BIRTH (month, day, year) April 19 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	8	21 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pharmacist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Dec 1938

11. Total time (years) spent in this occupation 38 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Michael J. Lauer

14. BIRTHPLACE (city or town) (State or country) Balto., Md

MOTHER

15. MAIDEN NAME Catherine Fales

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Miss Mildred Lauer

(Address) 1001 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 1-16-39

19. UNDERTAKER Geo. W. Little

(Address) 2200 Edmondson Ave

20. JAN 13 1939 19 Huntington Willis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 6, 1939 to January 12, 1939

I last saw him alive on January 12, 1939. Death is said to have occurred on the date stated above, at 3:40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Degenerative Cardiovascular disease with Cardiac hypertrophy	
Chronic Interstitial nephritis	
Other contributory causes of importance:	
Cardiac decompensation.	
Thrombophlebitis, left leg with gangrene	1-9-39

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph E. Muse Jr. M. D.

(Address) St Agnes Hospital

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

V0 P

53965

HEALTH DEPARTMENT—CITY OF BALTIMORE 53965

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2434 Washington Blvd St. 253 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Gayleard

If U. S. Veteran specify WAR

(a) Residence: No. 2434 Washington Blvd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles K Gayleard

6. DATE OF BIRTH (month, day, year) August 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John E Smith

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Edelman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charles K Gayleard
(Address) 2434 Wash Blvd

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date 1/14 1939

19. UNDERTAKER Edw Lonergan
(Address) Wash. Blvd.

20. FILED JAN 13 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1939, to Jan 11, 1939

I last saw h[illegible] alive on Jan 11, 1939. Death is said to have occurred on the date stated above, at 10 50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Other contributory causes of importance: Arthritis and arterio-sclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. S. Parson, M. D.

(Address) Halethorpe Md.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

53966 ✓ F 53966

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Gt-B40466-FS

1. PLACE OF DEATH — Registered No. .....

Baltimore City Hospitals 3-2

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dominic Piccione — If U. S. Veteran specify WAR .....

(a) Residence: No. 1155 n. Lombard St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Carmella

6. DATE OF BIRTH (month, day, year): 5-8-1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
52	52	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Italy

FATHER

13. NAME: Biaggio Piccione

14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER

15. MAIDEN NAME: Pauline

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT: B. U. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 1/14 1939

19. UNDERTAKER: Paul Vigliata Inc.

(Address) 1546 N. Gay St

20. FILED ..... 19.....

Registrar.

JAN 13 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 31, 1938 to January 12, 1939

I last saw him alive on January 12, 1939. Death is said to have occurred on the date stated above, at 2.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	1-12-39
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. DeSanctis M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly coded. OCCUPATION is very important. See instructions on back of certificate.

Bard

F 53967

F 53967 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St., 27-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? 32 yrs. mos. ds.

2. FULL NAME Fannie Bard (Bard)

If U. S. Veteran specify WAR

(a) Residence: No. 5036 Queensbury Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rubin Bard

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Von Krom

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Von Krom

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Herring Run Date 1-13-1939

19. UNDERTAKER Jack Levin Jr. (Address) 1439 E. Balto St

20. FILED JAN 13 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1938 to Jan 12, 1939

I last saw her alive on Jan 12, 1938. Death is said to have occurred on the date stated above, at 12.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of gall bladder	
Hepatic insufficiency	
Anuria (Renal failure)	

Other contributory causes of importance:

Was an operation performed? yes Date of

For what disease or injury?

Name of operation Cholecystotomy

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) K. L. Gage, M. D.

(Address) Sinai Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

Bolle

53968

HEALTH DEPARTMENT—CITY OF BALTIMORE

53968

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 119 W. Ostend St. 23-1 Ward)

Registered No.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME John C. Murray

If U. S. Veteran specify WAR

(a) Residence No. 119 W. Ostend St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katie C. Thornton

6. DATE OF BIRTH (month, day, year) April 13 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Constable

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John C. Murray

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary McDermott

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. John Murray

(Address) 119 W. Ostend St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Jan. 14. 1939

19. UNDERTAKER Fred J. Kraebel Son

(Address) 626 S. Charles St.

20. FILED JAN 18 1939 Hunington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 11. 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 5th, 1938, to Jan. 11, 1939

I last saw him alive on Jan. 10, 1939 Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the stomach	?
Other contributory causes of importance: - - - - -	

Was an operation performed? no Date of -

For what disease or injury? - -

Name of operation - - -

What test confirmed diagnosis? p.f. Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harry Deiss, M. D.

(Address) 1224-1226 Hanover St.

Information asked for on this certificate is necessary in order to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

53969

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53969

CERTIFICATE OF DEATH

1. PLACE OF DEATH — 3700 N Charles, N95-B — Registered No. .....

CITY OF BALTIMORE: (No. Northway Apts St. 12-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 7 mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Allison Morrow — If U. S. Veteran specify WAR None

(a) Residence: No. Northway Apts St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Maud E. Morrow

6. DATE OF BIRTH (month, day, year) June-10-1868

7. AGE — Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Jan 1939

11. Total time (years) spent in this occupation 55 years

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George H. Morrow

14. BIRTHPLACE (city or town) (State or country) ? ? Maryland

MOTHER

15. MAIDEN NAME Leah Allison

16. BIRTHPLACE (city or town) (State or country) ? ? Maryland

17. INFORMANT Mr. W. Don Morrow (son)
(Address) 104 W. University Pkwy.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Anns, Annapolis, Md Date Jan 14/39. 19

19. UNDERTAKER STEWART & MOWEN COMPANY
(Address) (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

20. DATE RECEIVED JAN 13 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11 . 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1939 to Jan 11 1939
I last saw h. alive on Jan 11, 1939 Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Hemorrhage	3 days
Other contributory causes of importance:	
Arterio Sclerosis	10 yrs
Arterio Sclerotic Heart	3 yrs

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Hubert H. B. M. D.

(Address) 20 20 N. Charles St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 53970

53970 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Florence Eddie Phillips

(a) Residence: No. ... Annapolis Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) August 16, 1867 ~~January 16, 1868~~

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook ~~Prof~~

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Annapolis Md.

FATHER

13. NAME James E. Phillips

14. BIRTHPLACE (city or town) (State or country) Annapolis Maryland

MOTHER

15. MAIDEN NAME Harriett Benjamin

16. BIRTHPLACE (city or town) (State or country) Annapolis Md.

17. INFORMANT Mrs. Raymond Clark
(Address) Annapolis, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Annapolis, Md. Date January 15 1939

19. UNDERTAKER W. Amoreau
(Address) 1003 E. Baltimore St.

20. FILED JAN 13 1939 [illegible] Registrar.

State CAUSE OF DEATH in plain terms, so that it may be easily understood. OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13th, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 29th, 1938, to Jan 13th, 1939

I last saw her alive on Jan 13, 1939. Death is said to have occurred on the date stated above, at ... a.m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Adenocarcinoma of Sigmoid	
Terminal bronchopneumonia	1/12/39
Other contributory causes of importance:	
Cardiac failure	12/4/38
Agitated depression	1936

Was an operation performed? Yes Date of 12/28/38

For what disease or injury? Adenocarcinoma of Sigmoid

Name of operation Michelis resection

What test confirmed diagnosis? Biopsy Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Thomas B. Laycock M. D.

(Address) 521 Medical Arts Bldg

F 53971

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53971

CERTIFICATE OF DEATH

173

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen 13-3 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Clefton Hawks

If U. S. Veteran specify WAR

(a) Residence: No. 2518. Druid Hill St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	negro.	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 15. 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	2	27 28.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor. 080

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Mack Hawks.

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Margaret Jones.

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Harvey Isaac

(Address) 2518. Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL Blackstone Vault 1-13 1939

19. UNDERTAKER Charles A Hemsley

(Address) 578 N Bridge Pl

20. FILED JAN 13 1939

Harry Huntington Williams Registrar

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12. 39

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage thorax.	
Gun shot wound thorax.	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? Exam Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide homicide Date of injury 1/12 1939

Where did injury occur? Franklintown Rd Balto Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place street.

Manner of injury Shot with Pistol.

Nature of injury Penetrating wound thorax

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M. D. Harris M. D.

(Address) 98 N W Baltimore City

information should be carefully supplied. AGE should be stated in years. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53972

CERTIFICATE OF DEATH

93-C

F 53972
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 820 George St., 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

Known as
2. FULL NAME Fleming Brooks.

If U. S. Veteran specify WAR .....

Full dead at
(a) Residence: No. 820 George St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attendant horses

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grand Racetrack

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 2 or 3

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) //

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) //

17. INFORMANT No information
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date JAN 13 1939 19
Commissioner of Health

19. UNDERTAKER
(Address) Per H. A. Keene

20. FILED JAN 13 1939 Huntington Williams, M.D. Registrar

S.S.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 31, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ..... (Inquest, Autopsy or Inquiry) find that said deceased came to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows: 11 or 12 days

	Date of onset
Chronic Myocarditis,	

Other contributory causes of importance:
Asthma,

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) C. Kann, M. D.
Coroner
(Address) 1215 Hanover

information should be carefully supplied. AGE should be stated in years. If less than one year state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 53973

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53973

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 420 N. Wolfe St., 6-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lucie Jones

(a) Residence: No. 420 N. Wolfe St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nannie Jones

6. DATE OF BIRTH (month, day, year) Mar 20 - 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Woodward S.C.

FATHER

13. NAME Emerson Jones

14. BIRTHPLACE (city or town) (State or country) Woodward S.C.

MOTHER

15. MAIDEN NAME Della Moore

16. BIRTHPLACE (city or town) (State or country) Woodward S.C.

17. INFORMANT Lucie Jones (son)

(Address) Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Jan 16th 1939

19. UNDERTAKER Elroy Old Sons

(Address) 100 S Broadway

JAN 17 1939

Funeral for William Wedge

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 7 1939 to Jan 13 1939

I last saw him alive on Jan 12 1939 Death is said to have occurred on the date stated above, at 3:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Lobar Pneumonia	Jan 7.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) 1222 N. Carey St. K. Cullum M. D.

(Address) 1222 N. Carolina

information should be carefully supplied. AGE should be stated EXACTLY in every case. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53974

CERTIFICATE OF DEATH.

No Record Prior to February 1, 1938 — F 53974

108

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1721 Park Ave ST. 14-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Otto A. Bowman

(a) RESIDENCE. No. 1721 Park Ave ST. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY. WITH INK. ABOVE INFORMATION SHOULD BE STATED EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of ~~Wife of~~: Widowed Mary.

6 DATE OF BIRTH (month, day, and year): Nov. 17 1862

7 AGE — Years: 76 — Months: 1 — Days: 27 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): ?

(c) Name of employer: ?

9 BIRTHPLACE (city or town) (State or country): Shellrock Iowa

PARENTS

10 NAME OF FATHER: John Bowman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Penn

12 MAIDEN NAME OF MOTHER: — Stems

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: L. C. Merchant
(Address) 1721 Park Ave

15 Filed . 19 Huntington Williams M.D. Registrar

JAN 13 1939

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 13 1939

17 I HEREBY CERTIFY, That I attended deceased from Jan 7 . 1939 to Jan. 13 1939

that I last saw h— alive on Jan 12 1939

and that death occurred, on the date stated above, at 5:20 a.m.

The CAUSE OF DEATH* was as follows:

R. Lobar Pneumonia

CONTRIBUTORY (Secondary) Myocardial Insufficiency (duration) yrs. mos. 7 d

(duration) 10 yrs. mos. d

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Consultation

(Signed) Thos E. Wilson M.

. 19 (Address) 3 W. Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Shellrock Iowa — DATE OF BURIAL: Jan 16/39

20 UNDERTAKER: Wilson Cook — ADDRESS: 1217 N Paul St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53975 108 F 53975

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No.

CITY OF BALTIMORE: (No. ..... St. 15-8 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Michael Ritchey — If U. S. Veteran specify WAR ...

(a) Residence: No. 3607 Fairview Ave. Balto. Md. Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Bessie Ritchey

6. DATE OF BIRTH (month, day, year) June 18, 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coffee Roasters

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 208

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME Col John Ritchey

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Adelaide Brown

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Date Jan 16, 1939

19. UNDERTAKER Frank H. Mansell & Sons
(Address) Baltimore Md.

20. FILED JAN 13 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1939, to Jan 13, 1939

I last saw him alive on Jan 13, 1939. Death is said to have occurred on the date stated above, at 12 9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia (Pneumococcus Type III)	1/9/39
Generalized arteriosclerosis	2
Uremia	1/9/39
Arteriosclerotic heart disease	2

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) H. A. Brennan M. D.

(Address) Johns Hopkins Hospital

Information asked for on this form is required by law. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

53976

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 53976

V131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 16-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ethel Scribner

If U. S. Veteran specify WAR

(a) Residence: No. 707 N Carrollton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Irwin Scribner

6. DATE OF BIRTH (month, day, year) July 17 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Albert DeNeale

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER

15. MAIDEN NAME Annie?

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Irwin Scribner
(Address) 707 N. Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Washington, D.C. Date Jan 15, 1939

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N Schroeder St

FILED JAN 13 1939 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11th 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 3rd 1939 to Jan 11th 1939

I last saw her alive on Jan 11th 1939. Death is said to have occurred on the date stated above, at 4:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Renal Disease	

Other contributory causes of importance:

Cerebral Hemorrhage left
Uremia

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. King B. E. Seegar, Jr. M. D.

(Address) University Hospital

GRG

Information sought on this certificate is required in the interest of the public health. Please answer questions in ink and in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 53977

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53977

CERTIFICATE OF DEATH

✓108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 N Fremont St. 181 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alice Louise Copeland

If U. S. Veteran specify WAR i

(a) Residence: No. 102 N Fremont St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col'd	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Copeland

6. DATE OF BIRTH (month, day, year) April 27, 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jos Spragg

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Nancy White

16. BIRTHPLACE (city or town) (State or country) Carroll Co

17. INFORMANT Nancy Pratt

(Address) 102 N Fremont

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Jan 16, 1939

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 N Schroeder St

20. FILED JAN 13 1939 19.. Huntington Williams M.D. Registrar

LKL

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1938, to Jan 11, 1939

I last saw h..... alive on Jan, 19.. Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I. Cardiac Hemmorrhage	Jan 11 Dec 29
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Hoverson M. D.

(Address) 1934 W Fayette

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VR 5

HEALTH DEPARTMENT—CITY OF BALTIMORE

53978

CERTIFICATE OF DEATH

✓50 F 53978

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2313 Brendan St., 15th Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Bessie Sample

If U. S. Veteran specify WAR .....

(a) Residence: No. 2313 Brendan Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced (or) WIFE of William Sample

6. DATE OF BIRTH (month, day, year) Dec 26-1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓ none

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Phillip Peterson

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Eliza Alexander

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Sarah Sample

(Address) 2313 Brendan St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date Jan 14th 39

19. UNDERTAKER Richardson & Son

(Address) Balto

20. FILED JAN 13 1939 Register. Livingston Williams MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from July, 1938, to Jan 12, 1939

I last saw her alive on Jan 12, 1939. Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Breast	

Other contributory causes of importance:

anemia

Was an operation performed? No Date of —

For what disease or injury? ✓

Name of operation ✓

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) H. D. Lowe, M. D.

(Address) 2211 Eutaw Place

Information should be carefully supplied. Write plainly. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

53979

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 F 53979

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 E. 37th St., 4-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME Jennie Myerly

If U. S. Veteran specify WAR

(a) Residence No. 613 E. 37th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of George F. Myerly

6. DATE OF BIRTH (month, day, year) Dec 2, 1844

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	94	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Manchester Md.

FATHER

13. NAME David Hull

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Little

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mr. Harry C. Myerly

(Address) 613 E. 37th St.

18. BURIAL, CREMATION, OR REMOVAL.

Place Druid Ridge Date Jan. 17, 39

19. UNDERTAKER Wm. Meitzler Sons

(Address) North & Paca.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1938 to Jany 10, 1939,

I last saw h[illegible] alive on Jany 6, 1939. Death is said to have occurred on the date stated above, at 12 20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxemia from bedsores.	Dec, 38
Other contributory causes of importance: Pericarditis.	2 wks,

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? No. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hugh Forsythe, M. D.

(Address) 424 E. North Ave.

Information should be carefully supplied. Any omission may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

JAN 13 1939

HEALTH DEPARTMENT—CITY OF BALTIMORE

53980

CERTIFICATE OF DEATH

V 93-c F 53980

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 311 Warren Ave St. 24-3 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Elizabeth McCuen

If U. S. Veteran specify WAR

(a) Residence: No. 311 Warren Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 2 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Keeper
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Adam
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Annabelle Watson
16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mr Wilmot Brown
(Address) 3814 Ridgewood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 16 1939

19. UNDERTAKER William J Tyrkney & Son
(Address) North & Pennsylvania Ave

20. FILED JAN 13 1939, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 7, 1939 to January 12 1939
I last saw her alive on June 12, 1939 Death is said to have occurred on the date stated above, at 12 noon.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute cardiac dilatation	Jan 7 '39
	over
Other contributory causes of importance: Pulmonary Oedema	Jan 12 '39
Hypertension - arteriosclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation None What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Isaac Muller, M. D.
(Address) 1228 N. Charles St

Information should be carefully supplied. Any blank must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. 10/1515

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53981

CERTIFICATE OF DEATH

8075 - M F 53981

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 15-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

or

2. FULL NAME Jennie Lochner (Lochover)

If U. S. Veteran specify WAR

(a) Residence: No. 2205 Rosedale St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John

6. DATE OF BIRTH (month, day, year): 1/22/1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
69	69	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: John Scott

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Amelia Kraft

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 1/16 19 39

19. UNDERTAKER: John Cook

(Address) 1217 E. Pratt St

20. FILED JAN 13 1939 Harrington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 13 1939

22. I HEREBY CERTIFY, That I attended deceased from January 6, 1939 to January 13, 1939

I last saw her alive on January 13, 1939. Death is said to have occurred on the date stated above, at 7:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1-6-39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. A. De Stubbe M. D.

(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. If UNKNOWN, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53982

CERTIFICATE OF DEATH

✓ 131 F 53982

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1714 ~~1700~~ E. 30 St St., 9-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. V mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha R. Higgins

If U. S. Veteran specify WAR

(a) Residence: No. 1714 ~~1700~~ E 30 St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Capt. Daniel E. Higgins

6. DATE OF BIRTH (month, day, year) April 17- 1845

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	93	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~do~~ do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Thomas Rodley

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Mary A. Frey

16. BIRTHPLACE (city or town) Washington D.C (State or country)

17. INFORMANT Mrs James H. Higgins

(Address) 1714 ~~1700~~ E 30 St

18. BURIAL, CREMATION, OR REMOVAL Northwood M.E. Church Cem Talbot Co Md Date 1/14 1939

19. UNDERTAKER Wm E. Poulton

(Address) 1217 E Pratt St

20. FILED JAN 13 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 8, 1939 to January 11, 1939

I last saw h.er alive on January 10, 1939 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
uremia.	4 d.
Nephritis Regurgitation.	4 d.
acute Dilatation Heart	2 hr
Other contributory causes of importance:	
Chr. Interstitial Nephritis	40

Was an operation performed? Date of

For what disease or injury?

Name of operation Urinalysis

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. F. Stamm , M. D.

(Address) 2878 Harford Rd

information should be carefully supplied. AGE should be stated EXACTLY. Attempts to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53983

CERTIFICATE OF DEATH

X-124-B

F 53983

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lanvale St. 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sam Haynes

If U. S. Veteran specify WAR .....

(a) Residence: No. Pasadena 22d St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marine diver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Navy

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maine

FATHER

13. NAME Sam Haynes

14. BIRTHPLACE (city or town) (State or country) Australia

MOTHER

15. MAIDEN NAME Sarah ?

16. BIRTHPLACE (city or town) (State or country) Australia

17. INFORMANT Self

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL JAN 13 1939 19

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address)

20. JAN 13 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8 1939

22. I HEREBY CERTIFY, That I attended deceased from January 6, 1939, to Jan 8, 1939

I last saw him alive on Jan 8, 1939. Death is said to have occurred on the date stated above, at 7.35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fatal Cirrhosis	many yrs.
Cardiac decompensation	2 hrs.
Other contributory causes of importance: Chronic Myocarditis.	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Gilman J. Wells, M. D.

(Address) University Hospital

Information should be carefully supplied. Note should be taken that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

5-537

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53984

CERTIFICATE OF DEATH

✓ 107-a F 53984

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3015 Cresmont Avenue St. 12-b Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maurice Holmes Bates

If U. S. Veteran specify WAR

(a) Residence: No. 3015 Cresmont Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gladys Bond

6. DATE OF BIRTH (month, day, year) July 4, 1893

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
45	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Parts Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Kelly Buick pont

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles B. Bates

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Priscilla Marriott

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Gladys B. Bates

(Address) 3015 Cresmont Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemy. Date 1.14.39 19

19. UNDERTAKER Chas. E. Mitchell & Douglas

(Address) 1900 Eutaw Place

20. FILED JAN 13 1939 19 Hunting for Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 12 19 39

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2 19 39 to Jan. 12, 19 39

I last saw him alive on Jan. 11 19 39 Death is said to have occurred on the date stated above, at 4. a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	1.2.39
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) George A. Kupp M. D.

(Address) 3030 Edmondson Avenue

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V6 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

53985

CERTIFICATE OF DEATH

106-a F 53985

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3433 Frederick Ave Ward) 20-8

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Ebersberg

If U. S. Veteran specify WAR

(a) Residence: No. 3433 Frederick Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm G Ebersberg

6. DATE OF BIRTH (month, day, year) Dec 21 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Anthony Stearer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Bridget Conlon

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Dr Wm Ebersberg

(Address) Old Fredk Road

18. BURIAL, CREMATION, OR REMOVAL Prospect Park Cemetery 1/14 GP

19. UNDERTAKER George A Talley

(Address) Fulton & Fayette

20. FILED JAN 13 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938 to Jan 11, 1939

I last saw her alive on Jan. 10, 1939 Death is said to have occurred on the date stated above, at 3:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	11/38
Other contributory causes of importance: Acute Bronchitis	1/5 39

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) Eugene L. Persons M. D.

(Address) 514 Emory Lane

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

53986

F 53986

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-6 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 842 S. East Ave.

CITY OF BALTIMORE: (No. ..... St., 1-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Leroy Hendley

(a) Residence: No. 909 S. Linwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) March 19-1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Alonzo D. Hendley

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Susie Frashour

16. BIRTHPLACE (city or town) (State or country) Frederick Md.

17. INFORMANT Durland Hendley

(Address) 909 S. Linwood Ave Balto Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date Jan 14 1939

19. UNDERTAKER George W. Zibler

(Address) 1737 E. Eager St.

JAN 14 1939

20. Filed ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Duration of attack
Coronary Thrombosis	Minute

Other contributory causes of importance: Valvular heart disease 1 year

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas. W. Wood M. D.
Coroner

(Address) 1712 N. Broadway

V 6 6

E 53987

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 53987

CERTIFICATE OF DEATH

10

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. General St., 22-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Tersa Johns Stevens

If U. S. Veteran specify WAR

(a) Residence: No. 734 S. Charles St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 10, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	1	- 3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Ily Stevens

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Minnie ?

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Ily Stevens

(Address) 174 S. Charles St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem Date Jan 14, 1939

19. UNDERTAKER Frank Dillon Mort.

(Address) 52 N. Morley St.

20. DATE JAN 14 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 13, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry found that said deceased came (Inquest, Autopsy or Inquiry)

to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Laryngeal Diphtheria	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. H. Williams, M. D. Coroner

(Address) 2737 Eutaw

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

53988

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53988

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 16-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Gibson

If U. S. Veteran specify WAR

(a) Residence: No. 1034 N. Stockton St., Ward. C

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/5/1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
7 months	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. void

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Roland Gibson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Edith Taylor

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Edith Taylor

(Address) 1034 Stockton St

18. BURIAL, CREMATION, OR REMOVAL

Place Douglass Mem. Date 1-14th 1939

19. UNDERTAKER Jas. M. S. Skinner

(Address) 1927 Eutaw St

20. Filed JAN 14 1939 H. Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-12, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-11, 1939 to 1-12, 1939

I last saw him alive on 1/12/39, 19. Death is said to have occurred on the date stated above, at 2.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary T.B. (Tuberculous Meningitis)	1 d.
	6 wks

Other contributory causes of importance:

P

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. L. Jackson, M. D.

(Address) Provident Hosp.

V8 8

Physicians should be carefully supplied. AGE should be stated EXACTLY. Exact statement of information should be given in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important. See instructions on back of certificate. OCCUPATION is very important.

53989

HEALTH DEPARTMENT—CITY OF BALTIMORE

53989

CERTIFICATE OF DEATH

952

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 733 George St., 17-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eliza Brown

If U. S. Veteran specify WAR .....

(a) Residence: No. 733 George St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Herbert Brown

6. DATE OF BIRTH (month, day, year) March 7 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	10	4 5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Moses Harris

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Margret ?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Jennie Mosley

(Address) 733 George St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem Date Jan 14. 1939

19. UNDERTAKER Charles G. Corbin

(Address) 514 N. Calhoun St.

20. FILED ..... 19..... Registrar.

JAN 14 1939 Registrar for Baltimore, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12. 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 25 1938 to Jan 12 1939

I last saw h..... alive on Jan 12 1939. Death is said to have occurred on the date stated above, at 12.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Dis of Heart	?
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) ..... M. D.

(Address) 939 N. Fulton Ave

* Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

53990

HEALTH DEPARTMENT—CITY OF BALTIMORE

53990

CERTIFICATE OF DEATH

82a

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5504 Green Spring Ave) (Ward) 27-B

Length of residence in city or town where death occurred Lifetime How long in U. S. If of foreign birth? ...yrs. ...mos. ...da.

2. FULL NAME Allan H. Fisher

If U. S. Veteran specify WAR

(a) Residence: No. 5504 Green Spring Ave ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Esther K. Fisher

6. DATE OF BIRTH (month, day, year) Nov. 15, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	50	21	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney 0042

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Abraham H. Fisher

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

MOTHER

15. MAIDEN NAME Louisa Hamburger

16. BIRTHPLACE (city or town) Balto. (State or country) Md

17. INFORMANT Mrs. Esther Fisher
(Address) 5504 Green Spring Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Friendship Date Jany. 15, 1939

19. UNDERTAKER Sherid Sondheim & Son
(Address) 1902 Eutaw Place

20. FILED JAN 14 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany. 13, 1939.

22. I HEREBY CERTIFY, That I attended deceased from 11/18/35 to 1/13/39.

I last saw him alive on 1/13/39 Death is said to have occurred on the date stated above, at 1.40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9/14/37
(Lues - will right hemi-plegia	
Another dem - same date	1/3/39
Other contributory causes of importance:	
Arteria - Sclerosis	Abt
Hypertension	10 yrs.

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Theodore H. Morrison M. D.

(Address) 1013 N. Charles St.

G H G

53991

HEALTH DEPARTMENT—CITY OF BALTIMORE 53991

CERTIFICATE OF DEATH

122a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital 24 Ward) 3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1ffe yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mary Jeanette Fritz

(a) Residence: No. 1132 Riverside Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John C. Fritz

6. DATE OF BIRTH (month, day, year) Oct. 26, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	2	16 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Hollins

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Damon

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT John C. Fritz, Jr.
(Address) 401 E. Cross St.,

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Jan. 16 1939

19. UNDERTAKER G. Howard Strong
(Address) 715 Light St.,

20. JAN 14 1939 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 12, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry (Inquest, Autopsy or Inquiry) died that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Ventral Hernia	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) R. R. Coolen, M. D.
Coroner

(Address) 737 W. North Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

53992

HEALTH DEPARTMENT—CITY OF BALTIMORE

53992

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 237 S. Stricker St. 9-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Saranda Boyer

If U. S. Veteran specify WAR .....

(a) Residence: No. 237 S. Stricker St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Wm W. Boyer

6. DATE OF BIRTH (month, day, year) Oct 29-1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	87	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Ephriam Dubs

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Caroline Walker

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mr Samuel Boyer

(Address) 237 S Stricker St

18. BURIAL, CREMATION, OR REMOVAL

Place Pinebugs Md Date Jan 14 1939

19. UNDERTAKER Geo L Berger Sr

(Address) 512 Baltimore St

20. FILED JAN 14 1939 Huntington Williams Supplee

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1938, to Jan 12, 1939

I last saw her alive on Jan 11, 1939. Death is said to have occurred on the date stated above, at 3:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	(?)

Other contributory causes of importance:

Myocardial degeneration	(?)
& Pulmonary Edema	1/11/39

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Williams S Supplee M. D.

(Address) 1326 N. Eutaw St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F

F 53993 Berenungen

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 53993

47-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2603 Latona Rd. St. 27-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Ingust Beverungen

If U. S. Veteran specify WAR .....

(a) Residence: No. 2603 Latona Rd. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Helen Rosenbrock

6. DATE OF BIRTH (month, day, year) June 30 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry Louis Beverungen

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Minnie Hermann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Minnie Beverungen

(Address) 2603 Latona Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Emmanuel Louisville Date 1/16/1939

19. UNDERTAKER J. D. Wilson & Son

(Address) 2503 Edmondson Ave.

20. FILED ..... 19 ..... Huntington Willis Registrar

JAN 14 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13th 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 5 1938 to June 13 1939

I last saw him alive on May 12 1939 Death is said to have occurred on the date stated above, at 3:30 a. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma left lung — Duration 8-1-38

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Path. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. R. Gordy M. D.

(Address) 5116 Roslyn Road

N. B.—WHITE PLAINLY, WITH UNFADING INK. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

53994

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53994

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 703 E. 41st St. 9-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Elsie Morgan Parkhurst

If U. S. Veteran specify WAR .....

(a) Residence: No. 703 E. 41st St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter C. Parkhurst

6. DATE OF BIRTH (month, day, year) April 12, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ------ (State or country) Connecticut

FATHER

13. NAME Stephen Morgan

14. BIRTHPLACE (city or town) Wethersfield (State or country) Connecticut

MOTHER

15. MAIDEN NAME Martha Wales

16. BIRTHPLACE (city or town) Wethersfield (State or country) Connecticut

17. INFORMANT Mr. Walter C. Parkhurst

(Address) 703 E. 41st Street

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cemetery Date 1/14 1939

19. UNDERTAKER Henry H. Mears and Son

(Address) 805 N. Eutaw St.

20. FILED JAN 14 1939 19.. Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1937 to Jan. 11, 1939

I last saw her alive on Jan. 11, 1939. Death ~~is said to have~~ occurred on the date stated above, at 5:27 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	
Uremia	12/1/38?
Pulmonary edema, terminal.	1/11/39.

Other contributory causes of importance:

Cancer - Superficial Myocardial Degeneration	? ?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. B. Wright, M. D.

(Address) Medical Arts Bldg.

N. B.—WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should be careful to see that information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V9 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 53995

53995

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3333 Woodland Ave. St. 27-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Otelia L. Chapman

(a) Residence: No. 3333 Woodland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Walter L. Chapman

6. DATE OF BIRTH (month, day, year) Sept. 9, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gloucester Co., Va

FATHER

13. NAME Carey Lamberth

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Sarah Lyell

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Walter L. Chapman
(Address) 3333 Woodland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Gloucester Co., Date 1/15/39 19

19. UNDERTAKER H. W. Means & Son.
Address 605 E. Calvert St.

20. FILED JAN 14 1939 By Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1938, to Jan 13, 1939.

I last saw h[illegible] alive on Jan 13, 1939. Death is said to have occurred on the date stated above, at 7.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	11/16/38
Other contributory causes of importance:	
Chr Myocarditis	?

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, [illegible]

(Signed) Herbert Bebert M. D.

(Address) 4803 Park Heights Av

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL DOCUMENT. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

Via Pennsylvania R. R. Wm. M. Reimann, escort.

F 53996

53996 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 53996

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St., 8-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mon. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Della R. Henkuk (Henck)

If U. S. Veteran specify WAR

(a) Residence: No. 1907 E. Lafayette Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John D. Henck

6. DATE OF BIRTH (month, day, year) Oct 17, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H. W.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Edward Dillard

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Alice Street

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT John D. Henck
(Address) 1907 E. Lafayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Jan 14 1939

19. UNDERTAKER Harry A. Whyte
(Address) 701 Edmondson Ave

20. FILED JAN 14 1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 12, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy, or Inquiry) obtained by said Inquiry found that said deceased came (Inquest, Autopsy or Inquiry) to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, what ...

(Signed) H. C. Wilson, Coroner, M. D.

(Address) 27 S. Howard

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53997

CERTIFICATE OF DEATH

F 53997

23

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 26-4 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Miss EDNA JOHANNA MARK (37174)

If U. S. Veteran specify WAR

(a) Residence: No. 414 N. Haven St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 30, 1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	6	11/0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Hampshire

FATHER

13. NAME John Mark

14. BIRTHPLACE (city or town) (State or country) Finland

MOTHER

15. MAIDEN NAME Martha Kuitule

16. BIRTHPLACE (city or town) (State or country) Finland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Oak Lawn Cemetery Date Jan. 14. 1939

HENRY SANDER & SONS. INC. Henry F. Sander
19. UNDERTAKER
(Address) Baltimore & Broadway.

20. FILED Huntington Williams, M.D.
JAN 14 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from September 19, 1938 to January 10, 1939

I last saw her alive on January 10, 1939. Death is said to have occurred on the date stated above, at 10:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	1936

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

53998

CERTIFICATE OF DEATH

40588 53998

1. PLACE OF DEATH

Registered No. 34-23

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Avon Hensley

If U. S. Veteran specify WAR ...

(a) Residence: No. 627 W. Calhoun St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie

6. DATE OF BIRTH (month, day, year) 5-14-1912

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	26	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Edward

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Dora D.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Western Star Date Jan 16, 1939

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Schroeder St

20. FILED ... 19... Huntington Williams, M.D.
Registrar.

JAN 14 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 — 11 , 1939

22. I HEREBY CERTIFY, That I attended deceased from 1 — 4 , 1939 to 1 — 11 , 1939

I last saw him alive on 1 — 11 , 1939. Death is said to have occurred on the date stated above, at 11 30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?
Atelectasis left lung	few days
Other contributory causes of importance:	

Was an operation performed? yes Date of 1/7/39

For what disease or injury? Tuberculosis

Nature of operation Thoracoplasty

Most confirmed diagnosis Clinical Was there an autopsy? Yes

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? none If so, specify ...

(Signed) L. Krug Edwards Jr. M. D.

(Address) Balto city Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

35-65-06

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53999

CERTIFICATE OF DEATH

F 53999

54-P

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St. 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Finley

If U. S. Veteran specify WAR

(a) Residence: No. 502 N. Curley St., St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Neely

6. DATE OF BIRTH (month, day, year) 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Jersey

FATHER

13. NAME Archibald Finley

14. BIRTHPLACE (city or town) (State or country) New Jersey

MOTHER

15. MAIDEN NAME Mary Randle

16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMANT Records -
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Pk. Date Jan 16/39 19

19. UNDERTAKER Phelps Henry Sons
(Address) 2016 Harlem Ave Huntington Park, Md.

20. FILED JAN 14 1939 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1938 to Jan 13, 1939

I last saw him alive on Jan 13, 1939. Death is said to have occurred on the date stated above, at 5:20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor - benign	
Post operative pneumonia	
Other contributory causes of importance:	

Was an operation performed? yes Date of June 5, 1939

For what disease or injury? Brain tumor

Name of operation Craniotomy

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Kenneth A. Pickrell M. D.

(Address) Johns Hopkins Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V6 8

F 54000 HEALTH DEPARTMENT—CITY OF BALTIMORE F 54000

CERTIFICATE OF DEATH

47-C 39998-FS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 3-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Howard Andrew Keenan

If U. S. Veteran specify WAR .....

(a) Residence: No. 1500 E. 28th St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Oct 26/1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William Keenan

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Maryanna Clements

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B.C.H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Cem Date Jan 16 1939

19. UNDERTAKER Philip Ahrweg Sons

(Address) 2016 Nelson St

20. FILED JAN 14 1939 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-13-1939

22. I HEREBY CERTIFY, That I attended deceased from 12-15-1938 to 1-13-1939

I last saw him alive on 1-12-1939. Death is said to have occurred on the date stated above, at 5:01 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchogenic Carcinoma	
with metastasis to spine	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? None If so, specify .....

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto City Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Missing

#F54001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54002 ✓ F 54002

Registered No. 46-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hosp St 20-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Kirchner

If U. S. Veteran specify WAR

(a) Residence: No. 2301 Frederick Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Wh.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Kirchner

6. DATE OF BIRTH (month, day, year) Mar 15 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Shoe

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Karl Kirchner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ? Bloecher.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Francis L Regan

(Address) 2301 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 16, 39

19. UNDERTAKER Wm Fickenscher & Sons

(Address) 5 West Lafayette Ave

20. FILED JAN 14 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to h[illegible] death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral embolism	1/13.
Other contributory causes of importance: Cancer. rectum.	?

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W J Hanna Coroner M. D.

(Address) 18 E Lexington St

OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 54003

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 54003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., ... Ward)

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Patrick Goldcraft

If U. S. Veteran specify WAR ...

(a) Residence: No. Frederick St., ... Ward. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ...

6. DATE OF BIRTH (month, day, year) ...

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
1			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Frederick. Md.

FATHER

13. NAME Joseph Goldcraft

14. BIRTHPLACE (city or town) (State or country) Frederick Md.

MOTHER

15. MAIDEN NAME Mary Six

16. BIRTHPLACE (city or town) (State or country) Frederick Md.

17. INFORMANT Joseph Goldcraft

(Address) Frederick, Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Frederick, Md Date 1/15/ . 1939

19. UNDERTAKER Harry E. Cary Co.

(Address) Frederick Md

20. FILED JAN 14 1939 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 13, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro - Intestinal hemorrhage	

Other contributory causes of importance: ...

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation — Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? — If so, specify ...

(Signed) Paul Schreiber Coroner, M. D.

(Address) ...

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 6

F 54004

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54004

CERTIFICATE OF DEATH

X 95-B

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md. Registered No.

CITY OF BALTIMORE: (No. St., 12-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Just Arrived yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Reynold Thomas Crowe If U. S. Veteran specify WAR

(a) Residence: No. Route 2, Frostburg, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mattie Jones

6. DATE OF BIRTH (month, day, year) August 29, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Agricultural

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frostburg, Md.

FATHER

13. NAME John Crowe

14. BIRTHPLACE (city or town) (State or country) Frostburg, Maryland

MOTHER

15. MAIDEN NAME Ida Ravenscroft

16. BIRTHPLACE (city or town) (State or country) Frostburg, Maryland

17. INFORMANT Records-U. S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Cumberland Md Date 1/14 1939

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Hollins Sts

20. FILED 1939 Registrar.

JAN 15 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 7, 1939 to January 13, 1939

I last saw him alive on January 13, 1939. Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	1 yr.
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) R K Bryant, M. D.
(Address) U. S. Marine Hospital, Baltimore, Maryland.

X. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 54005 35-642

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 1-46-F F 54005

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ..... St. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John W. Irvin

If U. S. Veteran specify WAR ? Ment

(a) Residence: No. Hernwood Rd St., ... Ward. Granite Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Divrcd

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mozelle Irvin

6. DATE OF BIRTH (month, day, year) 1-4-95 (75)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ark

FATHER

13. NAME Simeon Irvin

14. BIRTHPLACE (city or town) (State or country) Tenn

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Ark

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Lemon Ark Date 1/14 1939

19. UNDERTAKER Mc Cole

(Address) 1211 E Pratt St

20. FILED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1939 to Jan 14, 1939

I last saw him alive on Jan 14, 1939 Death is said to have occurred on the date stated above, at 4:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of head of pancreas	?

Other contributory causes of importance:

Metastases to liver and lymph glands

Was an operation performed? yes Date of 12/2/38

For what disease or injury? Exploratory

Name of operation Exploratory laparotomy & biopsy

What test confirmed diagnosis? biopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. Brennan M. D.

(Address) Johns Hopkins Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 15 1939

54006 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 54006

CERTIFICATE OF DEATH

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md. Registered No. .....

CITY OF BALTIMORE: (No. 12-6 St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Just arrived yrs. ..... mos. 2 das. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Junius Williams If U. S. Veteran specify WAR .....

(a) Residence: No. Lillian, Virginia St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Williams

6. DATE OF BIRTH (month, day, year) February 26, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fisherman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seafaring

10. Date deceased last worked at this occupation (month and year) December 25, 1938

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lillian, Virginia

FATHER

13. NAME Merritt Williams

14. BIRTHPLACE (city or town) (State or country) Pittsburgh, Pennsylvania

MOTHER

15. MAIDEN NAME Mary Carter

16. BIRTHPLACE (city or town) (State or country) Northampton County Virginia

17. INFORMANT Records-U.S. Marine Hospital,
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Lillian Va Date Jan 16 1939

19. UNDERTAKER Thomas E. Nelson
(Address) 1303 Presstman St

JAN 15 1939 Hunter for Williams H.P. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 12, 1939 to January 14, 1939

I last saw him alive on January 14, 1939. Death is said to have occurred on the date stated above, at 3:25a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, acute broncho-pneumonic	2 wks
Other contributory causes of importance: Hemorrhage, pulmonary	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H L Wollenweber, M. D.

(Address) U. S. Marine Hospital, Baltimore, Maryland.

V.S.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

54007

HEALTH DEPARTMENT—CITY OF BALTIMORE

54007

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 15-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louis Fried

If U. S. Veteran specify WAR .....

(a) Residence: No. 4008 Oakford ave. St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Esther

6. DATE OF BIRTH (month, day, year) Feb 20 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lunch Room

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Israel Fried

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Hannah ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harry Fried

(Address) 4008 Oakford ave

18. BURIAL, CREMATION, OR REMOVAL

Balto Hebrew Cemety Date Jan 15 1939

19. UNDERTAKER Sol Levinson & Bros

(Address) 1124-26 W North ave

20. FILED JAN 15 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 4, 1939 to Jan. 13 1939

I last saw him alive on Jan. 13, 1939 Death is said to have occurred on the date stated above, at 6:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1/1/39
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. H. Grodus Lerner M. D.

(Address) Sinai Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

54008

HEALTH DEPARTMENT—CITY OF BALTIMORE

54008

CERTIFICATE OF DEATH

94a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 639 S Bond St., 1-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward V. Fryer

If U. S. Veteran specify WAR

(a) Residence: No. 639 S. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Addie Gutheil

6. DATE OF BIRTH (month, day, year) Jan 12 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penn R R

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Edw. Fryer

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Cath. Stevens

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Bertha Rockenstein

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carm. Cem. Date Jan. 16-39

19. UNDERTAKER John A. Wilson

(Address) 1300 E. Baltimore St.

20. FILED JAN 15 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 12 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 1939 to Jan 12 1939

last saw h[illegible] alive on Jan 10 1939. Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	Jan 12-39
arteriosclerosis	1936
Other contributory causes of importance:	
Hypertrophy Prostate (Mild)	Jan 1939

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James J. Kenney M. D.

(Address) 332 E. McElderry St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

54009 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54009

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. St., 26-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Thomas Ferris

(a) Residence: No. 4403 Parkmont St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Ferris

6. DATE OF BIRTH (month, day, year) June 29-1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	6	12 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thomas J. Ferris

14. BIRTHPLACE (city or town) (State or country) New York.

MOTHER

15. MAIDEN NAME Jennie Rytina

16. BIRTHPLACE (city or town) (State or country) Baltr. Md.

17. INFORMANT Mrs Emma Ferris

(Address) 4403 Parkmont ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak. Hill Cem. Date Jan. 16 1939

19. UNDERTAKER John. A Inman

(Address) 2300 E. Balto St.

20. FILED JAN 17 1939 19 Hunter Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 - 11 , 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-10 , 1939, to 1-11 , 1939

I last saw him alive on 1-11 , 1939. Death is said to have occurred on the date stated above, at 4:28 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbuncle	12-20-38
Septicemia	

Other contributory causes of importance:

Diabetes Mellitus
General arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) D. J. Battaglini, M. D.

(Address) Franklin Sq. Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 54010

HEALTH DEPARTMENT—CITY OF BALTIMORE

54010

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home + Hosp St. 6-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Anna Miller

If U. S. Veteran specify WAR .....

(a) Residence: No. 2216 E Fayette St St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mr Edwin Miller

6. DATE OF BIRTH (month, day, year) Jan 28, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George Magow

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Minnie Kimble

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Helen Norris

(Address) 2216 E Fayette St Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date Jan 16 1939

19. UNDERTAKER John Welsh

(Address) 2005 Aliceanna

20. FILED JAN 15 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-12, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-4, 1939, to 1-12, 1939

I last saw her alive on 1-12, 1939. Death is said to have occurred on the date stated above, at 5 05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic gangrene	Nov 1938
Cardiac Failure (myocarditis)	1-9-39

Other contributory causes of importance:

Was an operation performed? Yes Date of 1-10-39

For what disease or injury? Diabetic gangrene

Name of operation Amputation of L leg

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) W Wesley Kite, M. D.

(Address) The Church Home + Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

3056 63 — E 54011

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH: JOHNS HOPKINS HOSPITAL — Registered No. .....

CITY OF BALTIMORE: (No. ..... St. 15-10 ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Motter Annan — If U. S. Veteran specify WAR .....

(a) Residence: No. 3814 Cold Spring Lane, ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 4-7-11

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
27	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md Trust Co

10. Date deceased last worked at this occupation (month and year) Dec 1939 | 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Emmitsburg (State or country) Md

FATHER

13. NAME Edgar L. Annan

14. BIRTHPLACE (city or town) Emmitsburg (State or country) Md

MOTHER

15. MAIDEN NAME Pauline McNarr

16. BIRTHPLACE (city or town) Emmitsburg (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Emmitsburg, Md Date Jan 16, 1939

19. UNDERTAKER J. M. Eichelberger & Sons
(Address) Frederick Md

20. FILED JAN 15 1939 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1939, to Jan 14, 1939.
I last saw h.im alive on Jan 14, 1939. Death is said to have occurred on the date stated above, at 5.00 A m.

The principal cause of death and related causes of importance were as follows:

		Date of onset
Diabetes Mellitus		1926
Coronary occlusion	Jan. 15	1939

Other contributory causes of importance:
None

Was an operation performed? No Date of —
For what disease or injury? —
Name of operation —
What test confirmed diagnosis? Blood sugar Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19 —
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) H. A. Brennan M. D.
(Address) Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 8

F 54012

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54012

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 13-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. 6 mos. 8 ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Derbach

If U. S. Veteran specify WAR .....

(a) Residence: No. 1506 Clifton ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Divorced

3a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ 2

6. DATE OF BIRTH (month, day, year) July 5, 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. ..... min.
66	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. United Railways

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired

10. Date deceased last worked at this occupation (month and year) 20

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Thomas Derbach

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Zilon

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT MR ALPHNOS Derbach

(Address) 1506 CLIFTON AVE

18. BURIAL, CREMATION, OR REMOVAL

Place LOUDON PARK Date Jan. 17 1939

19. UNDERTAKER Wm J. Luckner & Sons

(Address) North & Pine ave

20. FILED JAN 15 1939 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 13 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 14 1939 to Jan. 13 1939

I last saw him alive on Jan. 13 1939 Death is said to have occurred on the date stated above, at 5:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardio-vascular Disease	1929
Other contributory causes of importance: (1) Myocardial degeneration (2) Auricular fibrillation	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) John P. Schaefer, M. D.

(Address) Mercy Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

54013 54013

CERTIFICATE OF DEATH

46-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1612 Poplar Grove St. St., 15-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Peter Little

If U. S. Veteran specify WAR

(a) Residence: No. 1612 Poplar Grove St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of **** *****

6. DATE OF BIRTH (month, day, year) Sept. 12, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Stage)

10. Date deceased last worked at this occupation (month and year) 8 0 2 6

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME Peter J. Little

14. BIRTHPLACE (city or town) Carroll Co.
(State or country) Md.

MOTHER

15. MAIDEN NAME Sophie Garnhausen

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

17. INFORMANT Mrs. Sophie L. Peppler
(Address) 1612 Poplar Grove St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date Jan. 16 1939

19. UNDERTAKER Wm. J. Tickner & Sons.
(Address) North & Pa. Ave.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 18 1938 to Jan 13 1939

I last saw h alive on Jan 13 1939 Death is said to have occurred on the date stated above, at 1.50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Other contributory causes of importance: Carcinoma of sigmoid & general carcinomatosis.	

Was an operation performed? yes Date of May 18, 1938

For what disease or injury? Carcinoma of sigmoid

Name of operation Colostomy

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) N. Clyde Marvil M. D.

(Address) 806 N. Charles St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 15 1939 Huntington Williams, M.D.

F 54014

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54014

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5007 E 31st St., 1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel Marshall

If U. S. Veteran specify WAR .....

(a) Residence: No. 5007 E 31st St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gloria Rose Marshall

6. DATE OF BIRTH (month, day, year) Jan 17-1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Varnish Mfg Co.

10. Date deceased last worked at this occupation (month and year) Dec 1938

11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William J Marshall

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Susan Williams Lewis

16. BIRTHPLACE (city or town) (State or country) Worchester Co Md

17. INFORMANT Mrs Ford Marshall

(Address) 1521 E Hoffman

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Olivet Date Jan 17, 1939

19. UNDERTAKER J. Thos. Taylor & Son

(Address) 1529

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1939, to Jan 14th, 1939

last saw h.. alive on Jan 14th, 1939. Death is said to have occurred on the date stated above, at 3 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Yrs. 2
Other contributory causes of importance:	

Was an operation performed? No, Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? Home

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, Specify .....

(Signed) K. K. Gordon M. D.

(Address) 5106 Harford Road

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 0 8

JAN 15 1939

F 54015

54015 35741

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. 107-a

CITY OF BALTIMORE: (No. ..... St. 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eugene Kuczynski

If U. S. Veteran specify WAR .....

(a) Residence: No. 514 S Milton Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 12-30-34

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
4		13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Felix Kuczynski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Tima Ferenc

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL Place St Stanislaus Date Jan. 16 1939

19. UNDERTAKER Fred W Ozarowski (Address) 1930 Eastern Ave

20. FILED ..... 19 ..... Registrar.

JAN 17 1939 Huntington Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1939 to Jan 13, 1939

I last saw him alive on Jan 13, 1939. Death is said to have occurred on the date stated above, at 9 40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
BRONCHOPNEUMONIA	1/2/39

Other contributory causes of importance:

MONGOLIAN IDIOCY

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Wm. C. Taylor Jr M. D.

(Address) Johns Hopkins Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 8

F 54016

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54016

CERTIFICATE OF DEATH

167 cc

Registered No. 1877

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 715 S. Wolfe St. 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Conrad Tong

(a) Residence: No. 715 S. Wolfe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Flora Tong

6. DATE OF BIRTH (month, day, year) Dec. 23 1898

7. AGE Years	Months	Days	If LESS than 1 day.. hrs. or min.
40		20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Tong

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Katherine ?

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Michael Tong Brother
(Address) 716 S. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cem. Date 1/16/39 19

19. UNDERTAKER Margaret E. Flynn
(Address) 240 N. Bethel St.

FILED JAN 15 1939 19 Livingston Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 13. 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot wound of head. (suicide)	1-12-1939

Other contributory causes of importance Melancholia Acute

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Suicide Date of injury Jan. 12. 1939

Where did injury occur? 715 S. Wolfe St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Shot himself in head

Nature of injury Shot in right temple

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood M. D.
Coroner

(Address) 1712 N. Bond St.

NOTICE.—READ, WITH CARE, THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

54017 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 54017

CERTIFICATE OF DEATH

205M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 11-4 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 7 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Jerry Whitfield

If U. S. Veteran specify WAR

(a) Residence: No. 1124 Madison Ave St., Ward. Residence Georgia

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Adela Whitfield

6. DATE OF BIRTH (month, day, year) 3-8-1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Construction Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0856

10. Date deceased last worked at this occupation (month and year) 1-5-1939

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) La Grange Ga.

FATHER

13. NAME ? Whitfield

14. BIRTHPLACE (city or town) (State or country) La Grange Ga.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Ga.

17. INFORMANT Adela Whitfield (W) (Address) 608 Baron St S.W. Atlanta Ga

18. BURIAL, CREMATION, OR REMOVAL Place Atlanta Ga Date Jan. 18, 1939

19. UNDERTAKER Charles G. Cooper (Address) 514 N. Calhoun St.

20. FILED 19 Registrar.

JAN 15 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock; Hemopneumothorax & Bronchopneumonia	9 days ?
Other contributory causes of importance: Multiple Fractures of Ribs & Vertebrae Deathbed	9 days ?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? clinical & X-Ray findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~Suicide~~ or ~~Homicide~~? Yes Date of injury 1/5, 1939.

Where did injury occur? Locke Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Conservation work for Public Improvement

Manner of injury Struck by Crane

Nature of injury Multiple fractures

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Injured while at work

(Signed) Michael A. Abrams, M. D. Coroner

(Address) 360 Entaw Place

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Every item of

E 54018

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 54018

CERTIFICATE OF DEATH

38729 JS

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 6-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 2 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry Silver

(a) Residence: No. 2040 E. Balto. St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Esther

6. DATE OF BIRTH (month, day, year) [redacted]

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. [redacted] Upholsterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Upholstering

10. Date deceased last worked at this occupation (month and year) Dec 38

11. Total time (years) spent in this occupation 1/2

12. BIRTHPLACE (city or town) Balto (State or country) Md.

FATHER

13. NAME Isaac Silver

14. BIRTHPLACE (city or town) Russia (State or country)

MOTHER

15. MAIDEN NAME Leah Aaronson

16. BIRTHPLACE (city or town) Russia (State or country)

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Herring Run Date 1-15-39 19

19. UNDERTAKER Saml Lowe
(Address) 1439 E. Balto St

20. FILED ... 19... Registrar.

JAN 15 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1938 to Jan 14, 1939

I last saw h[redacted] alive on Jan 14, 1939 Death is said to have occurred on the date stated above, at 6:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	1936
Cardiac insufficiency	1938
Other contributory causes of importance	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Frederick H. Hooper M. D.

(Address) Balto City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

4019 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 54019

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 15-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Mc Finney

If U. S. Veteran specify WAR .....

(a) Residence: No. 1608 N. Vincent St. St., Ward. Penn. Sta. Co Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-23-1920

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	18	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Maynard Mc Finney

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Laura Robinson

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Laura Mc Finney
(Address) 1608 N. Vincent St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 1/16 1939

19. UNDERTAKER Lamb Mc Glaughlin
(Address) 638 N. Carey St

20. FILED JAN 15 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-14, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-3, 1939 to 1-14, 1939

I last saw h[illegible] alive on 1/14, 1939. Death is said to have occurred on the date stated above, at 2.50 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured appendix	12-31-38
Generalized Peritonitis	
Paralytic ileus.	

Other contributory causes of importance:

Was an operation performed? Yes. Date of 1/3/39.

For what disease or injury? Ruptured Appendix

Name of operation Appendectomy & Drainage.

What test confirmed diagnosis? Yes Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19...

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Leonard Harris M. D.

(Address) Provident Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should

54020

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 54020

CERTIFICATE OF DEATH

V 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1043 Harlem Ave 16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Minnie Hatton

If U. S. Veteran specify WAR

(a) Residence: No. 1043 Harlem Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: William Hatton

6. DATE OF BIRTH (month, day, year): 8/16/81

7. AGE: Years 57 | Months 4 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Richard Hatton

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Mary F. Batton

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Francis Thompson

(Address) 1610 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Date 1-16 1939

19. UNDERTAKER: Samuel W. Chase & Son

(Address) 638 N. Gilmor St.

20. FILED 1939 Huntington Williams Registrar

JAN 15 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/12/39, 19

22. I HEREBY CERTIFY, That I attended deceased from 11/8/38, 19, to 1/12/39, 19

I last saw her alive on 1/10/39, 19. Death is said to have occurred on the date stated above, at 8:20 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Breast — 1 mo

Other contributory causes of importance:

Infection Toxemia from Breast

Was an operation performed? Yes X Ray

For what disease or injury? Carcinoma Breast

Name of operation: None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 72 Marion

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 54021

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54021

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Baltimore General Hosp St., 25-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Joseph Heim

If U. S. Veteran specify WAR

(a) Residence: No. 2229 Annapolis Rd. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harrieth Heim

6. DATE OF BIRTH (month, day, year) Feb. 16, 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	10	28 or 7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Employee

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas & Elec. Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George Heim

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. John Beard
(Address) 2229 Annapolis Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Jan. 17, 1939

19. UNDERTAKER Wamie C. Syfer
(Address) 1600 W. North Ave.

20. FILED JAN 15 1939 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 13, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Comminuted fracture left humerus at middle third	Jan 1, 39
Hypostatic Pneumonia	Jan. 4 1939
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury Jan. 1, 1939

Where did injury occur? Home Baltimore
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury fell

Nature of injury comminuted fracture humerus

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) I. Sittman, M. D. Coroner

(Address) 1304 E. Chase St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

54022 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 54022

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital 186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 33rd & Calvert St., 12-W Ward)

Length of residence in city or town where death occurred 64 yrs. 1 mos. 21 ds. How long in U. S. if of foreign birth 64 yrs. — mos. — ds.

2. FULL NAME Mrs Harry B Dillehunt Sr (MARIE F.) If U. S. Veteran specify WAR NONE

(a) Residence: No. 3333 N. Charles St., ... Ward. City
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry B Dillehunt

6. DATE OF BIRTH (month, day, year) NOV-21-1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edw. L. Talgner

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Jane Hooper

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs H B Dillehunt Sr (Son)
(Address) 214-W-Read-St.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Hill Date Jan 16 1939

19. UNDERTAKER STEWART & HOWELL COMPANY
(Address) (W. E. WOODEN SUC.) 102 W. NORTH AVENUE

20. FILED JAN 15 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/14 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-3 1939 to 1-14 1939

I last saw her alive on 1/14 1939. Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Fractured hip	
Paralytic ileus	
	own

Other contributory causes of importance

Was an operation performed? yes Date of 1/5/39

For what disease or injury? Fractured hip

Name of operation Insertion of Smith Peterson nail

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hammond J Dugan M. D.

(Address) Union Memorial Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 54023

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54023

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Union Memorial Hospital 108

CITY OF BALTIMORE: (No. 33rd & Calvert St. 12-26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Pittsinger Bradbury

If U. S. Veteran specify WAR NONE

(a) Residence: No. Chateau Lafayette, Greenwich St., Ward. Greenwich Conn.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Grace B. Mrs Wm P. Bradbury

6. DATE OF BIRTH (month, day, year) 11-19-1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Vice Pres, Sales, Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Manning, Maxwell & Moore

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) New York City, N.Y.

FATHER

13. NAME William B. Bradbury

14. BIRTHPLACE (city or town) (State or country) Me.

MOTHER

15. MAIDEN NAME Bertha Pittsinger

16. BIRTHPLACE (city or town) (State or country) N.H.

17. INFORMANT Mrs Grace B. Bradbury (wife)

(Address) Greenwich Conn.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn N.Y. City Date Jan-15 39

19. UNDERTAKER STEWART & HOWEN COMPANY

(Address) (N. E. WOODLAWN SUB.) 108 W. NORTH AVENUE

20. FILED ..... 19... Registrar.

JAN 15 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 12, 1939, to January 14, 1939

I last saw him alive on January 14, 1939. Death is said to have occurred on the date stated above, at 10 45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia (Type VIII)	1-10-39
Pneumococcal septicemia	1-12-39
Other contributory causes of importance: Hypertension	?

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Douglas H. Stone M. D.

(Address) Union Memorial Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

54024 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54024

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3128 Chesterfield Ave St., 26-3 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. if of foreign birth 50 yrs. ... mos. ... ds.

2. FULL NAME Anna Hartmanowski

If U. S. Veteran specify WAR .....

(a) Residence: No. 3128 Chesterfield Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George Hartmanowski

6. DATE OF BIRTH (month, day, year) 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~None~~

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Otto Hoffman

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mr. Paul Hartmanowski
(Address) 700 S. Broadway

18. BURIAL, CREMATION, OR REMOVAL
Place Cat. Lawn Date Jan 16 1939

19. UNDERTAKER John M. Weber
(Address) 401 S. Chester St

FILED JAN 15 1939 H. J. Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12, 39

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1938 to Jan 12 1939.

I last saw her alive on Jan 12 1939 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Trouble	1/5/38
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) William J. Brouwer M. D.

(Address) 901 S Kenwood Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 54025

HEALTH DEPARTMENT—CITY OF BALTIMORE

54025

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1116 Hanover St., 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frederick Adam Sieck

If U. S. Veteran specify WAR ...

(a) Residence: No. 1116 Hanover St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie M Sieck

6. DATE OF BIRTH (month, day, year) Sept 9th 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	95	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baking Business

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Adolph H. Sieck

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Do not know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret Sieck
(Address) 1116 Hanover st

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 1/16/39 19

19. UNDERTAKER The Weber & Son
(Address) 2503 Edmondson Ave

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13th, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1938, to Jan 13, 1939

I last saw him alive on Jan 12, 1939. Death is said to have occurred on the date stated above, at 7.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Paralysis of the Insane Apoplexy	

Other contributory causes of importance: none

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) O. Hamm M. D.

(Address) 1215 Hanover St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 15 1939

E 54026

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 54026

CERTIFICATE OF DEATH

X 46-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St. 4-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1/2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Anna Corcoran

If U. S. Veteran specify WAR .....

(a) Residence: No. 5 Mole Drive St., ... Ward. Catonsville

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bernard Corcoran

6. DATE OF BIRTH (month, day, year) Nov. 9, 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	9.	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Anthony Kenenda

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Anna Tabusa

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Bernard Corcoran

(Address) 5 Mole drive Catonsville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 1/18 1939

19. UNDERTAKER C. Vernon Lemmon

(Address) 4611 Pk. Hgts.

20. FILED JAN 19 1939 Harlan Phillips, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1939 to Jan 13, 1939

I last saw her alive on Jan 12, 1939 Death is said to have occurred on the date stated above, at 1 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus with perforation	2 yrs.

Other contributory causes of importance:

Was an operation performed? Yes Date of Jan 12, 1939

For what disease or injury? Uterine Fibroid

Name of operation Hysterectomy

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward D. Cooper, M. D.

(Address) Mercy Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

VF 54027

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 7-3 Ward) x137

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 2 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Bowman

If U. S. Veteran specify WAR .....

(a) Residence: No. 302 S Washington St., ... Ward. Wilkes Barre Pa
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 10/21/60

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Penn —

FATHER

13. NAME Wm. Bowman

14. BIRTHPLACE (city or town) (State or country) Pa —

MOTHER

15. MAIDEN NAME Eliza Harman

16. BIRTHPLACE (city or town) (State or country) Pa —

17. INFORMANT Records —
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Wilkes Barre Pa Date Jan 16, 1939

19. UNDERTAKER Martin A. Dippel
(Address) 57 S. Canal St

20. FILED JAN 15 1939 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30 1938 to Jan 14 1939

I last saw him alive on Jan 14 1939. Death is said to have occurred on the date stated above, at 4-25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic Hypertrophy	1930 ±
Pyelonephritis, bilateral	1937 ±
Uremia	1938 ±

Other contributory causes of importance:

Arteriosclerosis	1931

Was an operation performed? Yes Date of Jan. 11, 1939

For what disease or injury? Prostatic Hypertrophy

Name of operation Perineal Prostatectomy

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John R. Mast M. D.

(Address) Johns Hopkins Hospital
Baltimore, Maryland

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 54028

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54028

CERTIFICATE OF DEATH

92-a CC

Registered No. 1877

1. PLACE OF DEATH Home.

CITY OF BALTIMORE: (No. 918 S. Wolfe St. 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Harry T. Berg

If U. S. Veteran specify WAR

(a) Residence: No. 918 S. Wolfe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 19-1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	7	25/26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Year past

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Frank T. Berg

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Emily M. Weth

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Emma Pocock Sister

(Address) 46 S. Eaton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Schwartz's Lane Date Jan 16 19 39

19. UNDERTAKER Mark J. & E. Dippel

(Address) 37 S. Eaton St.

Filed JAN 15 1939 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 14. 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Minute

Other contributory causes of importance: Valvular heart disease Year

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation Clinical Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 1712 N. Bond St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 54029

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54029

CERTIFICATE OF DEATH

X 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Ret. St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Williamns

If U. S. Veteran specify WAR .....

(a) Residence: No. Chambersburg, Pa St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs Jones

6. DATE OF BIRTH (month, day, year) Dec 10 - 1852

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	86	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Franklin Co Pa.

FATHER

13. NAME James M. Williams

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Mary Karper

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cremation Date Jan 18 1939

19. UNDERTAKER Dr. Inspector, Mrs
(Address) E. Fallsway

20. FILED JAN 15 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1939 to Jan 15, 1939

I last saw him alive on Jan 15, 1939. Death is said to have occurred on the date stated above, at 2:45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arteriosclerosis	?
Senile Psychosis	
Other contributory causes of importance: Glomerular Nephritis	?

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) James P. Ulman M. D.

(Address) 236 Frederick

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 54030

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54030

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1816 Aisquith St. 9-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lydia J. Wesley

(a) Residence: No. 1816 Aisquith St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George H. Wesley

6. DATE OF BIRTH (month, day, year) Jan. 31, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	11	18	12

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 88

10. Date deceased last worked at this occupation (month and year) 80

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. county

FATHER

13. NAME Ethelbert Tagg

14. BIRTHPLACE (city or town) (State or country) Baltimore county

MOTHER

15. MAIDEN NAME Elizabeth Stillings

16. BIRTHPLACE (city or town) (State or country) new york state

17. INFORMANT Mrs. Emma J. Wesley

(Address) 1816 Aisquith St.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 1/16 1939

19. UNDERTAKER Richard F. Cooley

(Address) 400 E. North ave

20. FILED JAN 15 1939

Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 11 1939 to Jan 13 1939.

I last saw h[illegible] alive on Jan 13 1939 Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	2da
Myocardial Insufficiency	3hrs

Other contributory causes of importance:

Cerebral Hemorrhage. Cyanosis. 6 yrs.
Hypertension

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?

If so, [illegible]

(Signed) E. H. Tom M. D.

(Address) 806 N. Fremont Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Howard I Deppish

F 54031

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-5

38098 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 16-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred about 60 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Howard L Deppish

If U. S. Veteran specify WAR None

(a) Residence: No. 2534 Edmondson Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Katie Harris

6. DATE OF BIRTH (month, day, year): 10-25-?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60 ?	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Francis

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Ella Quigley

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): B. C. H. Records

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date Jan 17, 1939

19. UNDERTAKER Stewart & McKenney Company

(Address) 108 N. Paca Ave.

20. FILED Jan 17 1939 Municipal Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-14-39

22. I HEREBY CERTIFY, That I attended deceased from 10-17-38 to 1-14-39

I last saw him alive on 1-14-37. Death is said to have occurred on the date stated above, at 8 P.M.

The primary cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	Few days
Bronchopneumonia	few days

Other contributory causes of importance:

Was an operation performed? Yes Date of 1-13-37

For what disease or injury?

Name of operation Resection Intestine for Tumor

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [redacted] M. D.

(Address) Balto City Hosp.

JAN 17 1939

VD 8

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

54032

HEALTH DEPARTMENT—CITY OF BALTIMORE

54032

126

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Aves. St. Baltimore (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Albert Bean

If U. S. Veteran specify WAR

(a) Residence: No. 2704 Washington Blvd St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Eva

6. DATE OF BIRTH (month, day, year) March 31-1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hardware

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Prop. 804

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ind.

FATHER

13. NAME John P Bean

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mollie Cook

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Eva E Bean

(Address) 2704 Wash Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place Med (Attended) Date 1/18 1939

19. UNDERTAKER Edward Tolerson

(Address) 2359 Wash Blvd

20. FILED JAN 15 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 12, 1939, to January 14, 1939.

I last saw him alive on January 14, 1939. Death is said to have occurred on the date stated above, at 9:12 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ACUTE PANCREATITIS	1-12-39
Other contributory causes of importance: CHRONIC CHOLELITHIASIS	

Was an operation performed? YES Date of 1-14-39

For what disease or injury? ACUTE PANCREATITIS

Name of operation CHOLECYSTOSTOMY

What test confirmed diagnosis Operation Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. V. Lynch M. D.

(Address) St. Agnes' Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 54038 Boundary

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54033

CERTIFICATE OF DEATH

93-e

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5104 Pentridge St. 27-17 Ward)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... da. How long in U. S. If of foreign birth? 45 yrs. ... mos. ... da.

2. FULL NAME Rebecca Zebert

If U. S. Veteran specify WAR .....

(a) Residence: No. 5104 Pentridge St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Max

6. DATE OF BIRTH (month, day, year) —

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
31			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Max Zebert

(Address) 5104 Pentridge St.

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 1-15-39 19

19. UNDERTAKER Fort Lewis Inc

(Address) 1439 E. Baltimore St.

20. FILED ..... 19.....

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-15-39 19

22. I HEREBY CERTIFY, That I attended deceased from Aug. 19 31 to Dec 19 38

I last saw h alive on Dec 27 1938 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arteriosclerosis	1931
Chr myocarditis	1931

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Milton L. Solomon M. D.

(Address) 124 S. Broadway

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 15 1939

F 54034

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54034

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 N. East Ave St. 26-10 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mart M. Black

If U. S. Veteran specify WAR

(a) Residence: No. 517 N. East. Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Dora Black

6. DATE OF BIRTH (month, day, year): Dec. 10-1881

7. AGE: Years 57 | Months 1 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Steel Works 30

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Edward E. Black

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER

15. MAIDEN NAME: Cath. Harmon

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Mrs. Dora Black

(Address) 517 N. East. Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Jan. 16 1939

19. UNDERTAKER: John O. McCan

(Address) 3000 E. Baltimore St.

20. FILED 19

Registrar.

Huntington Williams, M.D.

JAN 15 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 1936 to Jan 13, 1939

I last saw h[illegible] alive on Jan 11, 1939 Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	1/13/39
Arteriosclerosis	2

Other contributory causes of importance:

Chronic myocarditis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. P. Libarkin M. D.

(Address) 29 E. Madison St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

54035

CERTIFICATE CORRECTED 2-2-61 ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

54035

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3215 Leverton ave. St., 26-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Cumberland

If U. S. Veteran specify WAR .....

(a) Residence: No. 3215 Leverton ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M | 4. Color or Race: W. | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced. HUSBAND of (or) WIFE of ~~Catherine~~ Cumberland

6. DATE OF BIRTH (month, day, year) March 29, 1885

7. AGE: Years 53 63 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bottler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bismark Bevg

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Charles Cumberland

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Margaret Thread

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT ~~Catherine~~ Cumberland

(Address) 3215 Leverton ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Jan 16 1939

19. UNDERTAKER John A. Curran

(Address) 3000 E. Baltimore St

20. FILED ..... 19 ..... Huntington, West Virginia, U.S.A. Registrar.

JAN 15 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from 8-1-38, 1938, to 1-12, 1939

that I saw him alive on 1-12, 1939 Death is said to have occurred on the date stated above, at 6.45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. J. Gorsed, M. D.

(Address) 14 N. East ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

54036

HEALTH DEPARTMENT—CITY OF BALTIMORE 54036

CERTIFICATE OF DEATH

50

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2319 Sidney Ave (Westport) St., 25 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Rose E. Landes

If U. S. Veteran specify WAR

(a) Residence: No. 2319 Sidney Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John E. Landes

6. DATE OF BIRTH (month, day, year) May 8th 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Thomas L Loyd

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Catherine Baldwin

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs John E. Landes

(Address) 2319 Sidney Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date Jan 16 1939

19. UNDERTAKER John F Cobourn & Son

(Address) 2319 Sidney Ave

20. FILED JAN 15 1939 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/13/ 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 1938 to Jan 13 1939

I last saw her alive on Jan 12 1939 Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Jeneral Carcinomatosis	4 mos

Other contributory causes of importance:

Edema Carcinoma (Left Breast)	Unknown

Was an operation performed? Yes Date of 1938

For what disease or injury? Edema - Carcinoma Left Breast

Name of operation Radical Amputation

What test confirmed diagnosis? Mass Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George F. Weaver M. D.

(Address) 4000 Edmondson Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 8

F 54037 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54037

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2320 W. Lexington St. 20 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Robert M. Wyatt

If U. S. Veteran specify WAR .....

(a) Residence: No. 2320 W. Lexington St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Margaret M. Wyatt

6. DATE OF BIRTH (month, day, year) Oct 22nd 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	2	22 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheriff 28

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Norfolk Va.

FATHER

13. NAME Robert M. Wyatt.

14. BIRTHPLACE (city or town) (State or country) Richmond Va.

MOTHER

15. MAIDEN NAME Louise Gaylord.

16. BIRTHPLACE (city or town) (State or country) New Orleans

17. INFORMANT Mrs Bernard Facets

(Address) 2320 W. Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 1/16/ 1939

19. UNDERTAKER John J. Cowan & Son

(Address) .....

20. FILED ..... 19 ..... Martin Williams, Registrar.

JAN 15 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/13/ 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1938 to Jan 13 1939

I last saw h.. alive on Jan 13 1939. Death is said to have occurred on the date stated above, at 9.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of small Intestine & Peritonitis	about Sept 38

Other contributory causes of importance:

none apparent

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation Exploratory

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Bernard S. Francis, M. D.

(Address) 4379 Annamarlor

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 54038

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54038

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary N. Broadway St. 6-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Jamis Wirts

If U. S. Veteran specify WAR .....

(a) Residence: No. 11 Butler Rd. Reisterstown, Md St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Mr. Bennett Wirts

6. DATE OF BIRTH (month, day, year) 3/17/18

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	20	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Feb. 1938

11. Total time (years) spent in this occupation 2 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Harry Naylor

14. BIRTHPLACE (city or town) (State or country) Reisterstown

MOTHER

15. MAIDEN NAME Bessie Gamber

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. Bennett Wirts

(Address) 11 Butler Rd., Reisterstown, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place All Saints Date Jan 18 1939

19. UNDERTAKER J. Fr. Eline & Sons

(Address) Reisterstown Md.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/15, 1939

22. I HEREBY CERTIFY, That I attended deceased from 12/11/39, 19..., to 1/15/39, 19...

I last saw her alive on 1/15/39, 19..., Death is said to have occurred on the date stated above, at 4:10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance:	
Acute Leukemic Leukemia	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) A. M. Ferry, M. D.

(Address) Church Home & Infirmary Baltimore, Md

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54039

CERTIFICATE OF DEATH

F 54039

1. PLACE OF DEATH U S Marine Hospital, Baltimore Md Registered No. 181

CITY OF BALTIMORE: (No. ..... St. 42-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 day. How long in U. S. If of foreign birth 68 yrs. ... mos. ... da.

2. FULL NAME Scherger, John Kasper — If U. S. Veteran specify WAR Span. Am.

(a) Residence: No. 2 Martin St., ... Ward. Annapolis, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie Scherger

6. DATE OF BIRTH (month, day, year) Dec 24, 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75		21 30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. auto driver 23

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Annapolis Fire Dept

10. Date deceased last worked at this occupation (month and year) 10 yrs ago. 11. Total time (years) spent in this occupation Lifetime

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Scherger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records, U S Marine Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL Annapolis Md Date Jan. 17th 1939

19. UNDERTAKER J. M. Degnan
(Address) 1003 N. Eutaw St

20. FILED ..., 19... Registrar.

JAN 15 1939 Hunting to Hillcrest, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14th 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 5th 1939 to Jan 14th 1939

I last saw him alive on Jan 14th 1939. Death is said to have occurred on the date stated above, at 6:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Burns, fire, 2nd and 3rd degree, right side of body	Jan 5, 1939
Other contributory causes of importance: Pneumonia, hypostatic, bronchial	terminal

Was an operation performed? No Date of

For what disease or injury

Name of operation

What test confirmed diagnosis? P M Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1/5, 19...

Where did injury occur? Annapolis Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury From smoking pipe

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. Wollenweber M. D.

(Address) U S Marine Hospital, Baltimore

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 54040

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54040

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Union Memorial Hospital

Registered No. 10

CITY OF BALTIMORE: (No. ..... St., 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME: Read Gettings Burnham

If U. S. Veteran specify WAR .....

(a) Residence: No. Church Road, Randallstown St., Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of? —

6. DATE OF BIRTH (month, day, year): July 6, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	6	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School - Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country): Randallstown, Md

FATHER

13. NAME: John E. Burnham

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Mary E Gettings

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Wm E Burnham

(Address) Randallstown, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Old Adams Cem Randallstown Md Date Jan. 16, 1939

19. UNDERTAKER: E H Lee & Son

(Address) 1003 E. Baltimore St

20. FILED ..... 19..... Registrar.

JAN 16 1939

Hunting & Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1939 to Jan 15, 1939

I last saw him alive on Jan 15, 1939 Death is said to have occurred on the date stated above, at 3 55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diphtheria of pharynx & larynx	1/10/39
Toxic myocarditis	"
Other contributory causes of importance: atelectasis, rt. lung	1/14/39

Was an operation performed? yes Date of 1/12/39

For what disease or injury? Laryngeal diphtheria

Name of operation Tracheotomy

What test confirmed diagnosis? smear Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, how?

(Signed) [illegible] M. D.

(Address) Union Memorial Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 54041

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54041

CERTIFICATE OF DEATH

93-e

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1242 William St. 24-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Thomas Porter Clark

If U. S. Veteran specify WAR

(a) Residence: No. 1242 William St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed, or Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married, widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Elizabeth Vane Clark

6. DATE OF BIRTH (month, day, year) Feb 12 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Glass Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Kings

10. Date deceased last worked at this occupation (month and year) 1918

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) New Jersey

FATHER

13. NAME Walter Scott Clark

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) N. J.

17. INFORMANT Helen Filka
(Address) 1242 William St.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date Jan 16 1939

19. UNDERTAKER Wm Bolk
(Address) 1217 St. Paul St

20. FILED JAN 16 1939 Harry Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 17 1938 to Jan 13 1939

I last saw h[illegible] alive on Jan 13 1939. Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	2 mos
Other contributory causes of importance:	
Chronic Cholangitis	3 mos
Ascites	2 mos

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. J. Welch, M. D.

(Address) 1279 Hollins St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 54042 HEALTH DEPARTMENT—CITY OF BALTIMORE F 54042

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3208 Harwell Ave. Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Emma L. Frome If U. S. Veteran specify WAR

(a) Residence: No. 3208 Harwell Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edmund C. Frome

6. DATE OF BIRTH (month, day, year) March 20 1893

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
45	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 37

10. Date deceased last worked at this occupation (month and year) 11 1937 | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William M Jones

14. BIRTHPLACE (city or town) (State or country) Washington D C

MOTHER

15. MAIDEN NAME Margaret Hoffmon

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Edmund C. Frome
(Address) 3208 Harwell Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Union Cem Date 1/16 1939

19. UNDERTAKER Geo. E. Gaul & Son
(Address) 1220 Eutaw St

Huntington Williams, M.Y.

20. FILED JAN 16 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1938 to Jan 13 1939.

I last saw h[illegible] alive on Jan 13 1939. Death is said to have occurred on the date stated above, at 4:15 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilitation	Jan 0/39
Other contributory causes of importance: Endocarditis, Myocarditis	5.

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Adam Brennan M. D.

(Address) 718 N. Fallsway

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 54043

HEALTH DEPARTMENT—CITY OF BALTIMORE 54043

CERTIFICATE OF DEATH

95-3

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2811 Kirk Ave St. 9-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR No

2. FULL NAME Elsie A Martin

(a) Residence: No. 2811 Kirk Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 28, 1921

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	17	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as painter, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Walter Martin

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Elsie A Bennett

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Elsie A Martin
(Address) 2811 Kirk Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 1/17 1939

19. UNDERTAKER Wm Cox
(Address) 1214 E Fort Ave

20. FILED ..... 19..... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from ..... 1937 to Jan 14, 1939.

I last saw her alive on Jan 13, 1939 Death is said to have occurred on the date stated above, at 9:22 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Carditis	1930
Vascular Disease	C
Other contributory causes of importance:	
Subacute Bacterial Endocarditis	Nov 1935
Cerebral Embolism	Jan 1939

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation None

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Alex A Wanstock M. D.

(Address) 713 Augusta St

AUG 3 1939

V9 3

54044

F 54044

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital (Ward) 13-3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eugene B Hooten

If U. S. Veteran specify WAR

(a) Residence: 2328 Druid Hill Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ida Hooten

6. DATE OF BIRTH (month, day, year) 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
61	60	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Actor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Columbus Ga

FATHER

13. NAME Hooten

14. BIRTHPLACE (city or town) (State or country) Ga

MOTHER

15. MAIDEN NAME Mary Hooten

16. BIRTHPLACE (city or town) (State or country) Ga

17. INFORMANT Ida Hooten

(Address) 2328 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Arlington Memorial Cem. Date Jan 16 1939

19. UNDERTAKER James A Hayes

(Address) 142 W Pratt St

JAN 16 1939

Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12, 39

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Hemorrhage	Jan 11
Other contributory causes of importance: —	39

Was an operation performed? — Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo L Allen M. D.

Coroner

(Address) 20 E Lexington St

V S 6

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 54045

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54045

CERTIFICATE OF DEATH

40565 IS
5H-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cecelia Kmoch

If U. S. Veteran specify WAR

(a) Residence: No. 1011 S. Potomac St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph

6. DATE OF BIRTH (month, day, year) 3-22-1891 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
43	47	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Francis Schwartz

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Rosie ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT B. V. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Sacred Heart of Mary Date 1/18/39

19. UNDERTAKER John L. Buda
(Address) 2024 Hudson St

20. FILED 19 Registrar.

JAN 16 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-12 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-4 1939 to 1-12 1939

I last saw h&c alive on 1-13 1939 Death is said to have occurred on the date stated above, at 12:38 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fibroids of uterus	?
Pulmonary embolus	Sudden

Other contributory causes of importance:

Was an operation performed? yes Date of 1/6/39

For what disease or injury? Fibroids uterus

Name of operation Hysterectomy

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Kenneth Jr. M. D.

(Address) Balto City Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 54046

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54046

CERTIFICATE OF DEATH

✓ 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2727 Hudson St., 1-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leonard De. Frank

If U. S. Veteran specify WAR

(a) Residence: No. 2727 Hudson St., Ward.

(Usual place of abode) Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Helen De. Frank

6. DATE OF BIRTH (month, day, year) 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farman

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation 8 yrs

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME not known

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Helen De. Frank

(Address) 2727 Hudson St

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Date 1/17 19 39

19. UNDERTAKER John J. Pisda

(Address) 2828 Hudson St

20. FILED JAN 16 1939 Hastings St Philadelphia, Md Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1939 to Jan 11 1939

I last saw him alive on Jan 11 1939 Death is said to have occurred on the date stated above, at 6:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 1-39
Arterio Sclerosis	
Hypostatic Congestion	
Other contributory causes of importance: —	
Cir. Varicosities	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) 1812 N. Broadway

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 54047

54047 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 214 Warren Ave St., 22-1 Ward)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Vande E King

(a) Residence: No. 214 Warren Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Thomas E King

6. DATE OF BIRTH (month, day, year) Nov 30 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dawsonville Md

FATHER

13. NAME Joseph E Phipps

14. BIRTHPLACE (city or town) (State or country) Dawsonville Md

MOTHER

15. MAIDEN NAME Josephine Hardesty

16. BIRTHPLACE (city or town) (State or country) Dawsonville Md

17. INFORMANT Mrs Thomas E King
(Address) 214 E Warren Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 16, 1939

19. UNDERTAKER William M Mareck
(Address) 713 Light St

20. FILED JAN 16 1939 By ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1938, to Jan 12, 1939

I last saw her alive on Jan 12, 1939 Death is said to have occurred on the date stated above, at 11 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal Disease (Chronic Nephritis and) Hypertension	

Other contributory causes of importance:

Cardiac Hypertrophy
Cardiac Dilatation

Name of operation. Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Vincent M Pagano M. D.

(Address) 14035 Charles St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 54048 HEALTH DEPARTMENT—CITY OF BALTIMORE F 54048

CERTIFICATE OF DEATH 40164 (MB) 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 17-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cornelia Smith

If U. S. Veteran specify WAR

(a) Residence: No. 1214 Etting St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas

6. DATE OF BIRTH (month, day, year) Unknown 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56 ? 57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Harry

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 1/16 19 39

19. UNDERTAKER Isaac L Bowman Son

(Address) 1058 W Monument St

20. FILED Hunter Gibson Williams M.D. Registrar.

JAN 16 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 13. 1939

22. I HEREBY CERTIFY, That I attended deceased from December 21 1938. to January 13 1939

I last saw her alive on January 13 1939. Death is said to have occurred on the date stated above, at 8¼ A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. DeSautelle M. D.

(Address) Baltimore City Hospitals

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 54049

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54049

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md. Registered No.

CITY OF BALTIMORE: (No. St., 18-1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Monroe Crowner If U. S. Veteran specify WAR WW

(a) Residence: No. 400 N. Fremont Ave., Baltimore, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Georganna Reynold Crowner

6. DATE OF BIRTH (month, day, year) August 18, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oysterman - Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) October 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shadyside, Maryland

FATHER

13. NAME Solomon Crowner

14. BIRTHPLACE (city or town) (State or country) Shadyside, Maryland

MOTHER

15. MAIDEN NAME Rachel Scott

16. BIRTHPLACE (city or town) (State or country) Shadyside, Maryland

17. INFORMANT Records-U. S. Marine Hospital (Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL Place U. S. National Date 1/16 1939

19. UNDERTAKER Isaac L. Brown Son (Address) 1014 W. Monroe Street

20. FILED JAN 16 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 11, 1939 to January 12, 1939

I last saw h[illegible] alive on January 12, 1939 Death is said to have occurred on the date stated above, at 8:20a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	[illegible]
Pneumonia, hypostatic, bilateral	[illegible]
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? [illegible] Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. B. N. Anderson, M. D.

(Address) U. S. Marine Hospital, Baltimore, Md.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

54050 HEALTH DEPARTMENT—CITY OF BALTIMORE 54050

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 23rd Ward)

Length of residence in city or town where death occurred lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR ....

2. FULL NAME Louis Martin

(a) Residence: No. 919 Plum Alley, Baltimore, Md., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 18, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) Oct. 1938

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Baltimore,
(State or country) Maryland.

FATHER

13. NAME Louis Martin

14. BIRTHPLACE (city or town)
(State or country) North Carolina

MOTHER

15. MAIDEN NAME Emma Stewart

16. BIRTHPLACE (city or town) Anne Arundel Co.,
(State or country) Maryland

17. INFORMANT Records-U.S. Marine Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place U. S National Date 1/17 1939

19. UNDERTAKER Isaac L Brown Son
(Address) 1080 Montgomery St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 19, 1938, to January 12, 1939. I last saw him alive on January 12, 1939. Death is said to have occurred on the date stated above, at 11:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis pulmonary, far advanced	1 Mo.
Other contributory causes of importance:	

Was an operation performed? No Date of ....

For what disease or injury? ....

Name of operation ....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of Injury ....

24. Was disease or injury in any way related to occupation of deceased? ....

If so, specify ....

(Signed) H L Bryant, M. D.

(Address) U. S. Marine Hospital, Baltimore, Maryland.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VC 5

JAN 16 1939

F 54051

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54051

CERTIFICATE OF DEATH

✓131

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1714-Montpelier Street 9-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Bohnet Sr. If U. S. Veteran specify WAR no

(a) Residence: No. 1714-Montpelier Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline (Pfeiffer)

6. DATE OF BIRTH (month, day, year) 4/30/1866

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
72	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Crown Cork & Seal Co. 1009

10. Date deceased last worked at this occupation (month and year).

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Adam Bohnet

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Houck

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Otto C. Bohnet

(Address) 1254-Cliftview Ave/

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mathews Date 1/16/39 19

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1735-Harford Ave.

20. FILED JAN 16 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-23-1938 to 1-12-1939

I last saw him alive on 1-12-1939 Death is said to have occurred on the date stated above, at 12⁰⁰ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular-renal disease	Unknown
Other contributory causes of importance: Apoplexy	Few hours

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos B. Sybert M. D.

(Address) 2802 Hanford Ave

OCCUPATION is very important. See instructions on back of certificate.

F 54052 HEALTH DEPARTMENT—CITY OF BALTIMORE F 54052

CERTIFICATE OF DEATH

✓ 82a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 428 N. Hilton St. 20-7 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Paul Adams

If U. S. Veteran specify WAR .....

(a) Residence: No. 428 N. Hilton St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edna L. Adams (nee Bienille)

6. DATE OF BIRTH (month, day, year) July 31, 1890.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	5	13 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Transfer Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Govt

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) N. J.

FATHER

13. NAME Jno. Adams

14. BIRTHPLACE (city or town) (State or country) N. J.

MOTHER

15. MAIDEN NAME Emma Elliott

16. BIRTHPLACE (city or town) (State or country) N. J.

17. INFORMANT Mrs. Edna L. Adams

(Address) 428 N. Hilton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Park Date Jan 16/39

19. UNDERTAKER Harry A. Whitlee

(Address) 1701 Edmondson Ave

20. FILED JAN 16 1939 19.... Registrar. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/13, 1939

22. I HEREBY CERTIFY, That I attended deceased from 10, 1936 to 1/12, 1939

I last saw him alive on 1/12, 1939 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension (Essential)	1933
Cerebral Hemorrhage	1/12/39

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thomas E. Pogue M. D.

(Address) 3332 Edmondson Ave Baltimore, Md.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

54053 1

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 54053

94-B

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Sinai Hospital (or) 13-1 (Ward)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? 33 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Wilbur Axtell Whitelock

(a) Residence: No. 906 W. Whitelock St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Rose

6. DATE OF BIRTH (month, day, year)

7. AGE — Years: 56 — Months: — Days: — If LESS than 1 day, hrs. or min.: —

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Exh

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Brewery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Riga

FATHER

13. NAME: Valdemar

14. BIRTHPLACE (city or town) (State or country): Riga

MOTHER

15. MAIDEN NAME: Valdemar

16. BIRTHPLACE (city or town) (State or country): Riga

17. INFORMANT (Address): Maurice Myerberg 2327 Eutaw Place

18. BURIAL, REMOVAL, CREMATION: Levanon Cem. 1-16-39

Usher Davis Rees

19. UNDERTAKER (Address): Jack Gruber 1439 E. Baltimore St.

20. FILED JAN 16 1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 15, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance: —

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schenker Coroner, M. D.

(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 54054

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54054

CERTIFICATE OF DEATH

94B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Hospital St., 8-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rebecca Malin

If U. S. Veteran specify WAR

(a) Residence: No. 1900 N. Washington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Meyer Malin

6. DATE OF BIRTH (month, day, year) 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1937

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Harry Cohen

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Anna Silver

16. BIRTHPLACE (city or town) (State or country) Russia.

17. INFORMANT Meyer Malin

(Address) 1900 N. Washington St

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Nat Cemetery Date Jan. 16- 39

19. UNDERTAKER Jack Laura Inc

(Address) 1418 E. Preston St.

20. FILED Jan 16 1939

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 15, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) died that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Paul Schenck Coroner, M. D.

(Address)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 54055

HEALTH DEPARTMENT--CITY OF BALTIMORE

F 54055

CERTIFICATE OF DEATH

118

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 2-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Herman Blumberg

If U. S. Veteran specify WAR

(a) Residence: No. 8 North Ann St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Rebecca Blumberg

6. DATE OF BIRTH (month, day, year): 1876

7. AGE: Years 63; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Tailoring

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Rebecca Blumberg

(Address) 8 N. Ann St

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 1-16-39, 19

19. UNDERTAKER: Jack Levine Inc.

(Address) 1439 E. Baltimore St.

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 15, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon, and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Hemorrhage	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker Coroner, M. D.

(Address)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 54056

1-54056-100 B—50L

F 54056

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

1-PLACE OF DEATH Cathedral Church

CITY OF BALTIMORE: (No.) Mulberry & Cathedral ST. 11-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Matthew T. Valentine

(a) RESIDENCE No 1120 W. Calvert St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of **********

6 DATE OF BIRTH (month, day, and year) ****** 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	?	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired from
(b) General nature of industry, business, or establishment in which employed (or employer) Baltimore City
(c) Name of employer Water Dept.

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Francis J. Valentine

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Mary R. Podesti

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Joseph A. Valentine

(Address) 1120 W. Calvert St.

15 Filed ..... 192 ..... Registrar

JAN 16 1939

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 15, 1939.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Darnall Woolfe, M. D. Coroner

1-15, 1939 (Address) 1331 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	1/18/39

20 UNDERTAKER H. W. Weaver & Son

ADDRESS 805 N. Calvert

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA TION is very important. See instructions on back of certificates.

54057 HEALTH DEPARTMENT—CITY OF BALTIMORE 54057

#40670

CERTIFICATE OF DEATH

SF

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals Ward 7-4 ✓ 157-e St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Obed Slattery

If U. S. Veteran specify WAR

(a) Residence: No. 1629 Lamont Ave. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/29/38

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
4 mo.	0	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Paul Slattery

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Marie Baker

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date Jan. 16 1939

19. UNDERTAKER Bernard A. Fink

(Address) 1902 Edmondson Ave.

20. FILED , 19

Registrar.

JAN 16 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/14/39 , 19

22. I HEREBY CERTIFY, That I attended deceased from JANUARY 6, 1939, to JANUARY 14, 1939

I last saw him alive on JANUARY 14, 1939. Death is said to have occurred on the date stated above, at 2 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CONGENITAL HEART DISEASE	
BRONCHOPNEUMONIA	JAN 1939
Other contributory causes of importance:	
MALNUTRITION	1938

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. DeSantelle M. D.

(Address) Baltimore City Hospitals

VS

Please write clearly. Use ink. Do not use pencil. Be sure CAUSE OF DEATH is in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 54058

HEALTH DEPARTMENT—CITY OF BALTIMORE

39 P89
ahe/cee
F 54058

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1426 Decatur St. St. 24-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James H. Wilder

If U. S. Veteran specify WAR .....

(a) Residence: No. 1426 Decatur St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Wilder

6. DATE OF BIRTH (month, day, year) May 31, 1875

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	63	7	14 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter's helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Continental Home Improvement Co. 601

10. Date deceased last worked at this occupation (month and year) Dec. 24, 1938

11. Total time (years) spent in this occupation 7½

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John D. Wilder

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Emma Hayes

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Elizabeth Wilder (Wife)
(Address) 1426 Decatur St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date Jan. 17, 1939

19. UNDERTAKER A. Hamel Evans
(Address) 1400-02 S. Charles St.

20. FILED JAN 20 1939
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1939 to Jan. 14, 1939
I last saw him alive on Jan. 13, 1939 Death is said to have occurred on the date stated above, at 9.05 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia (primary)	1/7/39
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? - - - -

Name of operation - - - -

What test confirmed diagnosis? p.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Harry Deibel M. D.

(Address) 1224-1226 Hanover St.

Any error in the statements of the above particulars, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

54059

HEALTH DEPARTMENT—CITY OF BALTIMORE

54059

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St., 18-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Murray

If U. S. Veteran specify WAR .....

(a) Residence: No. 1200 Valley Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Gasson

6. DATE OF BIRTH (month, day, year) July 10, 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
85 86	5 6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School-teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME Timothy Murray

14. BIRTHPLACE (city or town) Baltimore
(State or country)

MOTHER

15. MAIDEN NAME Winifred McLoughlin

16. BIRTHPLACE (city or town) Baltimore
(State or country)

17. INFORMANT Little Sisters of the Poor St. Ambrose
(Address) 1200 Valley Street

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Jan 16 1939

19. UNDERTAKER Fida Wiedefeld
(Address) 914 Greenmount Ave

20. FILED JAN 16 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 15 1939 11:15 a. m.

22. I HEREBY CERTIFY, That I attended deceased from Jan 14 1939, to Jan 15 1939.

I last saw him alive on Jan 15 1939. Death is said to have occurred on the date stated above, at 11 AM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 D

Other contributory causes of importance:

Chr Endocarditis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Phys Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. McCarthy, M. D.

(Address) 1114 Hanford Ave

State cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 16 1939

USB

54060

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54060

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St. 16-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Baby Hagerty

If U. S. Veteran specify WAR ...

(a) Residence: No. 4120 Edmondson Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Jan. 14, 1939

7. AGE	Years	Months	Days	If LESS than 1 day hrs.
				30 Minutes

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph Michael Hagerty

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Catherine Elizabeth Roop

16. BIRTHPLACE (city or town) (State or country) Upperco, Md.

17. INFORMANT Records, Bon Secours Hospital
(Address) Fayette & Pulaski Sts.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date Jan. 16 19 39

19. UNDERTAKER John C. Mitchell Sons, Inc.
(Address) 1900 Eutaw Place

20. FILED JAN 16 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1939 to Jan 14, 1939

I last saw her alive on Jan 14, 1939 Death is said to have occurred on the date stated above, at 350 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity. (24 wks gestation)	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Harris Levine M. D.

(Address) Medical Arts Bldg.

OCCUPATION is very important. See instructions on back of certificate.

54061

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 54061

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St. 11-E Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clayton Johnston

If U. S. Veteran specify WAR World.

(a) Residence: No. 938 N. Calvert St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Jessie Johnston

6. DATE OF BIRTH (month, day, year) July 21, 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk. Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Robert Clayton Johnston

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Anna Berry

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mrs. J. B. Johnston

(Address) 938 N. Calvert St.

18. ~~BURIAL~~, CREMATION, OR REMOVAL

Place Forest Park Cem. Date 1/16/ 1939

19. UNDERTAKER C. J. Fanning & Son

(Address) 1938 E. Lafayette Ave.

JAN 16 1939 Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 17, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Cervical Spine	
Acute Appendicitis	

Other contributory causes of importance:

Shock

Was an operation performed? Yes Date of 1-7-39

For what disease or injury? Acute Appendicitis

Name of operation Appendectomy Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1/1 1939

Where did injury occur? 938 Calvert St. Balto. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of Injury Fell down Steps

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schuster Coroner, M. D.

(Address) Coroner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

54062 McCready ✓ F 54062

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) John Hopkins Hospital (Ward) 3-1

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gilbert McCready If U. S. Veteran specify WAR .....

(a) Residence: No. 1043 Carlton St Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1902

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Crapo Md

FATHER

13. NAME Jeremiah McCready

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Florence Emmels

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Lockerman McCready

(Address) 430 Augusta St

18. BURIAL, CREMATION, OR REMOVAL Crapo Md Date 1/18 39

19. UNDERTAKER Lewis Bayne

(Address) Cambridge Md

20. FILED JAN 16 1939 Registrar Huntington Milligan

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-15 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Cerebro Basilar Hemorrhage	1/15/39

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) George L. Keller M. D.

(Address) 20 E. Lexington St Coroner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

54063 HEALTH DEPARTMENT—CITY OF BALTIMORE F 54063

95-13

CERTIFICATE OF DEATH

40523-FS
Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 9-B Ward)
life
Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Carrie Fuller
If U. S. Veteran specify WAR .....

(a) Residence: No. 1918 Hope St. St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph

6. DATE OF BIRTH (month, day, year) 7-15-1888

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
50	50	5	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto., Md.
(State or country)

FATHER
13. NAME Frederick Binup
14. BIRTHPLACE (city or town) Balto., Md.
(State or country)

MOTHER
15. MAIDEN NAME Margaret Alice Barranger
16. BIRTHPLACE (city or town) Baltol, Md.
(State or country)

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Jan. 16, 1939

19. UNDERTAKER Martin Faber & Sons
(Address) 1827 W. North Ave.

20. FILED ..... 19.....
Registrar.

JAN 16 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 3, 1939, to January 13, 1939
I last saw h[illegible] alive on January 13, 1939 Death is said to have occurred on the date stated above, at 1120 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease Unknown	
Other contributory causes of importance:	

Was an operation performed? No Date of
For what disease or injury?
Name of operation Carried
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) H. A. De Santelle, M. D.
(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate. Exact statement of the particular kind of work done, so that it may be properly classified.

54064

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54064

CERTIFICATE OF DEATH

92-a cc

Registered No. 1877

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 3129 E. Donnell St.) 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louise Dora Muehlberger

If U. S. Veteran specify WAR

(a) Residence: No. 3129 E. Donnell St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Peter John Muehlberger

6. DATE OF BIRTH (month, day, year): June 15 1872

7. AGE: Years 66; Months 7; Days 1; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year): Unk 1-39

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER FATHER

13. NAME: William Keats

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Peter John Muehlberger husband

(Address) 3129 E. Donnell St.

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Carmel Cemt Date Jan 16 1939

19. UNDERTAKER: George W. Zurkens

(Address) 1717 E. Fayette St

20. JAN 16 1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Unk 13, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Minute

Other contributory causes of importance: Valvular heart disease 3 yrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation: Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Bond St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 86

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54065

CERTIFICATE OF DEATH

F 54065

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 9-4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Master Charles Griffith

(a) Residence: No. Stemmers Run, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Co Md.

FATHER

13. NAME John Griffith

14. BIRTHPLACE (city or town) (State or country) Balto Co Md.

MOTHER

15. MAIDEN NAME Natalie Plummer

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs. John Griffith (Address) Stemmers Run Md.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 1/16 1939

19. UNDERTAKER John B. Connolly (Address) Essex Md.

20. FILED JAN 16 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-13-39. 19

22. I HEREBY CERTIFY, That I attended deceased from 1-11-39, 19 to 1-13-39 19

I last saw him alive on 1-13-39, 19 Death is said to have occurred on the date stated above, at 4 39 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Bronchopneumonia	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) John Costantino, M. D.

(Address) St. Joseph's Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 54066 HEALTH DEPARTMENT—CITY OF BALTIMORE F 54066

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes' Hospital Registered No. 5-112
CITY OF BALTIMORE: (No. Mulberry Catons Ave. St., 25 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR

2. FULL NAME Mrs Stephen Tsikalis
(a) Residence: No. 808 "F" St. Sparrows St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) ~ 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54 53	53			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cleaner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0027
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greece

FATHER
13. NAME James
14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT Mrs. Steve Tsellis
(Address) Sparrows Pt. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 1/17 1939

19. UNDERTAKER John B. Connelly Sons
(Address) Eager Md.

20. FILED JAN 16 1939 19 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-14 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-11 1939 to 1-14 1939
I last saw h... alive on JAN 14 1939. Death is said to have occurred on the date stated above, at 3:40 P. m.

The principal cause of death and related causes of importance were as follows: — Date of onset

PERITONITIS
ACUTE APPENDICITIS, RUPTURED

Other contributory causes of importance:

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Charles V. Sprich M. D.
(Address) St. Agnes' Hospital

OCCUPATION is very important. See instructions on back of certificate.

V6 9

54067 HEALTH DEPARTMENT—CITY OF BALTIMORE F 54067

334067

CERTIFICATE OF DEATH

34-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 22-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME John H Rites

(a) Residence: No. 1609 Harden Court St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nettie

6. DATE OF BIRTH (month, day, year) 10-27-95

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W.P.A.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME William Rites

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Florence Talbert

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hall Cem. Date Jan 17, 1939

19. UNDERTAKER Jos Josephine & Son
(Address) 217 S Paca St

20. FILED ..... 19..... Registrar
JAN 16 1939

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1939 to Jan 15, 1939

I last saw him alive on Jan 15, 1939. Death is said to have occurred on the date stated above, at 1504 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilitic Endocarditis	1934
the aorta, with rupture into the left ventricle	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Roger D. Scott, M. D.

(Address) Johns Hopkins Hosp.

54068

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54068

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1313 Harlem ave St., ... Ward) 6-293-E Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME John Herbert

If U. S. Veteran specify WAR .....

(a) Residence: No. 1313 Harlem ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col.	married

5a. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE of~~ Hattie Herbert

6. DATE OF BIRTH (month, day, year) ? ? 1878

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	61	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. anywhere

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ? Maryland

FATHER

13. NAME John Herbert

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Martha ?

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hattie Hubert

(Address) 1313 Harlem ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Jan 17 1939

19. UNDERTAKER Geo. L. Gelson

(Address) 1303 Pleasant

20. FILED JAN 16 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 13 1939.

22. I HEREBY CERTIFY, That I attended deceased from Jan. 11 1939 to Jan. 13 1939

I last saw h.... alive on Jan 13 1939 Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/11/39
Other contributory causes of importance: Chronic Myocarditis	?

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. J. Pifer M.D.

(Address) 1536 W. Lanvale St

OCCUPATION is very important. See instructions on back of certificate.

VS 3

M. D. B 1268-9

54069

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54069

CERTIFICATE OF DEATH

23

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1501 E Fort St. 24-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Louis Stevens

(a) Residence: No. 1501 E Fort Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Steen C Stevens

6. DATE OF BIRTH (month, day, year) March 18 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Funeral Director

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME John G. Stevens

14. BIRTHPLACE (city or town) Penna
(State or country)

MOTHER

15. MAIDEN NAME Catherine Lavelle

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Catherine Stevens
(Address) 1501 E Fort Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Jan 17-39

19. UNDERTAKER Charles F. Dill
(Address) 3109 Fredk Ave.

20. FILED JAN 16 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 13 1939

22. I HEREBY CERTIFY, That I attended deceased from December 1 1938 to January 13 1939

I last saw h alive on January 13 1939. Death is said to have occurred on the date stated above, at 12 30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Tuberculosis	6 wks
Other contributory causes of importance:	
spontaneous Rheumatic Carditis	1944

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Thos. F. A. Stevens M. D.

(Address) 2878 Hartford Rd

V. S. 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

54070 931

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54070 157-AF 54070

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Wallace If U. S. Veteran specify WAR

(a) Residence: No. 1330 S Newkirk St., ST Ward. Phila Pa.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day, year) 6/14/38

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
0	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER

13. NAME Wm. Wallace

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Margaret Krause

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT Reinds.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Phila Pa. Date Jan 19, 1939

19. UNDERTAKER Thos. Kelly & Sons
(Address) Norristown Pa.

FILED 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1939 to Jan 15, 1939

I last saw him alive on Jan 15, 1939 Death is said to have occurred on the date stated above, at 3:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus, congenital	
Other contributory causes of importance:	

Was an operation performed? Yes Date of Jan 10 1939

For what disease or injury? Hydrocephalus

Name of operation Ventriculo-cisternal

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm C Stiffler Jr, M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

54071

HEALTH DEPARTMENT—CITY OF BALTIMORE

54071

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital 11-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Kettle

If U. S. Veteran specify WAR

(a) Residence: No. 6300 Liberty Road St., ... Ward. Balto Co Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) January 1st, 1939

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		0		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles Otho Kettle

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Frances Elizabeth Markley

16. BIRTHPLACE (city or town) (State or country) Frederick County Maryland

17. INFORMANT

(Address)

18. BURIAL, (CREMATION) OR REMOVAL

Place Maryland ... Date January 1st 1939

19. UNDERTAKER

(Address)

20. Filed ... 19 ... Registrar.

JAN 16 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 1st 1939

22. I HEREBY CERTIFY, That I attended deceased from January 1st, 1939 to January 1st, 1939.

I last saw h[illegible] alive on January 1st 1939. Death is said to have occurred on the date stated above, at 8 47 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (6 months)	
congenital Atelectasis	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Irvin P. Klemkowske, M. D.

(Address) Maryland General Hospital

OCCUPATION is very important. See instructions on back of certificate.

V6 3

54072 HEALTH DEPARTMENT—CITY OF BALTIMORE E 54072

CERTIFICATE OF DEATH

1. PLACE OF DEATH Sinai Hospital — Registered No. 137

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Monument & Rutland Sts., 10-1 Ward)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth 37 yrs. mos. ds.

2. FULL NAME Mrs. Harry Weiner — If U. S. Veteran specify WAR

(a) Residence: No. 1206 Edgewood St., Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Beatrice Nee Noney

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Frank

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Shirley

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Frank Shirer
(Address) 2301 Hollins St

18. BURIAL, CREMATION, OR REMOVAL
By Levy Bros Date 1-16 39

19. UNDERTAKER Jacob Levy Son
(Address) 1937 E. Baltimore St

20. FILED JAN 16 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1939 to Jan 16, 1939

I last saw him alive on Jan 16, 1939 Death is said to have occurred on the date stated above, at 10.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cor. Sclerotica Septicemia	Jan 13, 1939
Other contributory causes of importance:	
Benign Prostatic Hypertrophy	1936-1939

Was an operation performed? Yes Date of

For what disease or injury? Benign Prostatic Hypertrophy

Name of operation 2 Stage, Supra-Pubic

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Elliot Michelson, M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

356466

HEALTH DEPARTMENT—CITY OF BALTIMORE

54073

CERTIFICATE OF DEATH

131 F 54073

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ... St. 10-2 ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Matilda Smith

If U. S. Veteran specify WAR ...

(a) Residence: No. 729 N. Spring St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 6-24-06

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	32	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) N C

FATHER

13. NAME Charles Savage

14. BIRTHPLACE (city or town) (State or country) N.C

MOTHER

15. MAIDEN NAME Minnie Goodman

16. BIRTHPLACE (city or town) (State or country) N.C

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Wrightsville Pa Date 1-16-1939

19. UNDERTAKER Folsom-Mamie H. Knight

(Address) 2118 Mc Elderry St

20. FILED ..., 19... JAN 16 1939 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1938 to Jan 13, 1939

I last saw her alive on Jan 13, 1939 Death is said to have occurred on the date stated above, at 12:00 midnight

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary edema Bronchopneumonia	Jan 26.
Acute heart dilatation	Dec 23.
Nephritis, Arteriosclerotic	
Azotemia	
Other contributory causes of importance:	

Was an operation performed? ud Date of —

For what disease or injury? ...

Name of operation —

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ud If so, specify ...

(Signed) J. Lawrence Healy M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

V8 2

F 54074

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54074

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 6-5 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Louise Lee (32760)

(a) Residence: No. 314 N. Ann St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Separated

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 12, 1916

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	8	29 30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Carrie Warner

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 1-17-39

19. UNDERTAKER Lee Jos. Skinner
(Address) 1138 Argyle Ave

20. FILED Huntington Williams, Registrar
JAN 16 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 7, 1938 to January 11, 1939.

I last saw her alive on January 11, 1939 Death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of Lungs — Date of onset DEC. 1936

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54075 — CERTIFICATE OF DEATH — **1 54 F 54075**

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1530 McKean Av St. 15-W Ward) 15 Months

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Omar

(a) Residence: No. 1530 McKean Av. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Wh.	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jany. 14/39

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or 23 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) 1530 McKean Av Balto. Md.

FATHER

13. NAME James P. Omair

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Dorothy M. White

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Jas. P. Omair
(Address) 1530 McKean av.

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date JAN 16 1939 19
COMMISSIONER OF HEALTH

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED JAN 16 1939 19 Huntington Williams, M.D. Registrar.

45 39

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany. 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jany 14, 1939 to Jany 14, 1939

I last saw him alive on Jany. 14, 1939. Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Deformities & Dermatosis	
Anemia, Hydrops & Cachexia	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) H. A. Smith M. D.

(Address) 1625 W North av

OCCUPATION is very important. See instructions on back of certificate.

V 9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54076 — CERTIFICATE OF DEATH — × 23 — F 54076

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd Hospital 15-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. 3 ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas Wright

(a) Residence: No. Good Shepherd Hospital Ward. N. Carolina

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 15, 1913

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
25	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Carolina

FATHER

13. NAME Wm. Hopkins

14. BIRTHPLACE (city or town) (State or country) N. Carolina

MOTHER

15. MAIDEN NAME Mary Wright

16. BIRTHPLACE (city or town) (State or country) N. Carolina

17. INFORMANT Patient

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date JAN 16 1939, 19

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

20. FILED JAN 16 1939 Huntington Williams, M.D.

JAN 16 1939

4540

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1938 to Jan 13, 1939

I last saw h.. alive on Jan 13, 1939. Death is said to have occurred on the date stated above, at 5:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance: Tuberculous Abscess (Perineal) 2 years

Was an operation performed? Yes Date of 12/7/38

For what disease or injury? Tuberculous Abscess

Name of operation Incision & Drainage of Abscess

What test confirmed diagnosis? .. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert A. Lapour, M. D.

(Address) 522 N. Wolfe St.

OCCUPATION is very important. See instructions on back of certificate.

54077 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 54077

36322 JS

CERTIFICATE OF DEATH

91-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Balto. City Hospt. St. 26-12 Ward) Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR W. W

2. FULL NAME Joseph Lainell

(a) Residence: No. Homeless St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-15-1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. seaman do do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Benjamin

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore National Date 1-16- 1939

19. UNDERTAKER Peter J. Brooks & Son
(Address) Calhoun & Hollins Sts

20. FILED JAN 16 1939 by Hunting for Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from August 21, 1938 to January 11, 1939

I last saw him alive on January 11, 1939. Death is said to have occurred on the date stated above, at 11:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute bacterial endocarditis	1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. G. DeSautelle M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54078

CERTIFICATE OF DEATH

93-C

F 54078

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1108 Forrest St., 16-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Chas. E. Sweeney

If U. S. Veteran specify WAR

(a) Residence: No. 1108 Forrest St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Agnes Sweeney

6. DATE OF BIRTH (month, day, year) Oct. 17-1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Patrick J. Sweeney

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Kelly

16. BIRTHPLACE (city or town) (State or country) Ire

17. INFORMANT Mrs Agnes Sweeney

(Address) 1108 Forrest St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Jan 17, 39

19. UNDERTAKER John F. Doran

(Address) 3000 E. Balto St

20. FILED JAN 16 1939 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 13th. 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1938, to Jan 13, 1939.

I last saw him alive on Jan 13, 1939. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis with Generalized Arteriosclerosis	1935
Other contributory causes of importance: Acute Cholecystetis with Cholelithiasis	1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. R. Straight M. D.

(Address) 10 E. Biddle

OCCUPATION is very important. See instructions on back of certificate.

V8 8

54079

HEALTH DEPARTMENT—CITY OF BALTIMORE

54079

CERTIFICATE OF DEATH

133

Registered No.

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 17-6 St., Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Bounds, Grover Benjamin

(a) Residence: No. 137 Pennsylvania Ave., St., Ward. Salisbury, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ella Nobbs Bounds

6. DATE OF BIRTH (month, day, year) Nov. 21, 1892

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
46	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce Dealer 0045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Trade

10. Date deceased last worked at this occupation (month and year) Dec. 1938

11. Total time (years) spent in this occupation Seasonal

12. BIRTHPLACE (city or town) (State or country) Salisbury, Maryland.

FATHER

13. NAME James E. Bounds

14. BIRTHPLACE (city or town) (State or country) Salisbury, Maryland.

MOTHER

15. MAIDEN NAME Anna King,

16. BIRTHPLACE (city or town) (State or country) Salisbury, Maryland.

17. INFORMANT Records-U. S. Marine Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Salisbury Md. Date Jan 16, 1939

19. UNDERTAKER George E. Dermit
(Address) 210 Fredrick Ave.

20. FILED JAN 16 1939 19 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 14, 1939 to January 16, 1939

I last saw h... alive on January 16, 1939 Death is said to have occurred on the date stated above, at 2:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis, chronic suppurative, 2 yr.	

Other contributory causes of importance:

Pneumonia, hypostatic	Terminal

Was an operation performed? Yes Date of January 15, 1939

For what disease or injury? Pyelonephritis, Chronic

Name of operation Cystotomy, suprapubic

What test confirmed diagnosis? Path. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify

(Signed) T. M. Madura, M. D.

(Address) U. S. Marine Hospital, Baltimore, Md.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of the cause of death in plain terms, so that it may be properly classified.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54080

CERTIFICATE OF DEATH

23 F 54080

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 5-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Russell (40262) If U. S. Veteran, specify WAR World

(a) Residence: No. 615 Greenmount Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Eleanor

6. DATE OF BIRTH (month, day, year) Dec. 8, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49		24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mariah Coates

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place US Baltimore Nat Date Jan 17 1939

19. UNDERTAKER Joseph A. Lively
(Address) 609 N Mount St

20. FILED JAN 16 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 25, 1938 to January 2, 1939

I last saw him alive on January 2, 1939. Death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Oct 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify.

(Signed) L. H. Curtis, M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54081

CERTIFICATE OF DEATH

94-B F 54081

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME RUTH A STUDER

If U. S. Veteran specify WAR --

(a) Residence: No. 1703 N. Bethel Street St., 8 Ward. ---

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Studer

6. DATE OF BIRTH (month, day, year) Jan. 16-1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	11	29 28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 037

10. Date deceased last worked at this occupation (month and year) --

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Alabama

FATHER

13. NAME *unknown

14. BIRTHPLACE (city or town) (State or country) Alabama

MOTHER

15. MAIDEN NAME *Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. Joseph Studer

(Address) 1703 N. Bethel Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan. 16-39

19. UNDERTAKER Chas. F. Gilbert & Son

(Address) 1300 Eutaw Place

20. JAN 16 1939 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 14, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul O'Brien Coroner, M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

V 5 6

M. D. B 1258-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

54082

CERTIFICATE OF DEATH

F 54082

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Emerson Hotel. St. Baltimore & Calvert Sts. 4-1 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Norman J. Polack

(a) Residence: No. Emerson Hotel. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Jany. 15, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) St. Louis, Mo.

FATHER

13. NAME Joseph M. Polack

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Sophie Goodhart,

16. BIRTHPLACE (city or town) (State or country) Cincinnati, Ohio.

17. INFORMANT Mrs. George Harsh (Sister)

(Address) Hopkins Apts.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Balto. Heb. Cem. Date Jany. 17, 39

19. UNDERTAKER David Sondheim & Son

(Address) 1902 Eutaw Place.

20. FILED JAN 16 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany. 15, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1-15-39
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Samuel B. Wolk, M. D.
Coroner

(Address) 1331 E. North Ave.

State cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 54083 HEALTH DEPARTMENT—CITY OF BALTIMORE F 54083

CERTIFICATE OF DEATH

46-C

Registered No.

1. PLACE OF DEATH Balt: (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Belvedere Hotel St. 11-7 Ward)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Blanche Hutchen Ryan -

(a) Residence: No. Eze - Sun mer. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hutchen Ryan.

6. DATE OF BIRTH (month, day, year) May 11, 187-

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Boston Mass.

FATHER

13. NAME Maguire

14. BIRTHPLACE (city or town) (State or country) Boston -

MOTHER

15. MAIDEN NAME Sarah ?

16. BIRTHPLACE (city or town) (State or country) ? Boston

17. INFORMANT Daughter Mrs. Mison
(Address) Belvedere Hotel

18. BURIAL, CREMATION, OR REMOVAL Greenmount Crematorium Date Jan 17 - 1939

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED JAN 17 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1938 to Jan 16, 1939

I last saw her alive on 1/16/39, 19 Death is said to have occurred on the date stated above, at 11:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon.	2 yrs.

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-Ray Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Benj. M. Baker, Jr. M. D.

(Address) 9 E. Chase St.

OCCUPATION is very important. See instructions on back of certificate.

54084

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54084

CERTIFICATE OF DEATH

J 46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3706 Spaulding Ave 27-15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Joseph Burkhart

If U. S. Veteran specify WAR

(a) Residence: No. 3706 Spaulding Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 20th 1880

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
58	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motorman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Transit Co

10. Date deceased last worked at this occupation (month and year) Sept 1938

11. Total time (years) spent in this occupation 38

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Burkhart

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Della Roberts

(Address) 3706 Spaulding Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Jan 18th 1939

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JAN 17 1939 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16th 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1938, to Jan 16, 1939.

I last saw him alive on Jan 14, 1939. Death is said to have occurred on the date stated above, at 11:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Carcinoma of Sigmoid	2 yrs
Other contributory causes of importance: Carcinoma of Liver (Metastatic)	1 yr

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert C Knapp M. D.

(Address) 1716 E. Preston St

OCCUPATION is very important. See instructions on back of certificate.

54085

HEALTH DEPARTMENT—CITY OF BALTIMORE

54085

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2301 Lauretta Ave 20-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Anna Frese

(a) Residence: No. 2301 Lauretta Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry W. Frese

6. DATE OF BIRTH (month, day, year) June 1st 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Harrigan

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Helen Adams
(Address) 2301 Lauretta Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Jan 17th 1939

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED , 19 Registrar.

JAN 17 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14th, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1/1- 1939 to Jan 14, 1939

I last saw h alive on Jan 13 1939 Death is said to have occurred on the date stated above, at 3:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	1930
Other contributory causes of importance: Myocarditis	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) Chas A Reid M. D.

(Address) 2145 N Bolton St

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

54086

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 54086

CERTIFICATE OF DEATH

82-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 N. Bentalou St. 20-25 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. 11 mos. 13 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary A. Toulan.

(a) Residence: No. 4 N. Bentalou St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	Wh.	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Daniel J Toulan

6. DATE OF BIRTH (month, day, year) Feb. 2. 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	11.	13.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edward Dougherty

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Daniel J Toulan.
(Address) 4 N. Bentalou St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Jan 18. 39

19. UNDERTAKER Wm Cook.
(Address) 1217 St Paul St

20. FILED ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral embolism	1/15

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) W. Hamma M. D.

(Address) 1822 W Baltimore St

OCCUPATION is very important. See instructions on back of certificate.

JAN 20 1939 Huntington Williams, M.D.

Spec.—12-8-21—A.T.—200 Bks.

54087

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54087

CERTIFICATE OF DEATH.

(Southern Hospital & Home)

82-a

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2520 Frummount St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Alice B Davis

(a) RESIDENCE NO. 2520 Frummount St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

3a If married, widowed, or divorced HUSBAND of (or) WIFE of: John McClain

6 DATE OF BIRTH (month, day, and year): Oct. 15, 1852

7 AGE: Years 86 | Months 3 | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home duties

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Va.

PARENTS

10 NAME OF FATHER: Thomas Burleigh

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Va.

12 MAIDEN NAME OF MOTHER: --------

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Va.

14 Informant: Ida A. Whaley Supt.

(Address) 2520 Frummount St

15 Filed ..... 19.. at ..... M. ..... Registrar

17 1939

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 15 1939

17 I HEREBY CERTIFY, That I attended deceased from Jan 14 1939 to Jan 15, 1939, that I last saw her alive on Jan 15, 1939, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) arterio sclerosis

(duration) 2 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? usual Physical

(Signed) Sherman R. Watts, M. D.

1/16, 1939 (Address) 2601 Manhattan Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cem. — Date of Burial: 1-17-39

20 UNDERTAKER: John O. Mitchell & Sons Inc. — ADDRESS: 1900 Eutaw Place

very important. See instructions on back of certificate.

F 54088

54088 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54088

CERTIFICATE OF DEATH

✓ 119

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Monument & Rutland St. 5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Chas. A. Rippetoe

(a) Residence: No. 1447 Hull St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — Oct. 28-1938

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Lattie Rippetoe

14. BIRTHPLACE (city or town) (State or country) Baltimore Town

MOTHER

15. MAIDEN NAME Evelyn Perry

16. BIRTHPLACE (city or town) (State or country) Connecticut

17. INFORMANT Father (Address) 1447 Hull St.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Jan. 17 1939

19. UNDERTAKER C. Richard Flannery (Address) 1721 Light St.

20. FILED JAN 17 1939 Harrington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-3-39 19... to 1-16 19 39

I last saw him alive on 1-16-39 19... Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Pneumonia	12-20-38
2. Diarrhea	1-3-39

Other contributory causes of importance: Bilateral Mastoidectomy operated

Was an operation performed? yes Date of 1-9-39

For what disease or injury? Mastoiditis

Name of operation Bilateral Mastoidectomy

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Jerome Hartz, M. D.

(Address) Sinai Hosp.

OCCUPATION is very important. See instructions on back of certificate.

54089

HEALTH DEPARTMENT—CITY OF BALTIMORE 54089

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2217 Callow ave St., 13-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Samuel Cohen

If U. S. Veteran specify WAR

(a) Residence: No. 2217 Callow ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rosa Cohen

6. DATE OF BIRTH (month, day, year) Oct 10 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rikle Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Pinely Cohen

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Bencha Leah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs Rosa Cohen

(Address) 2217 Callow ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Southern ave Date Jan 17 1939

19. UNDERTAKER Sol Levinson & Bro

(Address) 1124-26 W. North ave

20. FILED Jan 17 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16. 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28. 1938 to Jan 16. 1939

I last saw h. alive on Jan. 16. 1939 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	Dec 28/38
Coronary disease	Unknown
	-
Other contributory causes of importance:	
Arteriosclerosis	Unknown
Chronic Bronchitis, Emphysema	-

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G. F. Rios M. D.

(Address) 24 E Preston

OCCUPATION is very important. See instructions on back of certificate.

JAN 17 1939

54090 F 54090

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-W CC

Registered No. 1877

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 101 S. Chester St. 1-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sebastian Bochniak

If U. S. Veteran specify WAR ...

(a) Residence: No. 101 S. Chester St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Madeline Bochniak

6. DATE OF BIRTH (month, day, year) Jan. 25-1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furnace Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foundry 3086

10. Date deceased last worked at this occupation (month and year) 2 years past

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Lucas Bochniak

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Josephine Bochniak

(Address) 101 S. Chester St. Baltimore

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Jan. 18 1939

19. UNDERTAKER Fred W. Olszewski

(Address) 1900 Eastern Ave

20. FILED JAN 17 1939 By ...

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 14, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorhage	Months
Valvular heart disease	1 year
Other contributory causes of importance: Arterio-sclerosis general	Some time

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Broadway

OCCUPATION is very important. See instructions on back of certificate.

F 54091

1091

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-B

Registered No.....

1. PLACE OF DEATH 410 Old Orchard Rd St. 28-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.....

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Beatrice L Connell

(a) Residence: No. 410 Old Orchard Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Thomas F Connell

6. DATE OF BIRTH (month, day, year) April 23, 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cumberland (State or country) Maryland

FATHER

13. NAME John Rowley

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mutchmore

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT George E. Connell

(Address) 410 Old Orchard Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Jan 17, 1939

19. UNDERTAKER Harry A. White

(Address) 401 E Lanvale Ave

20. FILED JAN 17 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 3, 1938 to January 15, 1939. I last saw her alive on January 15, 1939. Death is said to have occurred on the date stated above, at 2.30 a.m. P.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilation.	1-12-1939.
Other contributory causes of importance:	
Post Encephalitis Lethargica	1931
& advanced Paralysis Agitans	1934.

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) Thomas Graham Murphy M. D.

(Address) 516 Cathedral St

OCCUPATION is very important. See instructions on back of certificate.

E 54092 HEALTH DEPARTMENT—CITY OF BALTIMORE E 54092

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 N 33d St. 3-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Blanche May Blucher

If U. S. Veteran specify WAR ...

(a) Residence: No. 611 N 33d St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John R Blucher

6. DATE OF BIRTH (month, day, year) Jan 26 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Thomas Williams

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sophia Smith

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John R. Blucher (Address) 611 N 33rd St

18. BURIAL, CREMATION, OR REMOVAL Druid Ridge Date Jan 18, 1939

19. UNDERTAKER Thompson & Son (Address) 345 N Eutaw St

FILED JAN 17 1939 19 Huntington, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry)

to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	1/15/39

Other contributory causes of importance: None

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury None

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) John A Evans, M. D.

(Address) 612 W Lexington St Coroner

OCCUPATION is very important. See instructions on back of certificate.

F 54093

F 54093

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3816 Hickory St. 13-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Ellen Mann

If U. S. Veteran specify WAR ...

(a) Residence: No. 3816 Hickory St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry C. Mann.

6. DATE OF BIRTH (month, day, year) Aug 22 1874.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 64.	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Patrick Finn.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Henry C. Mann.
(Address) 3816 Hickory Ave.

18. BURIAL, CREMATION, OR REMOVAL Date Jan 18, 1939
Mt. Harys Hampden

19. UNDERTAKER Johnson & Son.
Address 36-5-17 Christiana Ave.

20. FILED JAN 17 1939 (Huntington Ave.) Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/15/39. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to he death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/15/39

Other contributory causes of importance:
Cerebral Hemorrhage 7 year ago

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) John A. Crain M. D.
Coroner

(Address) 612 W 40th St.

F 54094 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54094

CERTIFICATE OF DEATH

Registered No. 157-D

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 401 N. Rose St. 6-W Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.
If U. S. Veteran specify WAR ...

2. FULL NAME Mary Cecelia Snyder
(a) Residence: No. 401 N Rose St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 4-1928

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
6	6	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

FATHER
13. NAME Charles P. Snyder
14. BIRTHPLACE (city or town) Baltimore Md
(State or country)

MOTHER
15. MAIDEN NAME Agnes Riedel
16. BIRTHPLACE (city or town) Baltimore Md
(State or country)

17. INFORMANT Charles P. Snyder
(Address) 401 N Rose St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Red. Date 1-17 1929

19. UNDERTAKER Leonard Gluck
(Address) 5051 Reisterstown Rd

20. FILED ... 19... ... Registrar.
JAN 14 1929

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-14-1929

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1928 to Jan 14, 1929
I last saw h[illegible] alive on Jan 14, 1929. Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	Jan 7 '29
Other contributory causes of importance: Malnutrition	
Microcephaly	

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Frank J. Lyde M. D.
(Address) 2008 E. Monument St.

Occupation is very important. See instructions on back of certificate.

F 54095

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54095

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 536 Burgundy St. Ward) 22-2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. veteran specify WAR .....

2. FULL NAME Gladys Delaware

(a) Residence: No. 536 Burgundy St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec -11-1937

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Roland Delaware

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Louise Curtis

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT (Address) Mrs Louise Delaware 536 Burgundy St

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Auburn Date 1/17 1939

19. UNDERTAKER (Address) Isaiah L Brown Son 108 W Monroe St

20. FILED JAN 17 1939 Huntington Williams, Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15 39

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Bronchitis Pneumonia — Jan 12 1939

Other contributory causes of importance: —

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? Nil Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Louise S. Allen, M. D.

(Address) 550 Mosher St Carroll

F 54096

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54096

CERTIFICATE OF DEATH

173

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 or 2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Norman Wardell

If U. S. Veteran specify WAR ...

(a) Residence: No. 640 Sarah Ann St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Gladys Wardell

6. DATE OF BIRTH (month, day, year) Nov 5 1916

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Carolina

FATHER

13. NAME Wellington Wardell

14. BIRTHPLACE (city or town) (State or country) N. C

MOTHER

15. MAIDEN NAME Bettie Hairston

16. BIRTHPLACE (city or town) (State or country) N. C

17. INFORMANT Gladys Wardell

(Address) 640 Sarah Ann St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 1/17 1939

19. UNDERTAKER Isaac F. Brown Son

(Address) 1058 Montgomery St

20. FILED JAN 17 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock, Primary Hemorrhage	2½ hrs.

Other contributory causes of importance:

Gun shot wound of neck (homicide) 2½ hrs

Was an operation performed? Yes Date of Jan 14, 39

For what disease or injury? Bullet wound of neck

Name of operation Exploratory Cervical Incision Date of 1/14/39

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

[redacted], or homicide? Yes Date of injury Jan 14, 1939

Where did injury occur? Baltimore

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Gun shot wounds

Nature of injury Severed carotid artery

24. Was disease or injury in any way related to occupation of deceased?

24a If so, specify

(Signed) Michael A. Shapiro, M. D. Coroner

(Address) 2360 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

54097

HEALTH DEPARTMENT—CITY OF BALTIMORE

54097

CERTIFICATE OF DEATH

✓ 100

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Infirmary St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William A. Carlton

If U. S. Veteran specify WAR .....

(a) Residence: No. 2795 Alameda Boulevard St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	MARRIED

3a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mrs. Louie Carlton.

6. DATE OF BIRTH (month, day, year) Nov. 23, 1863

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	75	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Auditor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fidelity Trust Co.

10. Date deceased last worked at this occupation (month and year) Jan 1934

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Arthur Carlton

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Dee Chanceaulme

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs Louie Carlton

(Address) 2795 Alameda Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Jan 18 1939

19. UNDERTAKER J. M. Fretwell & Son

(Address) Mt Pleasant

20. FILED JAN 17 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1939, to Jan. 15, 1939.

I last saw HIM alive on Jan. 15, 1939 Death is said to have occurred on the date stated above, at Mid Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolus	1-15-39
Other contributory causes of importance:	
Phlebitis	Dec. 1938

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wesley J. Keltz M. D.

(Address) Hse Church Home & Inf

54098 HEALTH DEPARTMENT--CITY OF BALTIMORE 54098

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital — Registered No. 121

CITY OF BALTIMORE: (No. ..... St., 4 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Grace E. Sentz — If U. S. Veteran specify WAR .....

(a) Residence: No. Emerson Hotel St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Femal	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles A. Sentz

6. DATE OF BIRTH (month, day, year) August 4th 1882.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Wilmington North Carolina.

FATHER

13. NAME B. F. White

14. BIRTHPLACE (city or town) (State or country) North Carlina.

MOTHER

15. MAIDEN NAME Eliza McDuffie

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Mr. Charles A. Sentz (Address) The Emerson Hotel

18. BURIAL, CREMATION, OR REMOVAL Place Wilmington N.C. Date Jan. 17 1939

19. UNDERTAKER Wm. J. Heckler Sons (Address) Front & Parker

20. FILED ..... 19 ..... Registrar.

JAN 17 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 11, 1938 to January 16, 1939

I last saw her alive on January 16, 1939 Death is said to have occurred on the date stated above at 4.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicular Abscess	
Septicaemia Acute Abscess	
Pulmonary Embolis	

Other contributory causes of importance:

Was an operation performed? yes. Date of January 3rd 1939

For what disease or injury? Ruptured appendix Subsequ abscess.

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Richard Walker Willingham M. D.

(Address) Union Memorial Hospital

54099

HEALTH DEPARTMENT—CITY OF BALTIMORE

54099

CERTIFICATE OF DEATH

72-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 N Clinton St. 26-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amelia Richter

If U. S. Veteran specify WAR

(a) Residence: No. 613 N Clinton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 24 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Conrad Richter

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Amelia Hohmann

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs C Partridge
(Address) 613 N Clinton St

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem Date Jan 17, 1939

19. UNDERTAKER John Cedrat
(Address) 210 E Biddle

20. FILED Jan 20 1939 Wm. J. Williams M.D. Registrar.

JAN 17 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-1-, 1938, to 1-14, 1939

I last saw her alive on 1-14-1939 Death ~~is said to have~~ occurred on the date stated above, at 2 30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Lymphatic leukemia	4-1-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton C. Lang M. D.

(Address) 2117 Belair Rd

54100 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54100

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2836 Mayfield St., 8-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Dohn

If U. S. Veteran specify WAR .....

(a) Residence: No. 2836 Mayfield Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Pauline John

6. DATE OF BIRTH (month, day, year): Aug 11 - 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Bank Messenger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Bank

10. Date deceased last worked at this occupation (month and year): Jan 1936

11. Total time (years) spent in this occupation: 38 yrs

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Moritz John

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Caroline Mueller

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs Mary E Leaman

(Address) 2836 Mayfield Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Jan 18, 39

19. UNDERTAKER: John Ulrich

(Address) 800 E Lanvale

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1938 to Jan 15, 1939

I last saw h— alive on Jan 14, 1939 Death is said to have occurred on the date stated above, at 12 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterioscleroisis	1930
Cerebral Hemorrhage	1938
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. L. Long, M. D.

(Address) 418 Southway

VS 3

54101 54101

HEALTH DEPARTMENT—CITY OF BALTIMORE 54101

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. 121

CITY OF BALTIMORE: (No. ..... St., 6-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Wm - Thomas

If U. S. Veteran specify WAR .....

(a) Residence: No. 1629 Fulton St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/13/29

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	9	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Thomas

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Luella Pope

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date Jan. 17 1939

19. UNDERTAKER Robert H. Young

(Address) 804 W. Caroline St

20. FILED JAN 17 1939 Hunting for Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1939 to Jan 14, 1939

I last saw him alive on Jan 14, 1939 Death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis c	1-9-39
Perforation x	
Peritonitis	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 1-12-39

For what disease or injury? Appendicitis

Name of operation Appendectomy & Drainage

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harvey H. Young M. D.

(Address) Johns Hopkins Hospital

VS 3

4102 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54102

CERTIFICATE OF DEATH

51-B

Registered No. 51-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 120 S. Calhoun St. 14-B Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry Mohr

(a) Residence: No. 120 S. Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 16 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Confectioner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 0019

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME John P. Mohr

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Henrietta Gerben

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs. J. H. B. Wells
(Address) 120 S. Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park. Date 1-17-39

19. UNDERTAKER Frederick A. Tolle
(Address) 1700 W. Lombard St.

20. FILED ..... 19.. ..... Registrar.

JAN 17 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 14, 1939.

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1938, to Jan 14, 1939.

I last saw him alive on Jan. 14, 1939. Death is said to have occurred on the date stated above, at 10 15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of urinary bladder	1938
Other contributory causes of importance: Cerebral hemorrhage.	1/14/39

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George A. Krupp M. D.

(Address) 3032 Edmondson Ave.

54103

HEALTH DEPARTMENT—CITY OF BALTIMORE

54103

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 76 S Caradon Ave St. 27-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. 10 mos. 23 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Matilda Kolb.

If U. S. Veteran specify WAR

(a) Residence: No. 4708 Harford Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe.	Wh.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles E. J. Kolb.

6. DATE OF BIRTH (month, day, year) Feb 22 1867 her

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Martin Kern

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Koontz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Lillian LeCompte

(Address) 2304 Arlington Ave.

18. BURIAL, CREMATION, OR REMOVAL.

Place Forest Park Date Jan 18, 1939

19. UNDERTAKER Frederick A Cole

(Address) 1200 W Lombard St

Huntington Williams, M.D.

19 Registrar.

FILED JAN 17 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	1/15.

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) M. Kamm M. D. Coroner

(Address) 1822 W Baltimore St.

OCCUPATION is very important. See instructions on back of certificate.

V 86

F 54104

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54104

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2911 N. Loudon Ave. St., 28-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Fleetwood Smith

If U. S. Veteran specify WAR

(a) Residence: No. 2911 N. Loudon Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Andrew M. Smith

6. DATE OF BIRTH (month, day, year): Apl. 8, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 6039

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va.

FATHER

13. NAME: Ramon Hudgins

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Thalia H. Lipincot

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Margaret E. Matahny

(Address): 2911 Loudon ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Petersburg Va. Date: Jan. 18, 193[illegible]

19. UNDERTAKER: John [illegible]

(Address): 1900 Eutaw Place.

20. FILED [illegible] 19 [illegible] Registrar.

JAN 17 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938 to Jan 16, 1939.

I last saw her alive on Jan 16, 1939. Death is said to have occurred on the date stated above, at 7.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix	1-1-37
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Howard [illegible] M. D.

(Address) 2604 Garrison Blvd.

Spec.—8-16-30—100 Blks.

F 54105

F54105

92-a

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1—PLACE OF DEATH 1017 Madison Ave REGISTERED NO.

CITY OF BALTIMORE: (No. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Derricks

(a) RESIDENCE NO. 1017 Madison Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Derricks

6 DATE OF BIRTH (month, day, and year) 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
80		—	—	

8 OCCUPATION OF DECEASED

(a) Trade, professinn or particular kind of work. Labour

(b) General nature of industry, business, or establishment in which employed (or employer) Driving

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Balto Maryland

PARENTS

10 NAME OF FATHER Thomas Derricks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Williamson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Margaret Derricks

(Address) 1017 Madison Ave

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 14th 1939

17 I HEREBY CERTIFY, That I attended deceased from Jan 8th, 1939, to Jan 14th, 1939, that I last saw h alive on Jan 14th, 1939 and that death occurred, on the date stated above, at 11.30 a m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) 6 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Bronchial Asthma

(duration) 2 yrs. — mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) J. A. Carper, M. D.

, 19 (Address) 1433 Madison ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Piney Grove, Md. DATE OF BURIAL Jan 17, 1939

20 UNDERTAKER Mr. Katie R. Williams ADDRESS 322 N Johnson St

54106 F 54106

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Evelyn Day

(a) Residence: No. 712 S. Broadway St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) December 10, 1938

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Ransom Day

14. BIRTHPLACE (city or town) (State or country) Mississippi

MOTHER

15. MAIDEN NAME Catherine Landrum

16. BIRTHPLACE (city or town) (State or country) Mississippi

17. INFORMANT Catherine Day

(Address) 712 S. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mathias Date Jan. 17, 1939

19. UNDERTAKER Wendell DiGiorgio

(Address) 1100 Bank St.

20. FILED JAN 17 1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 16, 1939

22. I HEREBY CERTIFY, That I took (charge of the remains described above, held an Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia (Primary)	

Other contributory causes of importance: .....

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schenken Coroner, M. D.

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

VS 8

54107 F 54107

HEALTH DEPARTMENT—CITY OF BALTIMORE #38297

CERTIFICATE OF DEATH

82-W SF

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals Life St. 8-6 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Clarence Ballantine

(a) Residence: No. 1721 N. Chapel St. St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Amelia

6. DATE OF BIRTH (month, day, year) 2/16/1883

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Alexander Ballantine

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Clara Saunders

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oakland Cem. Date 1/17 1939

19. UNDERTAKER Dunnigan & Covington
(Address) 21 W. 25th St.

20. FILED ....19.... Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/13/39 , 19

22. I HEREBY CERTIFY, That I attended deceased from October 13 1938 to January 13 1939

I last saw him alive January 13 1939. Death is said to have occurred on the date stated above, at 7 05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-13-39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. G. de Lautelle M. D.

(Address) Baltimore City Hospitals

VS a

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54108

CERTIFICATE OF DEATH

122 F 54108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 15-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Jennie Baran

(a) Residence: No. 4574 Reisterstown Rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Soloway

6. DATE OF BIRTH (month, day, year) [redacted]

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57 ~~40~~			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0 97

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Morris Shain

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sophie Krull

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hyman Baran
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Herring Run Date 1-17-39

19. UNDERTAKER Paul Lewis Levy
(Address) 1739 E. Baltimore St.

FILED JAN 17 1939 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-17-39, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1938, to Jan 17, 1939

I last saw h.C.L. alive on Jan 17, 1939. Death is said to have occurred on the date stated above, at 8:40 m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Femoral Hernia	
Cardiac Failure	
Acute Paralysis	
Other contributory causes of importance:	

Was an operation performed? Yes Date of Dec 20, 1938

For what disease or injury? Strangulated Hernia

Name of operation Release of Strangulated Hernia

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Raymond J. Tyson, M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

V2 5

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54109

CERTIFICATE OF DEATH

213-F

F 54109

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Adams

If U. S. Veteran specify WAR

(a) Residence: No. 326 N. Paca St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) August 2 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Custom House

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles Adams

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Veasey ?

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Fred Adams

(Address) 3111 Juneau Place

18. BURIAL, CREMATION, OR REMOVAL

Place Nat. Cath. Date Jan. 18 1939

19. UNDERTAKER John. J. Ingram

(Address) 3000 E. Balto St

20. FILED JAN 17 1939 19 Huntington Williams, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 15, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance: —

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1/15 1939

Where did injury occur? Foot of Clinton St.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public

Manner of injury Fell down steps of Boat.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) Paul Schnitker Coroner, M. D.

(Address)

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

35 54110 (5537)

CERTIFICATE OF DEATH

23 F 54110

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 2702 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME C. Howard Lapouraille

If U. S. Veteran specify WAR

(a) Residence: No. 3117 Grindon ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Evelyn

6. DATE OF BIRTH (month, day, year) 11-29-85

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pharmacist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2075

10. Date deceased last worked at this occupation (month and year).

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Alfred Lapouraille

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Helen Stalmen

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Jan. 19 1939

19. UNDERTAKER John. A Moran

(Address) 800 E. Baltimore St.

20. DATE RECD JAN 17 1939 By Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16. 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1938 to Jan 16, 1939

I last saw h. in alive on Jan 16, 1939. Death is said to have occurred on the date stated above, at 1.20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous bronchopneumonia	Oct. 1938
both upper lobes	
diabetes mellitus	1936
Bilateral pulmonary tuberculosis (diffuse)	Oct 1938
Other contributory causes of importance:	
Malnutrition	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Sputum & Roentgen Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. Brennan M. D.

(Address) Johns Hopkins Hospital

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54111

CERTIFICATE OF DEATH

119 F 54111 Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Agnes Hospital Fulkerth + Caton Aves St. 26 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Jacob Jerome Deeland
If U. S. Veteran specify WAR

(a) Residence: No. St. Vincents Infant Asylum St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) February 1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	23		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (Child) Not
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT St. Agnes Hosp Records
(Address) Baltimore Maryland

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Rest Cem Date 1/17 1939

19. UNDERTAKER John J Fahey & Son
(Address) 1310 Light St

20. FILED JAN 17 1939 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastro enteritis	Sunday

Other contributory causes of importance:
Type + cause not known.

Was an operation performed? no. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) W Hamm, M. D.

(Address) 18 N W Baltimore

OCCUPATION is very important. See instructions on back of certificate.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54112

CERTIFICATE OF DEATH

23 F 54112

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 954 Forrest St. 10-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Md Penitentiary

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert Brown

If U. S. Veteran specify WAR ...

(a) Residence: No. 954 Forest St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 15-1915

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
23	0	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Robert Brown, Sr.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Mary Magdalene

16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMANT Md. Pen. Records (Address) 954 Forrest St

18. BURIAL, CREMATION, OR REMOVAL Sacred Heart Cem 1/17 1939

19. UNDERTAKER William E. White (Address) 1316 Light St.

20. FILED JAN 17 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from November 21, 1938, to January 14, 1939

I last saw him alive on January 14, 1939 Death is said to have occurred on the date stated above, at 10:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	11-21-38
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) John J. Anderson, M. D.

(Address) 954 Forrest St
Maryland Penitentiary Hospital

OCCUPATION is very important. See instructions on back of certificate.

va 3

Vol. 1235

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54113

CERTIFICATE OF DEATH

107-6

F 54113

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1301 Bolton St. 11-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Dorsey Davis

If U. S. Veteran specify WAR ...

(a) Residence: No. 1301 Bolton St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed or Divorced~~ (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 9th 1845

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	93.	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Maryland
(State or country) Montgomery Co

FATHER

13. NAME Allen Bowie Davis

14. BIRTHPLACE (city or town) Montgomery
(State or country) Co Md

MOTHER

15. MAIDEN NAME Hester Ann Wilkins

16. BIRTHPLACE (city or town) Baltimore Md
(State or country)

17. INFORMANT M. W. Davis

(Address) 1301 Bolton St

18. BURIAL, CREMATION, OR REMOVAL

Place Ellicott Mound Date Jan 19th 1939

19. UNDERTAKER Henry Hendrix & Co

(Address) Orchard & Mc Collum Sts

20. FILED JAN 17 1939, 19... Registrar.

Huntington Hendrix

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17th, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 3rd, 1939 to Jan 16th, 1939

I last saw her alive on Jan 16th, 1939. Death is said to have occurred on the date stated above, at 4:30 A.M. Jan 17th 1939

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infirmities of Age +	
Pneumonia	over

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) Thomas L. Sheare, M. D.

(Address) 3801 N Charles St

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

54114

CERTIFICATE OF DEATH

82-6 F 54114

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3533 Caton Ave. St., 20-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth 46 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ottilia Grotzinger

(a) Residence: No. 3533 Caton Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gottlieb Grotzinger

6. DATE OF BIRTH (month, day, year) January 17-1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	11	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) 1-11-39

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Anton Jung

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Catharine

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT John Grotzinger

(Address) 3533 Caton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem. Date Jan. 29, 1939

19. UNDERTAKER Charles W. Dill.

(Address) 3109 Frederick Ave.

20. FILED JAN 17 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 16-, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 11-, 1939, to January 16-, 1939

I last saw her alive on January 15-, 1939. Death is said to have occurred on the date stated above, at 11:15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorrhage.	1-11-39
Other contributory causes of importance:	
Hypertension.	unknown

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? P.S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Chester Riland. M. D.

(Address) 2532 Edmondson Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54115 CERTIFICATE OF DEATH 108 F 54115

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 704 E. 37. St. 9-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William F Melvin

(a) Residence: No. 704 E. 37th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Naomi Melvin

6. DATE OF BIRTH (month, day, year) July 4, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas & Elec Co

10. Date deceased last worked at this occupation (month and year) Jan. 6. 1939

11. Total time (years) spent in this occupation 34 yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George F. Melvin

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Carrie Biddle

16. BIRTHPLACE (city or town) (State or country) Wash - D. C

17. INFORMANT Carrie F. Melvin

(Address) 704 E. 37th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park. Date Jan 18 1939

19. UNDERTAKER The Rev. John W. Gensel. Son

(Address) 501 N. Fayette St.

20. DATE RECEIVED JAN 17 1939 19 Funeral for Williams M.E. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15. 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7th 1939, to Jan. 15th 1939

I last saw h.. alive on Jan. 15th 1939. Death is said to have occurred on the date stated above, at 7.10 P. a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia.	1/6/39
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Anthony T. Bonn 1939 M. D.

(Address) 5217 York Rd

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54116

CERTIFICATE OF DEATH

40280-FS

34-gF 54116

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 5-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nick Bruno

If U. S. Veteran specify WAR

(a) Residence: No. 246 N. Exeter St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 6, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
59	59	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 007

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Ben

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Mary Dipietin

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT B.C.H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Sacred Heart Cem. 1/18 1939

19. UNDERTAKER John J. Fahey & Son

(Address) 31 W. Saratoga St.

20. FILED JAN 17 1939 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 26 1938 to January 16 1939

I last saw him alive on January 16, 1939. Death is said to have occurred on the date stated above, at 3:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilitic heart disease	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. de Lautelle M. D.

(Address) Baltimore City Hospitals

V6 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

54117

CERTIFICATE OF DEATH

F 54117

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 823 N. Durham St. 9-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... da. How long in U. S. If of foreign birth? 40 yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Josephine Wolle

(a) Residence: No. 823 N. Durham St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Wolle

6. DATE OF BIRTH (month, day, year) Not known

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework p037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME James Burlick

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Michael Wolle

(Address) 823 N. Durham St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 20 1939

19. UNDERTAKER c/o Frank Brach & Son

(Address) 1906 Eastern Ave

20. FILED JAN 17 1939 19 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? —

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify ...

(Signed) Paul Schreiber M. D.
Coroner

(Address) Coroner

F 54118 HEALTH DEPARTMENT—CITY OF BALTIMORE F 54118

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto. City Hospitals ✓108 ac Registered No. 1872

CITY OF BALTIMORE: (No. Bay View St., 36-10 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Ruth, Eliz. Cuno ☐ U. S. Veteran specify WAR

(a) Residence: No. 3227 Noble St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Frederick Cuno

6. DATE OF BIRTH (month, day, year) July 21-1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	5	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME Caleb Kirby
14. BIRTHPLACE (city or town) (State or country) Balto, Md.

MOTHER
15. MAIDEN NAME Alice Coleman
16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Frederick Cuno (Address) 3227 Noble St. Husband

18. BURIAL, CREMATION, OR REMOVAL. Place Pine [illegible] Date 1-19-39

19. UNDERTAKER (Address) [illegible]

FILED 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 6 X, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5 days

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elias W. Wood M. D.
Coroner

(Address) 1712 N. Broadway

See instructions on back of certificate. It is very important.

54119 **HEALTH DEPARTMENT—CITY OF BALTIMORE** # 54119

CERTIFICATE OF DEATH

√ 46-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1422 Presstman St. 15-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Laura Crawley

If U. S. Veteran specify WAR .....

(a) Residence: No. 1422 Presstman St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry Crawley

6. DATE OF BIRTH (month, day, year) March 1884.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Home

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 2 Yrs

12. BIRTHPLACE (city or town) (State or country) Chesterfield Co Va.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Amelia Thompson

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Rodger Hardy

(Address) 1422 Presstman

18. BURIAL, CREMATION, OR REMOVAL Blackstone Va Date Jan 22 1939

19. UNDERTAKER Adolphus Halstead

(Address) 918 Druid Hill Ave

20. FILED ... 19... Registrar.

JAN 18 1939 ... Deputy Registrar, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 12 1938 to Jan 16, 1939

I last saw her alive on Jan 16, 1939. Death is said to have occurred on the date stated above, at 11.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric (Pyloric) Carcinoma	1938?
Other contributory causes of importance:	
None.	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Wm. H. Wright, M. D.

(Address) 1209 Presstman St

54120

HEALTH DEPARTMENT—CITY OF BALTIMORE

54120

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4015 Belle ave St. 15-10 Ward)

Length of residence in city or town where death occurred 47 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Hannah Rabinowich

If U. S. Veteran specify WAR .....

(a) Residence: No. 4015 Belle ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Solomon

6. DATE OF BIRTH (month, day, year): 1839

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	100			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Aaron Meisel

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Mrs L Jacobson
(Address) 4015 Belle ave

18. BURIAL, CREMATION, OR REMOVAL: Mount Washington Cem Date Jan 18, 1939

19. UNDERTAKER: Sol Levinson & Bro
(Address) 1104-20 W Mount ave
Huntington Williams, M.D.
Registrar.

FILED JAN 18 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1938, to Jan 17, 1939

I last saw her alive on Jan 17, 1939 Death is said to have occurred on the date stated above, at 3.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	
Arteriosclerosis	
Chronic myocarditis	
Chronic nephritis	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) David Friedman M. D.

(Address) 122 W. Lee st

54121 HEALTH DEPARTMENT—CITY OF BALTIMORE 54121

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2437 Lake View ave 13-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. de.

If U. S. Veteran specify WAR

2. FULL NAME Phillip Freedenberg

(a) Residence: No. 2437 Lake View ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Dena

6. DATE OF BIRTH (month, day, year): 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Poland

FATHER

13. NAME: Jacob Freedenberg

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: Rosa P

16. BIRTHPLACE (city or town) (State or country): Poland.

17. INFORMANT (Address): Jack Freedenberg 2437 Lake View ave

18. BURIAL, CREMATION, OR REMOVAL: Hebrew Washington Rd. Date Jan 18 1939

19. UNDERTAKER (Address): Sol Lurman & Bro 1124-26 W North ave

20. FILED 1939 Registrar.

JAN 18 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 17. 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1929. 19..., to Jan 17 1939

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 3:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary infarction	Jan 5 '39
Other contributory causes of importance: Hypertension	1929

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lawrence Litterer M. D.

(Address) 1815 Eutaw Place

F 54122

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54122

CERTIFICATE OF DEATH

192-a CC

1. PLACE OF DEATH Balto. City Hospitals — Registered No. 1872

CITY OF BALTIMORE: (No. Bay View St., 2441 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nellie Hickey — If U. S. Veteran specify WAR

(a) Residence: No. 1431 Hull St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Hickey

6. DATE OF BIRTH (month, day, year) Aug. 7 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Michael Moon

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Coyne

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John Hickey Son
(Address) 1431 Hull St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cath. Date 1/29 1939

19. UNDERTAKER Morgan G. Flamm
(Address) 2107 N. Fulton Ave

JAN 18 1939 19 Registrar.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	3 years
Other contributory causes of importance:	
Arteriosclerosis general	3 years

Was an operation performed? No Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D.
Coroner

(Address) 1712 N. Broadway

54128 F 54123

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1306 E. Balto St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Anna Herold No War Record

(a) Residence: No. 1306 E. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced (or) WIFE of Henry Herold

6. DATE OF BIRTH (month, day, year) Sept 20th 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54 yrs	3	27.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. in home

10. Date deceased last worked at this occupation (month and year) 8/39

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Berlin Germany

FATHER

13. NAME Julius Krause

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Christofsky

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry Herold Jr

(Address) 1306 E Balto St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Jan 12th 1939

19. UNDERTAKER Wm Cook

(Address) 247 St Paul St

20. FILED Huntington Williams M.D. Registrar.

JAN 18 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17th 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 16th 1939 to Jan 17 1939

I last saw h alive on Jan 16 1939 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Jan 11 39
Other contributory causes of importance: Phlebitis	Jan 1 39

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Richard Ensminger M. D.

(Address) 1514 E. Baltimore St

OCCUPATION is very important. See instructions on back of certificate.

54124 E 54124

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

146-E

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2511 N. Charles St. 12-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Annie M. Fuld

(a) Residence: No. 2511 N. Charles St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed, or Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of William Fuld

6. DATE OF BIRTH (month, day, year) Feb 17th 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 1039

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Adolph Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Schultheis

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Carrie A. Fuld

(Address) 2511 N. Charles St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Jan 20th 1939

19. UNDERTAKER Wm. Cook

(Address) 1217 St Paul St

20. FILED JAN 18 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1938 to Jan 16th 1939

I last saw h[illegible] alive on Jan 15 1939. Death is said to have occurred on the date stated above, at 1140 P. m.

The principal cause of death and related causes of importance, were as follows:

Cerebral Hemorrhage — Date of onset Jan 16th

(Primary or secondary (if known))

Other contributory causes of importance:

Exploratory

Was an operation performed? yes Date of July 38

For what disease or injury? Fractured femur

Name of operation Int. Fixation

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. B. Lemmon Jr. M. D.

(Address) 3400 N. Charles St.

54125 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54125

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3102 W. Garrison Ave St., 27-17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Ingeborg W. Yeaple

If U. S. Veteran ..... specify WAR .....

(a) Residence: No. 3102 W. Garrison Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of William N.

6. DATE OF BIRTH (month, day, year) Jan 23-1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) York Pa.

FATHER

13. NAME J. Edward Berry

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Sarah Dobbins

16. BIRTHPLACE (city or town) (State or country) York Pa.

17. INFORMANT W. Edward Yeaple

(Address) 1540 Windermere Ave

18. BURIAL, CREMATION, OR REMOVAL Prospect Hill, York Pa. Date Jan 20th 1939

19. UNDERTAKER Wm Cook

(Address) 42 E. Philpot St.

20. FILED JAN 18 1939 19 Humphrey Nicholls, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17- 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 21st 1938 to Jan 17 1939

I last saw h.. alive on Jan 17th 1939. Death is said to have occurred on the date stated above, at 5.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	1-17-39
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? C Lueas Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. B. Eusor M. D.

(Address) 4936 Pawtucket Ave

54126 HEALTH DEPARTMENT—CITY OF BALTIMORE F 54126

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. St. 20 - W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ... mos. ... ds. How long in U. S. If of foreign birth ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME William V. Perino

(a) Residence: No. 106 N. Smallwood St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Perino

6. DATE OF BIRTH (month, day, year) April 22 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brinso Italy

FATHER

13. NAME Felice Perino

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Rose filicla

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mrs. Cassetta (Sister)

(Address) 106 N. Smallwood St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemet, Date Janu 18 1939

19. UNDERTAKER Frank Della Mora

(Address) 52 N. Monroe St. Huntington Mills, Pa.

20. FILED JAN 18 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	?
Pulmonary Edema	1/15

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) M. Kanna M. D.

(Address) 1822 W Baltimore St

M. D. R. 1268-9

54127

F 54127

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4913 Litchfield Ave St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Salvatore Pucci

(a) Residence: No. 4913 Litchfield Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 16 1919

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
19	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Silversmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Silversmith Shop

10. Date deceased last worked at this occupation (month and year) 8 mo

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

FATHER

13. NAME Enrico Pucci

14. BIRTHPLACE (city or town) Italy
(State or country)

MOTHER

15. MAIDEN NAME Paolina Salmeri

16. BIRTHPLACE (city or town) Italy
(State or country)

17. INFORMANT Enrico Pucci (Father)
(Address) 4913 Litchfield Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date Janu. 19 1939

19. UNDERTAKER Frank Della Rocca
(Address) 52 N. Motley St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1938 to Jan 15 1939.

I last saw him alive on Jan 15 1939. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	?
c Acute Myocarditis	Dec 1938

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry Ashman M. D.

(Address) 1924 W North Ave.

128 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54128

CERTIFICATE OF DEATH

95-B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 S. Exeter St. St., 3-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... d.

If U. S. Veteran specify WAR .....

2. FULL NAME Lucia Volinari

(a) Residence: No. 208 S. Exeter St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: of Giovanni Volinari

6. DATE OF BIRTH (month, day, year): Febb. 19 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48	10	28 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at own home

10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country): S. Giorgio Del Sannio Italy

FATHER

13. NAME: Stanislao Lanzotti

14. BIRTHPLACE (city or town) (State or country): S. Giorgio del Sannio Italy

MOTHER

15. MAIDEN NAME: Antonietta Camorlingo

16. BIRTHPLACE (city or town) (State or country): S. Giorgio del Sannio Italy

17. INFORMANT: Giovanni Volinari (Husband)
(Address): 208 S. Exeter St.

18. BURIAL, CREMATION, OR REMOVAL. Place: Holy Redeemer Cem. Date: Jan 20 1939

19. UNDERTAKER: Frank Della Rocca
(Address): 52 N. Morley St.

20. FILED JAN 18 1939 19 ... Registrar. Eyb

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-16- 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-10- 1939 to 1-16- 1939

I last saw h[e]r alive on 1-16 1939. Death is said to have occurred on the date stated above, at 11:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis with Hypertention. Enlarged Heart.	2½ yrs.
Other contributory causes of importance: Cerebral Hemorrhage	2 days

Was an operation performed? no Date of ...

For what disease or injury? non

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) J. Demarco M. D.
(Address) Medical Arts Bldg

54129

HEALTH DEPARTMENT—CITY OF BALTIMORE

54129

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1805 Edmondson Ave. St. 20-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .. yrs. .... mos. .... ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....da.

If U. S. Veteran specify WAR .....

2. FULL NAME Alice S. Brewer

(a) Residence: No. 1805 Edmondson Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of -----

6. DATE OF BIRTH (month, day, year) October 12, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	64	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Stenographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. F. & G.

10. Date deceased last worked at this occupation (month and year) 1909

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Philip Brewer

14. BIRTHPLACE (city or town) (State or country) Annapolis Md.

MOTHER

15. MAIDEN NAME Elizabeth Bealmear

16. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

17. INFORMANT (Address) Cleveland R. Bealmear 3408 Elgin Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Jan. 18 19 39

19. UNDERTAKER (Address) Wm. J. Tickner and Sons North and Penna. Ave.

N 18 1939 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 15, 1939, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, ...

(Signed) H. O. Roeder M. D.
Coroner

(Address) 2357 Mms

V S 6

4130 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54130

CERTIFICATE OF DEATH

82-a

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1654 N Fulton Av St.) (15-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Barbara Alice Black
If U. S. Veteran specify WAR .....

(a) Residence: No. 1654 N. Fulton av St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Chas L. Black

6. DATE OF BIRTH (month, day, year) June 14 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82	6	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Falls Church Va

FATHER
13. NAME Lee Henry Dr Smith
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER
15. MAIDEN NAME Mary Ann Tabb
16. BIRTHPLACE (city or town) (State or country) Burnsville Md

17. INFORMANT Ida R. Ford
(Address) 1654 N. Fulton av

18. BURIAL, CREMATION, OR REMOVAL
Place Pleasant Hill Cem Date Jan 18 1939
Ft Lincoln Undertakers
19. UNDERTAKER
(Address) Govans Md

20. FILED ... 19... Registrar.

JAN 18 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1939, to Jan 16, 1939. I last saw her alive on Jan 16, 1939. Death is said to have occurred on the date stated above, at 3:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 14
Bronchial Asthma	Jan 12
Other contributory causes of importance:	
Hypertension & arteriosclerosis	10 yrs
Bronchial Asthma	6 yrs

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) E. V. Woodward, M. D.
(Address) 8463 Fulton Ave

Huntington Milligan, M.D.

54131

HEALTH DEPARTMENT—CITY OF BALTIMORE

54131

CERTIFICATE OF DEATH

V 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5528 Belair Rd. St., 27-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna Mary Stem

(a) Residence: No. 5528 Belair Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 23 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Near Uniontown Md.

FATHER

13. NAME David Stem

14. BIRTHPLACE (city or town) (State or country) Uniontown Md.

MOTHER

15. MAIDEN NAME Sarah Lambert

16. BIRTHPLACE (city or town) (State or country) Taneytown Md.

17. INFORMANT Mrs Susan Topper

(Address) 5528 Belair Road

18. BURIAL, CREMATION, OR REMOVAL

Place Pipe Creek Cemetery Date Jan 20 1939

19. UNDERTAKER William J. Tickner & Sons

(Address) North & Pennsylvania Aves.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 17 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 9 1939 to Jan 17 1939

I last saw her alive on Jan. 16 1939 Death is said to have occurred on the date stated above, at 3.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	1935
Cerebral Hamorrhage	Dec. 1937
Other contributory causes of importance:	
Chronic Nephritis	1935

Was an operation performed? No. Date of

For what disease or injury? — Date of

Name of operation

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Albert J. Hunelfarb M. D.

(Address) 5444 Belair Rd.

54132 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54132

CERTIFICATE OF DEATH

V 46-B 40046-FS

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? 25 yrs. ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Johnson

(a) Residence: No. 1116 Higgs Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche

6. DATE OF BIRTH (month, day, year) 7-6-1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. odd jobs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Jacob

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Johanna

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date 1/20 38

19. UNDERTAKER Williams & Jackson
(Address) 46 Penna Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 17, 1938 to January 17, 1939

I last saw him alive on January 17, 1939. Death is said to have occurred on the date stated above, at 3:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1938
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical Yes

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. C. De Leyteke M. D.

(Address) Baltimore City Hospitals

54133 HEALTH DEPARTMENT—CITY OF BALTIMORE F 54133

CERTIFICATE OF DEATH ✓ 108

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital St. 15-2 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR
2. FULL NAME Samuel Cohen
(a) Residence: No. 1640 N. Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Celia Cohen
6. DATE OF BIRTH (month, day, year): Sept. 15-1877
7. AGE: Years 61 | Months 4 | Days 2 | If LESS than 1 day, hrs. or min.
OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country): Poland
FATHER
13. NAME: Moses A. Cohen
14. BIRTHPLACE (city or town) (State or country): Poland
MOTHER
15. MAIDEN NAME: Freda —
16. BIRTHPLACE (city or town) (State or country): Poland
17. INFORMANT (Address): Edward A. Cohen 624 N. North Ave
18. BURIAL, CREMATION, OR REMOVAL. Place: Baltimore Hebrew 1-19- 39
19. UNDERTAKER (Address): Jack Resnick Inc 1739 E. Baltimore St
1-18 1939
Huntington Williams Hall
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 17, 1939
22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the date stated above.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? No Date of —
For what disease or injury? —
Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Paul Rhenberg Coroner M. D.
(Address)

V S 6

131

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54134

CERTIFICATE OF DEATH

V 72-a

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 13-4 St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Daniel Kemper

(a) Residence: No. 2203 Whitelock St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	22			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hardware Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Abraham

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Jennie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hosp Record.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Mem Pk Date 1/18/39 19

19. UNDERTAKER Jack Levy Funeral Home

(Address) 1437 E Pratt St

20. FILED JAN 18 1939 19 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 25 1938 to January 17, 1939.

I last saw him alive on January 17, 1939. Death is said to have occurred on the date stated above, at 7.45 p.m.

The principal cause of death and related causes of importance, were as follows:

	Date of onset
Myeloid Leukemia.	
Other contributory causes of importance:	

Was an operation performed? Yes Date of January 5, 1939

For what disease or injury? Myeloid Leukemia.

Name of operation Biopsy of axillary gland.

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) William B. Long, M. D.

(Address) University Hospital

54135

HEALTH DEPARTMENT—CITY OF BALTIMORE

54135

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 921 Homestead St., 9-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Matilda E Glenn

If U. S. Veteran specify WAR .....

(a) Residence: No. 921 Homestead St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Wm Glenn

6. DATE OF BIRTH (month, day, year) Aug 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Robert O. Glenn

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Margaret McPherson

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mr. James A. Betts

(Address) 1209 Federal St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Jan 19/39 19

19. UNDERTAKER Philip Herrington Son

(Address) 2016 Eutaw St

20. FILED JAN 18 1939 19 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17, 19 39

22. I HEREBY CERTIFY, That I attended deceased from January 12, 19 39, to January 17, 19 39

I last saw h[illegible] alive on Jan 17, 19 39 Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-15-39
Left Hemiplegia	1-15-39

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas D Ingraham M. D.

(Address) 642 E. Monument

54136 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 54136

CERTIFICATE OF DEATH

23

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., ... Ward)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Beatrice Harris (39131) If U. S. Veteran specify WAR .....

(a) Residence: No. 832 Rutland Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 25, 1919

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	19		22 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Walter

14. BIRTHPLACE (city or town) (State or country) N. Car.

MOTHER

15. MAIDEN NAME Jennie

16. BIRTHPLACE (city or town) (State or country) N. Car.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date Jan 19 19 39

19. UNDERTAKER Robt F Williams
(Address) 1515 Mc Cedary St

20. FILED ..... 19 ..... Registrar.

JAN 18 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from November 19, 1938 to January 16, 1939.
I last saw her alive on January 16, 1939 Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	Jan 6, 1939
Tuberculosis of lungs	1937

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) L. M. Curtis, M. D.

(Address) Balto. City Hospitals

54137 George Oscar Slocum ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE 54137

CERTIFICATE OF DEATH

95-B 40805-FS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 17-1 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Oscar Slocum

If U. S. Veteran specify WAR .....

(a) Residence: No. 802 Druid Hill Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-15-1889 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
~~49~~ 40 ~~49~~	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 007

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Harrison Slocum

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Helen

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date Jan 20, 1939

19. UNDERTAKER Robt E Williams
(Address) 1515 Mosher St

20. FILED ....., 19.....
Registrar.

JAN 18 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 10, 1939, to January 17, 1939

I last saw him alive on January 17, 1939. Death is said to have occurred on the date stated above, at 5:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) H. C. Da Santelle, M. D.

(Address) Baltimore City Hospitals

54138 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 54138

CERTIFICATE OF DEATH

82-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2131 E. Federal St. 8-W Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sophia Kreidwise

(a) Residence: No. 2131 E. Federal ST St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Feb. 27th 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57		19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balti more
(State or country) Maryland

FATHER

13. NAME William Kreidwise

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret McNulty

16. BIRTHPLACE (city or town) Baltimore
(State or country)

17. INFORMANT Theodore Hart
(Address) 2131 E. Federal ST

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan. 19th 39

19. UNDERTAKER Geo. M. Fink & Son
(Address) 811 N. Wolfe St

20. FILED [illegible] Registrar

JAN 18 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 16th 1939

22. I HEREBY CERTIFY, That I attended deceased from January 16th, 1939, to January 16th, 1939. I last saw her alive on January 16th 1939. Death is said to have occurred on the date stated above, at 4A. M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? None Date of .....

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .....Date of injury....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature] M. D.

(Address) 3005 Eutaw St.

54139

HEALTH DEPARTMENT—CITY OF BALTIMORE

54139

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 2705 Bauernwood Ave 27-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 63 yrs. ..... mos. ..... ds.

2. FULL NAME Anna Keyes

If U. S. Veteran specify WAR .....

(a) Residence: No. 2705 Bauernwood Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George J. Keyes

6. DATE OF BIRTH (month, day, year) Jan 9 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
85	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Blacks Corner Canada

FATHER

13. NAME Wm. McCabe

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Langtry

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Thomas J. Keyes Jr.

(Address) 2705 Bauernwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Stone Chapel Date Jan. 18 1939

19. UNDERTAKER H. Howard Strong

(Address) 705 Light St

20. FILED JAN 18 1939 Thurlington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 15, 1939.

22. I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1939, to Jan. 15, 1939

I last saw her alive on Jan. 15, 1939. Death is said to have occurred on the date stated above, at 12.25 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Coronary Sclerosis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation, ...

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Nathan Janney M. D.

(Address) 701 Dalford Rd.

HEALTH DEPARTMENT—CITY OF BALTIMORE

54140

CERTIFICATE OF DEATH

F 54140

46-13

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2724 Oakley Ave. St., 27-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah Ann Hollins

(a) Residence: No. 2724 Oakley Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: James F. Hollins

6. DATE OF BIRTH (month, day, year) June 8, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Sarah Ann Miller

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Marshall B. Streett

(Address) Randallstown, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Jan. 19 1939

19. UNDERTAKER H. Amorean

(Address) 1025 W. Baltimore St.

20. JAN 18 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1939, to Jan 16, 1939

I last saw her alive on Jan 15, 1939. Death is said to have occurred on the date stated above, at 6.10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach (?)	June 1938
Other contributory causes of importance:	

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. H. Stansbury, M. D.

(Address) 714 Park Ave.

54141 HEALTH DEPARTMENT—CITY OF BALTIMORE 54141

CERTIFICATE OF DEATH

40695 JS

Registered No. 54

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jessie Mahius

(a) Residence: No. 213 East Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles

6. DATE OF BIRTH (month, day, year) 10-31-~~1871~~ 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
66	~~67~~	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME ~~William Kingsbury~~

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Samantha Staunton

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Jan 20, 1939

19. UNDERTAKER William McMarcek

(Address) 715 Light St

20. FILED 19 Huntington Williams Registrar

JAN 18 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 7, 1939, to January 16, 1939.

I last saw her alive on January 16, 1939. Death is said to have occurred on the date stated above, at 10:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	1938

Other contributory causes of importance:

Diabetes mellitus	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Yes

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Lauble M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

54142 — CERTIFICATE OF DEATH — 131 — F 54142

1. PLACE OF DEATH St Agnes Hospital — Registered No.

CITY OF BALTIMORE: (No. ... St. 2005 ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr Louis Fuegel — If U. S. Veteran specify WAR

(a) Residence: No. 505 Wilkington Lane St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta Fuegel

6. DATE OF BIRTH (month, day, year) June 3rd 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motorman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R. R. Co.

10. Date deceased last worked at this occupation (month and year). 8/38

11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME John Fuegel

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Augusta Studel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Chas. Ballinger (Address) 505 Wilmington Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Jan. 19 1939

19. UNDERTAKER Geo. L. Schmidt (Address) 2401 Pennsylvania Ave

20. FILED JAN 18 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/16 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 6th 1938 to Jan. 16 1939

I last saw him alive on January 16 1939 Death is said to have occurred on the date stated above, at 9:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Degenerative Cardiovascular Disease.	2
Chronic Myocarditis	
Other contributory causes of importance: Chronic Interstitial Nephritis & Terminal Uremia.	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Joseph E. Muse Jr. M. D.

(Address) St. Agnes Hospital

M. D. B. 1268-9

54143

F 54143

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University HOspital St., 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME HENRY C. BERLET

(a) Residence: No. 401 Ilchester Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie G. Berlet

6. DATE OF BIRTH (month, day, year) Sept. 17, 1890

7. AGE Years	Months	Days	If LESS than 1 day..... hrs. or min.
48	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supervisor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas & Elec. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John C. Berlet

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Amelia Mattern

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Marie G. Berlet
(Address) 401 Ilchester Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Jan. 19 1939

19. UNDERTAKER Chas. W. Mauer Son Inc.
(Address) 116 W. Mt. Royal Ave.

20. FILED JAN 18 1939 (Signature) Hunter for Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 16 — 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2 hrs
Resp Failure	
Other contributory causes of importance:	
Chr. Hypertension	4 yrs

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael J. Adams Coroner M. D.

(Address) 1730 Eutaw Place

Over

✓ F 54144

54144

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 cc

Registered No. 187

1. PLACE OF DEATH Balto. City Hospitals

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bay View St., 100-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Eugenia Mae Faulcon

(a) Residence: No. 1226 N. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	✓

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Aug. 22-1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Henry Jones

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Gertrude Bullock

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Gertrude Faulcon

(Address) 1226 N. Caroline St. Mother

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Jan-18 1939

19. UNDERTAKER Mrs R.L. Elliott-Daughter

(Address) 1229 N. Caroline St

20. FILED Hunter Williams, M.D. Registrar

18.1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 16, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2 days.

Other contributory causes of importance: ✓

Was an operation performed? No Date of ✓

For what disease or injury? ✓

Name of operation Clinical Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ✓, 19...

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify

(Signed) Chas. W. Wood M. D.
Coroner

(Address) 1712 N. Bond St.

54145 ✓ F 54145

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 923 Sterling St., 10-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Isaac Moody

(a) Residence: No. 923 Sterling St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maria Moody

6. DATE OF BIRTH (month, day, year) 11-10-1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	2	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Marion South Carolina

FATHER
13. NAME Wm Moody
14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER
15. MAIDEN NAME Maggie Christ
16. BIRTHPLACE (city or town) (State or country) S. C. Miles

17. INFORMANT Maggie Miles
(Address) 1108-E. Monument

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date 1/19 1939

19. UNDERTAKER Joseph D. Locke, Jr.
(Address) 1304 E. Central Ave.

FILED JAN 18 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-16 1939

22. I HEREBY CERTIFY, That I attended deceased from 1/11 1939 to 1-16 1939
I last saw him alive on 1-16 1939 Death is said to have occurred on the date stated above, at 12:22 P. M.

The principal cause of death and related causes of importance were as follows:

	Duration
Lobar Pneumonia	7 days
Exposure	

Was an operation performed? Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy?

Signs & Symptoms no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury ?
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas. R. Blake M. D.
(Address) 924 Fairmount St. Balto. Md.

54146 HEALTH DEPARTMENT—CITY OF BALTIMORE 54146

CERTIFICATE OF DEATH

X 122-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. 1 St. 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 da. How long in U. S. If of foreign birth? yrs. mon. da.

If U. S. Veteran specify WAR

2. FULL NAME William Houck

(a) Residence: No. Hampstead Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Virginia Houck

6. DATE OF BIRTH (month, day, year) July 24-1855-

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Elias Houck

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Anna M Weis

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Ernest Houck (Address) Hampstead Md

18. BURIAL, CREMATION, OR REMOVAL Place Hampstead Md Date Jan 20 1939

19. UNDERTAKER Edw C Hilton (Address) Hampstead Md

20. FILED JAN 18 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1939 to Jan 17 1939

I last saw him alive on Jan. 17 1939. Death is said to have occurred on the date stated above, at 4.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	1/10/39

Other contributory causes of importance:

Hypostatic Pneumonia

Secondary Anemia

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Hamm M. D.

(Address) Univ. Hosp.

54147

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C F 54147

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1828-Whitmore Ave St. 15-3 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 years ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Emma Olivia Caldwell

If U. S. Veteran specify WAR _____

(a) Residence: No. 1824-Whitmore Ave St., _____ Ward. _____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----

6. DATE OF BIRTH (month, day, year) About 1855

7. AGE Years	Months	Days	If LESS than 1 day XXXXXX or ____ min.
Abt. 83			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Towson, Md.

FATHER

13. NAME Alonza Caldwell

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Emma ?

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Mrs. Julia Terry

(Address) 1824-Whitmore Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Gordon [illegible] Date 1/18/39 19

19. UNDERTAKER George J. Ruth, INC.

(Address) 1735-Harford Ave.

20. JAN 18 1939 Registrar. Washington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 16, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? ____ Date of ____

For what disease or injury?

Name of operation ____ Date of ____

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, [illegible]

(Signed) G. R. Caldwell, M. D.

(Address) 2257 [illegible] Corner

V 8 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

54148

CERTIFICATE OF DEATH

131 F 54148

1. PLACE OF DEATH Balto. City Hospitals — Registered No. 1872

CITY OF BALTIMORE: (No. Bay View St. 562 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William Hampton — If U. S. Veteran specify WAR

(a) Residence: No. 812 Low St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Susie Clements

(Address) 812 Low St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date 1-19-39

19. UNDERTAKER Bayard Dennis & Kingsley

(Address) 2118 McCulloh St

DATE RECD JAN 18 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 15, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis Chronic	4 Years

Other contributory causes of importance: Shock exposure to Cold Day

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood Coroner M. D.

(Address) 1712 N. Bond St.

V S 6

✓ F 54149

54149 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

Gran #1 **CERTIFICATE OF DEATH** 34-107-a 16158-FS

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 19 E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Kate Thomas

If U. S. Veteran specify WAR

(a) Residence: No. 1516 W. Lexington St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 11-11-1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Isaac Owens

14. BIRTHPLACE (city or town) N.Y.
(State or country)

MOTHER

15. MAIDEN NAME May Johnson

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
PUBLIC CEMETERY JAN 18 1939, 19
Superintendent of Burial

19. UNDERTAKER For H. A. Moore
(Address)

20. FILED JAN 18 1939 19 Wm. Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 3, 1939, to January 7, 1939.

I last saw her alive on January 7, 1939. Death is said to have occurred on the date stated above, at 7:05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-3-39
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Lautelle M. D.

(Address) Baltimore City Hospitals

54150 HEALTH DEPARTMENT—CITY OF BALTIMORE 54150

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. 19-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Mingolini

If U. S. Veteran specify WAR

(a) Residence: No. 227 S. Strieker St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day, year) Jan. 12, 1939

7. AGE Years	Months	Days	If LESS than 1 day: hrs. or 56 min.
			4 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) University Hosp.

FATHER

13. NAME Paul Joseph Mingolini

14. BIRTHPLACE (city or town) (State or country) Cumberland Md.

MOTHER

15. MAIDEN NAME Marguerite Louise Legg

16. BIRTHPLACE (city or town) (State or country) Balt. Md.

17. INFORMANT Mother

(Address) 227 S. Strieker St.

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL JAN 18 1939 19

Commissioner of Health

19. UNDERTAKER For H. A. Moore

(Address)

N 18 1939 Huntington Williams Registrar.

4543

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1939 to Jan 12, 1939

I last saw h.m alive on Jan 12, 1939 Death is said to have occurred on the date stated above, at 9 40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. T. R. Powell J. M. D.

(Address) University Hosp.

54151 HEALTH DEPARTMENT—CITY OF BALTIMORE E 54151

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 13-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Baby Roy Straussen

If U. S. Veteran specify WAR .....

(a) Residence: No. 2533 Penna Ave St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan. 16, 1939

7. AGE	Years	Months	Days	If LESS than 1 day 23 hrs. or 47 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) University Hospital

FATHER

13. NAME Floyd Rodney Straussen

14. BIRTHPLACE (city or town) (State or country) Reedus, Pa

MOTHER

15. MAIDEN NAME Mary Agnes Reynolds

16. BIRTHPLACE (city or town) (State or country) Balt. Md.

17. INFORMANT Mother

(Address) 2533 Penna. Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL JAN 18 1939 Date 19

(Commissioner of Health)

19. UNDERTAKER For M. A. Moore

(Address)

JAN 18 1939 Huntington Indiana, IN Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1939, to Jan 11, 1939

I last saw him alive on Jan 11, 1939 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) S. T. A. Revell Jr., M. D.

(Address) University Hosp.

4541

HEALTH DEPARTMENT—CITY OF BALTIMORE

54152

CERTIFICATE OF DEATH

92-a F 54152

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md. Registered No.

CITY OF BALTIMORE: (No. St., 8-7 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Lawrence E. Davis If U. S. Veteran specify WAR [illegible]

(a) Residence: No. 1925 East Hoffman St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen E. Mohr

6. DATE OF BIRTH (month, day, year) July 3, 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter C

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 005

10. Date deceased last worked at this occupation (month and year) Dec. 23, 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

FATHER

13. NAME William F. Davis

14. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

MOTHER

15. MAIDEN NAME Margaret Fink

16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

17. INFORMANT Records - U. S. Marine Hospital

(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date Jan 20/39

19. UNDERTAKER Philip Aburg Sons

(Address) 2016 Orleans St.

20. FILED JAN 18 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 8, 1939, to January 17, 1939.

I last saw him alive on January 17, 1939. Death is said to have occurred on the date stated above, at 8:50a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac disease myocarditis	
chronic, rheumatic	Unknown
Cardiac disease, valvular,	Unknown
combined lesions, aortic stenosis	
and [illegible] rheumatic	
Cardiac disease, hypertrophy and	Unknown
dilatation	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) K K Bryant, M. D.

(Address) U. S. Marine Hospital, Baltimore, Md.

54153

HEALTH DEPARTMENT—CITY OF BALTIMORE

54153

CERTIFICATE OF DEATH

82-B

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1318 Etting St. 17-2 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Horace Garner

(a) Residence: No. 1318 Etting St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or ~~WIFE of~~) Bessie Garner

6. DATE OF BIRTH (month, day, year): July 1883

7. AGE: Years 55 | Months 6 | Days - | If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Laundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20 Yrs

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: James Garner

14. BIRTHPLACE (city or town) (State or country): Kent Co Md

MOTHER

15. MAIDEN NAME: Mary Temple Clark

16. BIRTHPLACE (city or town) (State or country): St. Mary's Co Md.

17. INFORMANT (Address): Bessie Garner 1318 Etting St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Auburn Cem Date: 1/19 1939

19. UNDERTAKER (Address): Chas. H. Cooper 5147 N. Calhoun St.

20. FILED JAN 18 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-16- 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 23 1938 to Jany 16 1939

I last saw him alive on Jany 15 1939 Death is said to have occurred on the date stated above at 8 P.M.

The principal cause of death and related causes of importance were as follows:

1 Cerebral Embolism — Date of onset -

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury: .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. R. Howell M. D.

(Address) 601 N Carrollton Ave

54154

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-9 F 54154

Registered No. 1872

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 6705 Youngstown ave St., 24-b Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Howard Taylor Sr. If U. S. Veteran specify WAR

(a) Residence: No. 6705 Youngstown ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Mary Catherine Taylor

6. DATE OF BIRTH (month, day, year) Dec. 25th 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74		23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. C. O. Steamboat Co.

10. Date deceased last worked at this occupation (month and year) Jan. 16-1939

11. Total time (years) spent in this occupation 62

12. BIRTHPLACE (city or town) (State or country) Salisbury Md.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME ? Malone

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Gladys Stover daughter

(Address) 6705 Youngstown Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oxford Cemetery Date Jan. 19. 1939

19. UNDERTAKER William M. Marecks Oxford Md

(Address) 215 Lexington St

Huntington Williams, M.D. Registrar

JAN 18 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 17. 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	Half hour
Other contributory causes of importance: Valvular heart disease	2 years

Was an operation performed? No Date of

For what disease or injury?

Name of operation. Clinical Date of

What test confirmed diagnosis? Was there an autopsy No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Broadway

54155

HEALTH DEPARTMENT—CITY OF BALTIMORE

54155

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1511 N. Appleton St., 15-25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Benjamin Politzer

If U. S. Veteran specify WAR .....

(a) Residence: No. 1511 N. Appleton St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	W.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Lina

6. DATE OF BIRTH (month, day, year) March 29, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto. Md (State or country)

MOTHER FATHER

13. NAME Politzer

14. BIRTHPLACE (city or town) Austria (State or country)

15. MAIDEN NAME Dora Kahn

16. BIRTHPLACE (city or town) Austria (State or country)

17. INFORMANT Mrs Joseph G. Harris

(Address) 1511 N. Appleton st.

18. BURIAL, CREMATION, OR REMOVAL

Place Lar Final Cemetery Date Jan 20, 1939

19. UNDERTAKER Sol Levinson & Bros

(Address) 1124-26 W. North ave.

20. FILED JAN 19 1939 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 6 1938 to Jan 18, 1939

I last saw him alive on Jan. 18, 1939. Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Renal Vascular disease	2 yrs.
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Benj. Samuels M. D.

(Address) 2118 W. North Ave

54156 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 54156

CERTIFICATE OF DEATH

54-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 8 ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Sarah Barr

(a) Residence: No. 822 Harrington Ave. St., Ward. Norfolk, Virginia

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Bernard B. Barr.

6. DATE OF BIRTH (month, day, year): Aug 1st 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home.

10. Date deceased last worked at this occupation (month and year): Jan 9-1939.

11. Total time (years) spent in this occupation: 22 yrs

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Charles Cohen.

14. BIRTHPLACE (city or town) (State or country): Russia.

MOTHER

15. MAIDEN NAME: Lea Abrams.

16. BIRTHPLACE (city or town) (State or country): England.

17. INFORMANT (Address): Hospital Records Mercy Hospital

18. BURIAL, CREMATION, OR REMOVAL. Place: Balto Hebrew Cemetery Date: Jan 19. 1939

19. UNDERTAKER (Address): Lol Levinson & Bro 1116 W. North ave

20. FILED JAN 19 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 17, 1939.

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1939. to Jan 17, 1939.

I last saw her alive on Jan 17, 1939. Death is said to have occurred on the date stated above, at 11:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis and Uremia	1-12-39.

Other contributory causes of importance:

Chr Nephritis

Secondary Anemia

Was an operation performed? Yes. Date of Jan 1, 1939

For what disease or injury? Uterine Fibroids.

Name of operation Supra Vaginal Hysterectomy Bilateral.

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury No circumstances

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Harvey J. Kaufman M.D.

(Address) Mercy Hospital

F 54157

54157

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3510 Hickory Ave St., 13-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Flounce M. Dunkel.

If U. S. Veteran specify WAR .....

(a) Residence: No. 3510 Hickory Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph M. Dunkel

6. DATE OF BIRTH (month, day, year) April 9, 1874.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Umbrella maker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kingsville Md

FATHER

13. NAME James Deverant.

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth Crain

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Ellen M. Dunkel

(Address) 3510 Hickory Ave

18. BURIAL, CREMATION, OR REMOVAL Our Cathedral Date Jan 20 1939

19. UNDERTAKER Rhenow & Son

(Address) 3415 Eastern Ave

20. FILED Jan 19 1939 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1/8/39

Other contributory causes of importance

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... , 19 ..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury None

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John A Evans M. D.

Coroner

(Address) 611 W 40th St

54158 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54158

CERTIFICATE OF DEATH

V108

1. PLACE OF DEATH Balto. City Hospitals Registered No. Z-1

CITY OF BALTIMORE: (No. Bay View St., [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Isham Drake U. S. Veteran specify WAR

(a) Residence: No. 705 E. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 20-1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) Feb. 1933

11. Total time (years) spent in this occupation [illegible]

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) U.S.

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) U.S.

17. INFORMANT Arletta Drake
(Address) 705 E. Caroline St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date Sept 20 Cemetery 1933

19. UNDERTAKER Edward Bryon
(Address) 1241 Orleans St

Filed [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11, 1933

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry found that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar-Pneumonia	5 days
Other contributory causes of importance: Arterio-Sclerosis General	Some time

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. W. Wood M. D. Coroner

(Address) 1712 N. Broadway

V 58

54159

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54159

CERTIFICATE OF DEATH

✓ 106-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 16-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Hart

If U. S. Veteran specify WAR

(a) Residence: No. 1935 W. Lafayette Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 2, 1938

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	5 4/	15 16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME OF FATHER Chester Hart

14. BIRTHPLACE (city or town) (State or country) ~~1935 Ave~~ Balto. Md.

15. MAIDEN NAME OF MOTHER Dorothy Selander

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Dorothy Hart

(Address) 1935 W. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Jan. 20, 1939

19. UNDERTAKER H. Sander Sons Inc.

(Address) 1710 E. Lafayette St.

JAN 19 1939 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 17, 1939 to January 18, 1939

last saw him alive on January 18, 1939 Death is said to have occurred on the date stated above, at 2:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute appendicitis with infection	Jan. 17
Acute bronchitis (early)	"
Respiratory failure	Jan. 18

Other contributory conditions of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Stanley C. Bradley, M. D.

(Address) University Hospital.

54160

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 54160

CERTIFICATE OF DEATH

107-a

CGK--40897

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 16-24 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isabel Say

If U. S. Veteran specify WAR

(a) Residence: No. 717 N. ~~xxxxx~~ Monroe St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mort will Say

6. DATE OF BIRTH (month, day, year) 2-13-1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME Joseph Bul ack

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Cole

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Jan. 20, 1939

19. UNDERTAKER Wm. J. Tickner and Sons

(Address) North and Penna. Aves.

20. FILED 19

Registrar.

JAN 19 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 12, 1939, to January 17, 1939

I last saw ~~M~~ alive on January 17, 1939. Death is said to have occurred on the date stated above, at 3:05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-12-39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Lautelle, M. D.

(Address) Baltimore City Hospitals

54161 HEALTH DEPARTMENT—CITY OF BALTIMORE 54161

CERTIFICATE OF DEATH

J 157-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Founders of America Hosp. St., 4-L Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Francis Lewis

If U. S. Veteran specify WAR

(a) Residence: No. 6602 Mt. Vernon Ave St., Ward. Brighton Balto Co. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 7 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME William F. Lewis

14. BIRTHPLACE (city or town) (State or country) Annapolis Md

MOTHER

15. MAIDEN NAME Bessie Watters

16. BIRTHPLACE (city or town) (State or country) Annap Westminster Md

17. INFORMANT Mrs. Wm F. Lewis

(Address) 6602 Mt Vernon ave

18. BURIAL, CREMATION, OR REMOVAL Place Winters Cem New Windsor, Md. Date Jan. 19 1939

19. UNDERTAKER Wm J. Tickner & Son

(Address) North & Pt Ave

20. FILED Huntington Williams, M.D. Registrar

JAN 19 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest found that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition	6 weeks
Dehydration	
Other contributory causes of importance: Congenital Valvular Disease	6 weeks

Was an operation performed? no Date of —

For what disease or injury?

Name of operation Clinical findings Date of

What test confirmed diagnosis? Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Michael A Abrams — Coroner, M. D.

(Address) Jan 18 39

54162 F 54162

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1021 N. Calvert St. 11-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John In. Inamo;

(a) Residence: No. 1021 N. Calvert St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maude Inamo.

6. DATE OF BIRTH (month, day, year) Mar. 20 - 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
58	57	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Keeper. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Government

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Berkeley Co. Va.

FATHER

13. NAME Rev. Luther Inamo.

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary Ellen Houchelder

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. Anna Ingram

(Address) 1814 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Jan 19 1939

19. UNDERTAKER Inamo Cook & Syfer

(Address) 1600 West North Ave.

20. FILED 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 17, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Contusion of Face	1-16-39
Laceration of Ear	1-16-39
Cerebral Thrombosis	1-16-39
Coronary Thrombosis	1-17-39

Other contributory causes of importance?

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Accident Date of Injury 1-16 1939

Where did injury occur? Park Ave. Baltimore (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Fell to Street

Nature of Injury Cranial fx

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel B. Wolfe M. D.

(Address) 1331 S. Woodbourne

E.O. 1939 Huntington Hollins, MD

HEALTH DEPARTMENT—CITY OF BALTIMORE

54163 54163

CERTIFICATE OF DEATH

2618 Chase St

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2618 Chase St St., E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lucinda Hawkins Burke

(a) Residence: No. 2618 Chase St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	~~widowed~~

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James F Burke

6. DATE OF BIRTH (month, day, year) July 22 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Charles S Hawkins

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Ellen Arnold

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mrs John Pries

(Address) 2618 E Chase St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Jan 19 1939

19. UNDERTAKER John Ulrich

(Address) 2008 Eutaw St

20. FILED JAN 19 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1939, to Jan 17, 1939

I last saw her alive on Jan 17, 1939. Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 12
Other contributory causes of importance:	
Arteriosclerosis	
Hypertensive Myocarditis	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas F Bowers M. D.

(Address) 718 N Eutaw St

54164

HEALTH DEPARTMENT—CITY OF BALTIMORE

54164

CERTIFICATE OF DEATH

1-2 V 59

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 531 S. Kenwood Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Anna Elizabeth Lambden — If U. S. Veteran specify WAR

(a) Residence: No. 531 S. Kenwood Ave St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thos O. Lambden

6. DATE OF BIRTH (month, day, year) Feb 1, 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	11	13 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 20 39

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) [redacted] (State or country) Eastern Shore Md

FATHER

13. NAME Conrad Wanckel

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Eva Koch

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs Eva Engle (Address) 104 Rochester Place

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Cem Date Jan 21 1939

19. UNDERTAKER John Albrecht (Address) 2108 Gilmore St

20. FILED ... 19... ... Registrar.

JAN 19 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1939 to Jan 17, 1939

That I last saw h[er] alive on Jan 17, 1939. Death is said to have occurred on the date stated above, at 11:[illegible] [illegible]m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis C.V disease — Date of onset

& cerebral thrombosis

Chronic Interstitial Nephritis

Other contributory causes of importance:

Diabetes Mellitus

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) C. J. Lubinski, M. D.

(Address) 2805 Easton Ave

M. D. B. 1268-9

F 54165 HEALTH DEPARTMENT—CITY OF BALTIMORE F 54165

CERTIFICATE OF DEATH

99

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq Hospital St., 15-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. 6 mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME William R Brizendine

(a) Residence: No. 1604 Nort Appleton St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Baldie Ne Frazer

6. DATE OF BIRTH (month, day, year)

7. AGE — Years: 47 | Months: | Days: | If LESS than 1 day, ...hrs. or ....min.:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lasmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Salesman

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Essex Co. Va

13. NAME: James

14. BIRTHPLACE (city or town) (State or country): Essex Co. Va

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Va U.S.A.

17. INFORMANT: Baldie Brizendine Wife

(Address)

18. BURIAL, CREMATION, OR REMOVAL — Place: Westwood Md. Date: 1-19-39

19. UNDERTAKER: Jack Louis Lowe

(Address): 1439 E. Lexington St Baltimore, Md

FILED JAN 19 1939 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-17-39 . 19

22. I HEREBY CERTIFY, That I attended deceased from 1-12-39 . 19 . to 1-17-39 . 19

I last saw him alive on 1-17-39 . 19 . Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Burgers Disease	
Pulmonary Embolis	

Other contributory causes of importance:

Amputation left leg

Name of operation ..... Date of 1-14-39

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) Nathan Wolf M. D.

(Address) Franklin Sq Hosp

54166 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54166

CERTIFICATE OF DEATH

82-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1314 Valley St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William A. Schmehl

(a) Residence: No. 1314 Valley St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lenora Schmehl

7. DATE OF BIRTH (month, day, year) Jan. 13, 1881

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	-	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe laster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dixon Bartlett Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kutztown Pa.

13. NAME August Schmehl

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Catherine Hertzel

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Lenora Schmehl
(Address) 1314 Valley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenwood Cem. Allentown Pa. Date Jan. 20, 1939

19. UNDERTAKER George W. Zepler & Sons
(Address) 1737 E. Lyon St

20. FILED JAN 19 1939 Huntington Williams Supt.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1939 to Jan 17, 1939

I last saw h.. alive on Jan 16 1939 Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	1/6/39
Arteriosclerosis	—
Hypertension	—
Other contributory causes of importance: Angina pectoris of years	10/3/38

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) Samuel Silverfield M. D.

(Address) 714 E. Preston St.

4167

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54167

CERTIFICATE OF DEATH

92-6 CC

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 619 S. Ellwood Ave. St., 1-2 Ward)

Registered No. 1877

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Christine L. Denhard

If U. S. Veteran specify WAR

(a) Residence: No. 619 S. Ellwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ferdinand F. Denhard

6. DATE OF BIRTH (month, day, year) Aug. 9-1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Holland

17. INFORMANT Ferdinand F. Denhard Son

(Address) 619 S. Ellwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Mem't Cem't Date June 21 1939

19. UNDERTAKER George W. Zirkley

(Address) 1539 E Fayette St

JAN 19 1939 Huntington Williams

GAS

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 18 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Minutes
Other contributory causes of importance: Valvular heart disease	6 Months

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D.
Coroner

(Address) 1712 N. Broadway

V 8 6

F 54168

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54168

CERTIFICATE OF DEATH

✓ 107-4

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 3038 ODonell St. St., 1-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Julius Marecki

If U. S. Veteran specify WAR

(a) Residence: No. 2217 Eastern Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male W	White	Child

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 17 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Julius Marecki

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Siermasiewicz

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Julius Marecki
(Address) 2217 Eastern Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Date Jan 19 39

19. UNDERTAKER Fred W. Ozarowski
(Address) 1930 Eastern Ave

20. FILED JAN 19 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 17 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1939, to Jan. 17, 1939

I last saw h[illegible] alive on Jan 17, 1939 Death is said to have occurred on the date stated above, at 6P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	1 wk
Other contributory causes of importance:	
Measles	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Jos L. Valentino M. D.

(Address) 6 1/2 Woodyear

F 54169

4169

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 2-3 Ward)

Length of residence in city or town where death occurred 16 yrs. ... mon. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mon. ... ds.

Was U. S. Veteran? specify WAR ...

2. FULL NAME Joseph Ruszkiewicz

(a) Residence: No. 809 S. Bond St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Josephine Ruszkiewicz

6. DATE OF BIRTH (month, day, year) March 191898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
40	41	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 060

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Mathew Ruszkiewicz

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Josephine Ruszkiewicz

(Address) 809 S Bond St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Jan. 20, 39

19. UNDERTAKER Fred W. Ozarowski

(Address) 1920 Eastern Ave.

20. DATE JAN 19 1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 17. 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by ... (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1-17-39

Other contributory causes of importance:

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Samuel Kirk, M. D. Coroner

(Address) 1331 E. Monument

V S 6

54170 F 54170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 12-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. George W. Eichelberger

If U. S. Veteran specify WAR

(a) Residence: No. Whitelford, Virginia St., Ward. Harford Co.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 9, 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76 years	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Mrs. Julia Eichelberger

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Young

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Farm Home Date Jan 24, 1939

19. UNDERTAKER Edward Pratt

(Address) Bel Air, Md.

20. FILED ... 19... Registrar.

19 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1939, to Jan 19, 1939

I last saw him alive on Jan 18, 1939. Death is said to have occurred on the date stated above, at 7.45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis, acute, ruptured	Jan 6, 1939
Other contributory causes of importance:	
Terminal Pneumonia	Jan 16, 1939
Diabetes Mellitus	?

Was an operation performed? Yes Date of 1-9-39

For what disease or injury? Acute Appendicitis

Name of operation Appendectomy

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) S. D. Sunday M. D.

(Address) Union Memorial Hospital

54171 E 54171

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. General St., Hospital (Ward) 2453

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Daniel Dewey Davis

(a) Residence: No. Linthicum Heights St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary E. Davis

6. DATE OF BIRTH (month, day, year) May 8, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Iron Worker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 7 9

12. BIRTHPLACE (city or town) (State or country) S.C.

FATHER

13. NAME Daniel Davis

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Addie Keegan

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Mary E. Davis

(Address) Linthicum Heights

18. BURIAL, CREMATION, OR REMOVAL

Place Arlington Cem. Date Jan 21, 1939

19. UNDERTAKER Thomas A. Langston

(Address) Glen Burnie, Md.

20. FILED Jan 21, 1939

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 18, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to H[illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Accident Date of injury Jan. 18, 1939

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Car he was in skidded on Hanover

Nature of injury struck Truck

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) [signature] Coroner, M. D.

(Address) 27 S. [illegible]

Jan 19 1939

4172 HEALTH DEPARTMENT—CITY OF BALTIMORE 54172

CERTIFICATE OF DEATH

210-M

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Morris Stovall

If U. S. Veteran specify WAR

(a) Residence: No. 2333 Division St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy Stovall

6. DATE OF BIRTH (month, day, year) 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Lucy Stovall

(Address) 2333 Division St.

18. BURIAL, CREMATION, OR REMOVAL

Place W. Laurel Date 1-19-39

19. UNDERTAKER Thomas E. Kelso

(Address) 1303 Eastern Ave

20. FILED JAN 19 1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 16, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry) to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Jan. 9, 1939

Where did injury occur? Balto. City

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Division St at Stafford St

Nature of injury Struck by Auto.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. K. Mullen, M. D. Coroner

(Address) 2737 Mun

54173

HEALTH DEPARTMENT—CITY OF BALTIMORE

54173

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1351 Woodyear St 5-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

U. S. Veteran

specify WAR .....

2. FULL NAME Josephine C Meredith

(a) Residence No. 1351 Woodyear St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm R Meredith

6. DATE OF BIRTH (month, day, year) Feb 12 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitoress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 607

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Jack Seales

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Louisa Marman

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Louise Henson

(Address) 1351 Woodyear St

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Cem Date 1/21 1939

19. UNDERTAKER T. E. Kelson

(Address) 1303 Presstman St

20. FILED JAN 19 1939 19 Huntington Williams Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Apoplexy	Jan 18 1939

Other contributory causes of importance:

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wm S. Allen M. D.

(Address) 309 Lexington St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54174

CERTIFICATE OF DEATH

F 54174

Registered No. 16-695-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2808 W. Lanvale St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Grace A. Hickey.

If U. S. Veteran specify WAR

(a) Residence: No. 2808 W. Lanvale St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Hickey,

6. DATE OF BIRTH (month, day, year) October 14, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Marys Co. Md.

FATHER

13. NAME Lewis Bailey.

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Fox,

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Miss Grace E. Hickey,

(Address) 2808 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Family Cem. Date JAN 20 1939, 19

19. UNDERTAKER Geo. K. Little

(Address) 2700 Edmondson Ave. Catonsville, Md.

20. FILED JAN 19 1939, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

(C)

21. DATE OF DEATH (month, day, year) JAN 19 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from January 14, 1939 to January 19, 1939

I last saw h[illegible] alive on January 19, 1939. Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Hypertension	?
2. Arteriosclerotic Heart Disease	?
Other contributory causes of importance: Bronchopneumonia	1-16-39

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Fred Ackman M. D.

(Address) Fred Ackman 120 Pyle Road

Spec—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

54175 54175

CERTIFICATE OF DEATH

107-a

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1516 S. Hanover St. 23-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Dora Belbin

(a) RESIDENCE NO. 1516 S. Hanover St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Alfred H Belbin

6 DATE OF BIRTH (month, day, and year) June 6 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	7	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Ernest Fischer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Adelaide Schroeder

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Alfred H Belbin
(Address) 1516 Hanover St

15 Filed JAN 19 1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 17-1939

17

I HEREBY CERTIFY, That I attended deceased from Jan 14, 1939, to Jan 17, 1939

that I last saw her alive on Jan. 17, 1939

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia.

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical findings

(Signed) Anthony V. Buchheers M. D.

1/18, 1939 (Address) 37 S. Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL JAN 20 1939 19

20 UNDERTAKER Geo H Little

ADDRESS 2700 EDMONDSON AVE

F 54176

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54176

CERTIFICATE OF DEATH

94-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 647 N. Augusta Ave. St., 16-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rose Kruse,

(a) Residence: No. 647 N. Augusta Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herman Kruse,

7. DATE OF BIRTH (month, day, year) February 14, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	11	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Gottleib Helber,

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Helbert Kruse,

(Address) 647 N Augusta Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date JAN 20 1939 19

19. UNDERTAKER Geo W Sittle

(Address) 2700 Edmondson Ave.

20. FILED JAN 19 1939 19 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 17 1939 19

22. I HEREBY CERTIFY, That I attended deceased from June 10 —, 1937, to Jan 17 —, 1939

I last saw her alive on Jan 17 —, 1939. Death is said to have occurred on the date stated above, at 6.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris	13 mo
Coronary disease	3 yrs
Hypertension	

Other contributory causes of importance

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

Yes If so, specify

(Signed) W. A. Kuelle M. D.

(Address) 3421 Edmondson Ave

177

F 54177

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1639 E Madison St St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Pauline Smith

(a) Residence: No. 1639 E Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Armistead Smith

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
Approx 55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Matthews Va.

FATHER

13. NAME Wesley Brooks

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Amanda Brooks

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT (Address) Alfreda Williams (Granddaughter) 1639 E Madison St.

18. BURIAL, CREMATION, OR REMOVAL Arbutus Memorial Park Date Jan. 19, 1939

19. UNDERTAKER (Address) Robert H. Gabriel 504 W. Baltimore St.

JAN 19 1939 Waiting for Certificate Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1939 to Jan 16, 1939

I last saw her alive on Jan 16, 1939. Death is said to have occurred on the date stated above, at 6 05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Parenchymatous Nephritis (& Uremia)	about 6 mos

Other contributory causes of importance:

Mitral insufficiency and hypertension

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Physical & Lab. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) R. Young M. D.

(Address) 1624 E Monument St

178

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54178

CERTIFICATE OF DEATH

34-F

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp) St. 22-1 Ward. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs., mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Benjamin Wallace If U. S. Veteran specify WAR

(a) Residence: No. 103 W. Hughes St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) 1888

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
50	51			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia

13. NAME Samuel Houder

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Joanna Sawyer

16. BIRTHPLACE (city or town) (State or country) Florida

17. INFORMANT Wm Anderson

(Address) 103 W Hughes St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Jan 19 1939

19. UNDERTAKER James Edgar

(Address) 172 Russell St

20. FILED JAN 19 1939 Huntington Williams Asst. Registr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1939 to Jan 18, 1939

I last saw him alive on Jan 17, 1939. Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilitic cardio vascular disease	
Ruptured aorta aneurysm	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Henry L. Rogers, M. D.

(Address) University Hosp.

4179 F 54179

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 20-5-131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 509 S. Bentalou St. St., 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Deborah Jane Hafner

(a) Residence: No. 509 S. Bentalou St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John G. Hafner

6. DATE OF BIRTH (month, day, year) Oct. 24, 1861.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Albert Jarrell

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Jane Musgrove

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Dr. John G. Hafner
(Address) 509 S. Bentalou St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Jan. 20, 1939

19. UNDERTAKER Harry N. Luttge
(Address) 4101 Edmondson Ave.

20. FILED JAN 20 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 20 1938 to Jan 17 1939

I last saw h alive on Jan 16, 1939. Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	6/20/38
Arterio Sclerosis	
Other contributory causes of importance:	
Cystitis Chronic	10/15/38
Pulmonary Edema	1/14/39

Was an operation performed? No Dated

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James F. Ensor M. D.

(Address) 721 Mulberry

54180 HEALTH DEPARTMENT—CITY OF BALTIMORE E 54180

CERTIFICATE OF DEATH

9+-3

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 722 S. Hanover Street St. 22-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Braxton

(a) Residence: No. 722 S. Hanover Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie Braxton

6. DATE OF BIRTH (month, day, year) 1/12/ 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

MOTHER FATHER

13. NAME George Braxton

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Elsie Braxton
(Address) 1637 E. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL.
Place Mt. Auburn Date 1/18 19 39

19. UNDERTAKER ~~Isaiah Brown~~ Hunter & Williams, Inc.
(Address) 1058 Druid Hill Ave.

20. FILED JAN 19 1939 19 Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 16, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1/16/ 1939

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Nigel Lithman, M. D.
Coroner

(Address) 1304 E. Chase St.

54181

HEALTH DEPARTMENT—CITY OF BALTIMORE

54181

CERTIFICATE OF DEATH

349-23

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals S.C. 5-2 Ward)

Length of residence in city or town where death occurred 41 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Nathaniel Edward (40107)

(a) Residence: No. 514 East St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henrietta

7. DATE OF BIRTH (month, day, year) Sept. 15, 1897

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41	3	30 29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Odd Jobs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Annie Gross

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL JOHNS HOPKINS MEDICAL SCHOOL JAN 19 1939 19

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

JAN 19 1939 19 Hunter for Williams, Registrar.

4545 C

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 21, 1938 to January 14, 1939

I last saw him alive on January 14, 1939 Death is said to have occurred on the date stated above, at 9:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Nov. 1938
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

F 54182

54182 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St. 20-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sister Lucian (Krenin)

If U. S. Veteran specify WAR .....

(a) Residence: No. Villa Marie St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) July 26-1863

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	5	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Louis Mo.

13. NAME Adam Krenn

14. BIRTHPLACE (city or town) (State or country) Bavaria

15. MAIDEN NAME Catherine Peterman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Sr. M. Peter Dolan

(Address) Mount Calvary Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Calvary Date Jan 20 1939

19. UNDERTAKER Geo M Smith & Son

(Address) 511 N Carey St

20. FILED Jan 21 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 12 1939 to Jan 19 1939

I last saw her alive on Jan 19 1939 Death is said to have occurred on the date stated above, at 6.50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid	1935
Intestinal Obstruction	

Was an operation performed? Yes Date of Jan 14 1939

For what disease or injury? Intestinal Obstruction

Name of operation Colostomy

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) Geo. A. Crandell M.D. M. D.

(Address) 1501 Eutaw Place

4183 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54183

CERTIFICATE OF DEATH

49-B

1. PLACE OF DEATH 3608 Foster Ave. Registered No.....

CITY OF BALTIMORE: (No. ..... St. 26-9 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Wilhelmina Sanders If U. S. Veteran specify WAR .....

(a) Residence: No. 3608 Foster Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jane F. Sanders

6. DATE OF BIRTH (month, day, year) Oct. 13 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	9 3	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME Jeglin

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mrs. F. Sanders
(Address) 3608 Foster Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Mem. Park Date 1-21-1939

19. UNDERTAKER John C. Dilley Inc
(Address) 2235 E. Oliver St

20. FILED JAN 19 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1939, to Jan 18, 1939

I last saw h.. alive on Jan. 17, 1939. Death is said to have occurred on the date stated above, at 2:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Vagina	Unknown
Chronic Nephritis	
Other contributory causes of importance:	
Intestinal Hemorrhage	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jason N. Gabel M. D.

(Address) 637 S. Conkling St

Mary L. Wilson

54184 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 54184

CERTIFICATE OF DEATH

✓ 46-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4640 Resterstown St., 8th Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary L Wilson

(a) Residence: No. 4640 Resterstown St., 8th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed or divorced: HUSBAND of (or) WIFE of Late Elwood J Wilson

6. DATE OF BIRTH (month, day, year) June 21, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John H Everett

14. BIRTHPLACE (city or town) (State or country) Stafford Co Va

MOTHER

15. MAIDEN NAME Margaret Kohler

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Kenneth B. Richardson

(Address) 1500 Abbotston St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan 20th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED Jan 13 1934 Registrar

No. 6 20 933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18 1934

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	1/8/34
Other contributory causes of importance: Arterio sclerosis	

Was an operation performed? Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Evans, M. D.
Coroner

(Address)

4185 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 54185

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 306 N Old Spring Ln (Ward) 12

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran (specify WAR)

2. FULL NAME Mrs Alice Hughes

(a) Residence: No. 206 N Old Spring Lane Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Femal	White	Widow

5a. If ~~married~~ widowed, ~~or divorced~~ HUSBAND of (or) WIFE of Hugh T. Hughes

6. DATE OF BIRTH (month, day, year) Nov 13th 187[illegible]

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER FATHER

13. NAME Nicholas Blake

14. BIRTHPLACE (city or town) (State or country) Albemarle Co Va

15. MAIDEN NAME Mary Moss

16. BIRTHPLACE (city or town) (State or country) Albemarle Co Va

17. INFORMANT W. Ernest Hughes
(Address) 306 N. Old Spring Lane

18. BURIAL, CREMATION, OR REMOVAL
Place Dulaney Valley Rd Date Jan 21st 1939

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

Jan 20 1939 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19th, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance: Hypertension

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John A Adams M. D.
Coroner

(Address)

S 6

54186 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 54186

CERTIFICATE OF DEATH

1. PLACE OF DEATH Md Gen'l Hosp. Registered No. 59

CITY OF BALTIMORE: (No. ..... St. 28-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rev. Walter D. McNeil If U. S. Veteran specify WAR No Record

(a) Residence: No. 5201 Belleville Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widower

6. DATE OF BIRTH (month, day, year) 11/5/1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	2	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clergyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

13. NAME Not known (Hugh McNeill)

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Not known (Alice Elizabeth Rankin)

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Norman McNeil

(Address) 5201 Belleville Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 21st, 1939

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1939, to Jan 19, 1939

I last saw him alive on Jan 19, 1939 Death is said to have occurred on the date stated above, at 11.31 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia, Influenza	
Mellitus, high blood pressure, old age	
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. L. Lewis, M. D.

(Address) Md Gen'l Hosp.

JAN 20 1939 Planning & Williams, M.D.

54187 HEALTH DEPARTMENT—CITY OF BALTIMORE # 54187

CERTIFICATE OF DEATH

1131

Registered No.....

1. PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4 [illegible] Hospital St., 8 Ward)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ~~~

2. FULL NAME Mrs Nettie Carpenter

(a) Residence: No. 122 Darley avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed, or Divorced~~ (write the word)
Female	White	Widowed

6. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of William A. Carpenter

7. DATE OF BIRTH (month, day, year) Sept 5 1870

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	4	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Alexander C. Maddick

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Harrington

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Clarence W. Carpenter
(Address) 122 Darley Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date Jan 23rd 1939

19. UNDERTAKER Wm Cook
(Address) 217 St. Paul St

20. FILED Jan 24 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-19-39. 19

22. I HEREBY CERTIFY, That I attended deceased from 1-12-39. 19..... to 1-19-39. 19.....

I last saw h~~er~~ alive on 1-19-39. 19..... Death is said to have occurred on the date stated above, at 2.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Arteriosclerosis	
Hypertension	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..... 19.....
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) Clarence Thomas M. D.
(Address) 2 E Douglas Ave

54188 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54188

CERTIFICATE OF DEATH

82-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2140 Hollins St. 20-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Washington Knopf If U. S. Veteran specify WAR Civil

(a) Residence: No. 2140 Hollins St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Cecilia Kemp Knopf

6. DATE OF BIRTH (month, day, year) Oct 22 1847

7. AGE: Years 91 | Months 10 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney-at-Law
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Law Office
10. Date deceased last worked at this occupation (month and year) 9 38 | 11. Total time (years) spent in this occupation 63

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME Peter Knopf
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Albert H. Schaefer
(Address) 2140 Hollins St

18. BURIAL, CREMATION, OR REMOVAL Baltimore National Cem Jan 21 1939

19. UNDERTAKER Wm Cook
(Address) 1217 W Fayette St

20. FILED JAN 20 1939 Arlington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1939, to ....., 19.....

I last saw him alive on 18 Jan, 1939. Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Arteriosclerosis	Prior to 1929
Other contributory causes: Chronic Cerebral.	4 Jan 1939

Was an operation performed? No Date of ✓

For what disease or injury? ✓

Name of operation ✓

What test confirmed diagnosis? Physical Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Z. Bruce Hooper M. D.

(Address) 2365 Frederick Ave

54189

HEALTH DEPARTMENT—CITY OF BALTIMORE E 54189

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH Maryland Gen. Hosp. Registered No.

CITY OF BALTIMORE: (No. Madison & Linden Sts. Ward 45)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Josephine A. Miller If U. S. Veteran specify WAR

(a) Residence: No. 1806 E. North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alexander B. Miller

6. DATE OF BIRTH (month, day, year) Dec 14 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	9	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Overlea Md

13. NAME Henry Snyder

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Price

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Herbert J. Miller

(Address) Govanstown Md

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 1/21, 19 39

19. UNDERTAKER Wm. J. Rondle

(Address) 1217 E. Monument

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from 9-8, 1938 to 1/18, 1939

I last saw her alive on 1-18, 1939 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows: (Date of onset)

1. Hypertensive Cardio Vascular Disease
2. Cerebral Hemorrhage

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. Mayo Lee, M. D.

(Address) Md Gen Hosp

20 839 Hamilton 87

54190

HEALTH DEPARTMENT—CITY OF BALTIMORE

54190

CERTIFICATE OF DEATH

48 35484 JS

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Lena Evans Johnson

(a) Residence: No. 636 Perkins Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	separated

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Johnson

DATE OF BIRTH (month, day, year) 11-28-1882

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
56	46	1	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Joseph Walker

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Mary Isabelle

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. "". Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Jan. 21 1939

19. UNDERTAKER Mrs Frances A. Hensley

(Address) 578 W. Baltimore St

20. FILED 19 Registrar.

N 20 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-18 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-23 1938 to 1-18 1939

I last saw her alive on 1-18 1939 Death is said to have occurred on the date stated above, at 10:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Cervix with metastasis	?
Parkinson's disease	?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? None If so, specify

(Signed) L. Woodward M. D.

(Address) Balto City Hosp.

F 54191 #40972 SF

54191

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

136-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltc. City Hospitals St., 17-25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frank Chaney

(a) Residence: No. 522 Oxford St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

7. DATE OF BIRTH (month, day, year) 1866 ?

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73 ?			

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) unk. (State or country)

13. NAME unk.

14. BIRTHPLACE (city or town) ? (State or country)

15. MAIDEN NAME unk.

16. BIRTHPLACE (city or town) ? (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date Jan 21 1939

19. UNDERTAKER Mrs Francis A Hemsley (Address) 578 N. Eden St.

20. FILED ..... 19.. ..... Registrar.

JAN 20 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/19/39, 19

22. I HEREBY CERTIFY, That I attended deceased from 1-15, 1939 to 1-19, 1939

I last saw him alive on 1-18, 1939 Death is said to have occurred on the date stated above, at 3:45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Urethral Strictures - unknown etiology	?
Urinary extravasation	one week
Other contributory causes of importance: Hypertensive Cardiovascular disease	?

Was an operation performed? Yes Date of 1/15/39

For what disease or injury? Urinary extravasation

Name of operation Supra pubic cystotomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Unknown If so, specify .....

(Signed) E Kuhlmann M. D.

(Address) Balto City Hosp.

54192 F 54192

HEALTH DEPARTMENT—CITY OF BALTIMORE

#36146

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Maryland St. 14-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert Goldsborough

If U.S. Veteran specify WAR ...

(a) Residence: No. 524 Bloom Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

6a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE OF~~ Katie Goldsborough

7. DATE OF BIRTH (month, day, year) 11-14-49

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	2	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General laborer

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Eastern Shore, Maryland

13. NAME John Goldsborough

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Henrietta Kennard

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records

(Address) Baltimore City Hospitals

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Jan 23 1939

19. UNDERTAKER Mrs. James A. Humphrey

(Address) 525 N. Bond St.

20. FILED ... 19 ... for Williams ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-19-39 19

22. I HEREBY CERTIFY, That I attended deceased from 8-16-38 19 ... to 1-19-39 19 ...

I last saw him alive on 1-19-39 19 ... Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, generalized	Prior 8-16-38
Other contributory causes of importance:	
Chronic myocarditis	Prior
Chronic nephritis	to 8-16-38

Was an operation performed? No Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Clinical and laboratory No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. L. Schmidt M. D.

(Address) Baltimore City Hospitals.

F 54193

54193

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital 1/1-3 St., or Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 12 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Elizabeth C. Ensor

If U. S. Veteran specify WAR

(a) Residence: No. Timonium Balto. Co. Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 31, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Luke Ensor

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Ensor

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Shadrick Ensor

(Address) Timonium Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Glade Rose, Balto Co. Date Jan 21, 1939

19. UNDERTAKER Landon M. Burgess

(Address) Sparks, Md.

20. FILED Huntington Williams, Registrar

JAN 20 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 18, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of L. Femur	
Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Accident Date of injury Jan. 9, 1939

Where did injury occur? Timonium Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell from Chair

Nature of injury Fracture of L. Femur

24. Was disease or injury in any way related to occupation of deceased? No If so, when?

(Signed) H. R. Decker M. D.

Coroner

(Address) 2757 Mm

194 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54194

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1128 Scott St. St. 21-2 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis L. Goodenough

If U. S. Veteran specify WAR

(a) Residence: No. 1128 Scott St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

6. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ [redacted] Amelia 1882

7. DATE OF BIRTH (month, day, year) Jan 1, 1882

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
57	57	0	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Conrad

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Louise Kratz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Amelia H. Goodenough
(Address) 1128 Scott St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan. 23 1939

19. UNDERTAKER Ambrose, Inc.
(Address) 1015 W. Lexington St.

20. FILED JAN 20 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 19 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 3-1938 19 to Jany-19 1939

I last saw h. alive on Jany 18 1939. Death is said to have occurred on the date stated above, at 12.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1a Pyelonephritis and	
1b Enlarged prostate.	
2	
3	
Other contributory causes of importance: High Blood Pressure	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. Costello M. D.

(Address) 935 E. 31st St

54195

HEALTH DEPARTMENT—CITY OF BALTIMORE

54195

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Sinai Hospital St., 15-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth 53 yrs. mos. ds.

2. FULL NAME Isaac Goodman

If U. S. Veteran specify WAR

(a) Residence: No. 2908 Weymouth Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed or divorced HUSBAND of (or) WIFE of Fannie Nathanson

DATE OF BIRTH (month, day, year) 1867

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	72			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Re Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coat

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Chaim Berel Goodman

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Esther

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Harry A Goodman

(Address) 2908 Weymouth ave

BURIAL, CREMATION, OR REMOVAL 1-20-39

Date 19

UNDERTAKER Jack Louis Joe

(Address) 1439 E Balto St

FILED 11-40 A.M. JAN 20 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/19/39 . 19

22. I HEREBY CERTIFY, That I attended deceased from 1/10 . 1939 to 1/19 . 1939

I last saw h. l. m. alive on 1/19 . 1939 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular disease	1937 "
Other contributory causes of importance: Uremic Coma	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jerome Hartz . M. D.

(Address) Sinai Hosp.

4196 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 54196

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3504 Kenwood ave 8th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? 27 yrs. ..... mos. ..... da.

2. FULL NAME Mariam Lessans

If U. S. Veteran specify WAR .....

(a) Residence: No. 3504 Kenwood ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Isaac Lessans

DATE OF BIRTH (month, day, year) 1868

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): 20 37

11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME Hana Marder

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME Evelyn

16. BIRTHPLACE (city or town) (State or country): Russia

INFORMANT Abe Lessans
(Address) 3504 Kenwood ave

BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 1-20-39

UNDERTAKER Joseph Levin Jr
(Address) 1439 E. Baltimore St.

FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) 1/19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1938 to Jan. 19, 1939

I last saw her alive on 1/14/39, 19..... Death is said to have occurred on the date stated above, at 10:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dr. Sanders M. D.

(Address) 2428 W. North Ave

54197 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54197

CERTIFICATE OF DEATH

Registered No. 137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 17 ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Thomas R. Shilling

If U. S. Veteran specify WAR ...

(a) Residence: No. ... Finksburg Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of ...

DATE OF BIRTH (month, day, year) Nov. 14th 1848

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	90	2	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation Life

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Josiah Shilling

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. MAIDEN NAME Anna M —

16. BIRTHPLACE (city or town) (State or country) Maryland.

INFORMANT (Address) James E. Shilling Finksburg, Md

BURIAL, CREMATION, OR REMOVAL Place Sandymount Pk Date Jan 22. 1939

UNDERTAKER (Address) J. Francis Reese Westminster Md

FILED ... 19... ... Registrar.

JAN 20 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-20-1939

22. I HEREBY CERTIFY, That I attended deceased from 1-3, 1939, to 1-20, 1939

I last saw h[illegible] alive on 1-20, 1939 Death is said to have occurred on the date stated above, at 6.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic Hypertrophy	
Acute Retention of Urine	about
Other contributory causes of importance:	
Uremia	
Cardiac Failure.	

Was an operation performed? Yes Date of January 16, 1939

For what disease or injury? Prostatic Hypertrophy

Name of operation Transurethral Resection

What test confirmed diagnosis? Rectal Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) Thos E Woodward M. D.

(Address) University Hospital

54198

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54198

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH Southern Home
CITY OF BALTIMORE: (No. 2510 Greenmount Ave St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rachel, Anna Likens
If U. S. Veteran specify WAR

(a) Residence: No. 2510 Greenmount Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Liney E. Likens

DATE OF BIRTH (month, day, year) May 31, 1860

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	7	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Del.

13. NAME Nelson L. Talley

14. BIRTHPLACE (city or town) (State or country) Del.

15. MAIDEN NAME Rachel A. Wilson

16. BIRTHPLACE (city or town) (State or country) Del

INFORMANT Records- Southern Home
(Address) 2510 Greenmount Ave

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date 1-20-39, 19

UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

FILED 20 1939, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 18, 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1938, to Jan. 18, 1939.
I last saw her alive on Jan 17, 1939. Death is said to have occurred on the date stated above, at 12 Mid night

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis right side	July 1937
Arterio Sclerosis Cerebral Hemorrhage Indefinite	
Other contributory causes of importance	
Myocarditis (Chronic) Indefinite	

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Herman R. Trunt M. D.
(Address) Manhattan & Rusk Aves.

54199 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ F 54199

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3515 Richmond Ave. St. 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lilly B. Holden

If U. S. Veteran specify WAR

(a) Residence: No. 3515 Richmond Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward F. Holden

DATE OF BIRTH (month, day, year) May 22, 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	7	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto. Co.
(State or country) Md.

13. NAME Samuel Richmond

14. BIRTHPLACE (city or town) Ireland
(State or country)

15. MAIDEN NAME Eliza A. Bell

16. BIRTHPLACE (city or town) Ireland
(State or country)

INFORMANT Isabel Holden
(Address) 3515 Richmond Ave.

BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemy. Date 1/20/39, 19

UNDERTAKER John D. Mitchell & Sons
(Address) 1900 Eutaw Place

FILED , 19 Registrar.

20 1939 Hearing for Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 17, 19 39

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1938, to Jan 17, 19 39

I last saw her alive on Jan 17, 19 39 Death is said to have occurred on the date stated above, at 7:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	6 hours

Other contributory causes of importance:

arterio-Sclerosis	6-8 yrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) Gladys Ewalt, M. D.

(Address) 2945 St. Paul St.

Diekman

F 54200

D. P. 1268-9

54200

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. St., 27-4 Ward)

Length of residence in city or town where death occurred 29 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Diekman, Mr. August

(a) Residence: No. 6226 Fairdel Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Eva Diekman

DATE OF BIRTH (month, day, year) May 8 1862

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	8	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chesapeake & Maneuver

10. Date deceased last worked at this occupation (month and year) June 1934

11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Herman Diekman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Augusta Rehm

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Fred Diekman

(Address) 6226 Fairdel Ave

BURIAL, CREMATION, OR REMOVAL

Place Oakwood Cemetery Date Jany 21, 1939

UNDERTAKER Harry Thomcroft

(Address) 7204 Ridgewood Ave

FILED Jan 23 1939 Hattie Tong Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-19, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-16, 1939, to 1-19, 1939

I last saw him alive on 1-19, 1939. Death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio vascular Disease	?
Generalized Arteriosclerosis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) D. T. Battestein M. D.

(Address) 7 Franklin Sq. Hosp.

54201 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 54201

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Union Memorial Hospital #3

CITY OF BALTIMORE: (No. ..... St. 12 Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 6 mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME: Eugene Hendrix Stevenson — If U. S. Veteran specify WAR .....

(a) Residence: No. ..... Annville, Penna. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced: HUSBAND of (or WIFE of) Stella Z. Stevenson

DATE OF BIRTH (month, day, year) 11/7/97

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
41 40	2	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. teacher 068

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Annville College

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Arkansas

13. NAME Mr James B. Stevenson

14. BIRTHPLACE (city or town) (State or country) Tennessee

15. MAIDEN NAME Miss Loula Briggs

16. BIRTHPLACE (city or town) (State or country) Arkansas

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Annville, Pa. Date Jan 20 1939

19. UNDERTAKER Wm J Swartz & Sons
(Address) Annville Pa

20. FILED ..... 19 .....

Interment Mt Williamson Mem Pk
1-20-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1938, to Jan. 19, 1939.

I last saw h.. alive on Jan. 19, 1939. Death is said to have occurred on the date stated above, at 8 47 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary actinomycosis 6/1/38	1936 ?
Bronchopneumonia	1/4/39
Other contributory causes of importance: Secondary anemia	?

Was an operation performed? yes Date of 8/28 & 10/30

For what disease or injury? Biopsy of cervical glands

Name of operation Drainage of abscess of back

What test confirmed diagnosis? Smear Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) C. Franklin McCauley, M. D.

(Address) Union Memorial Hospital

54202

HEALTH DEPARTMENT—CITY OF BALTIMORE

54202

CERTIFICATE OF DEATH

124a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sinai Hosp. St., 12-7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Theodore Smith

If U. S. Veteran specify WAR .....

(a) Residence: No. 410 West 28 St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

6. If married, widowed, or divorced

HUSBAND of ~~or WIFE of~~ Margaret R Smith

DATE OF BIRTH (month, day, year) Feb 8. 1897

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
41	4	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Banker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ins 0004

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME George Smith

14. BIRTHPLACE (city or town) (State or country) York Pa

15. MAIDEN NAME Matilda ?

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Mrs Margaret R Smith

(Address) 410 W 28th St

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Jan 21 1939

UNDERTAKER Wm J Dieckerhoff Sons

(Address) York Pa

FILED 19 Huntington Williams Registrar.

JAN 20 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1939, to Jan 18, 1939

I last saw h alive on Jan 18, 1939 Death is said to have occurred on the date stated above, at 3P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver (2 yrs)	
Hemorrhage from oesophageal varix. (24 hrs)	
Other contributory causes of importance: Chronic Alcoholism	

Was an operation performed? No Date of —

For what disease or injury? .....

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J R Thistlethwaite M. D.

(Address) Sinai Hospital

54203 F 54203

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. 16-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. W. Baltimore General Hosp St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth M. Pierson

(a) Residence: No. 2314 Arunah Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Thomas Pierson

6. DATE OF BIRTH (month, day, year) January 18, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER'S MAIDEN NAME

13. NAME Nazen P. Day

14. BIRTHPLACE (city or town) (State or country) Burleith Vermont

15. MAIDEN NAME Agnes Murray

16. BIRTHPLACE (city or town) (State or country) Edinburgh Scotland

17. INFORMANT Mr. Pearson Sunderland

(Address) 1710 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Jan. 20 1939

19. UNDERTAKER Wm. J. Tickner and Sons

(Address) North and Penna. Aves.

20. FILED 19 Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 18 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Uremia	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Coroner M. D.

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

34204 F 34204

CERTIFICATE OF DEATH

118

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3803 Callaway St., 15-H Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Katherine D. Voltz

(a) Residence: No. 3803 Callaway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Fidelio Voltz

DATE OF BIRTH (month, day, year) Mch 8 1869

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	10	17th	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home 1037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia

13. NAME Wallwood

14. BIRTHPLACE (city or town) (State or country) W. Virginia

15. MAIDEN NAME Nuttington

16. BIRTHPLACE (city or town) (State or country) W. Virginia

INFORMANT Mrs. Jos R Bassett

(Address) 1648 Pennsylvania Ave

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date May 20, 1939

UNDERTAKER Wm. J. Sumerlin & Son

(Address) North & Pennsylvania Ave

FILED ....., 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1st, 1938 to Jan 18th, 1939

I last saw h[er] alive on Jan 18th, 1939 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	5 yrs (?)
Other contributory causes of importance:	
Enteritis	10 days

Was an operation performed? No Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Vernon N. Gordon M. D.

(Address) 1819 St Paul St.

F 54205 HEALTH DEPARTMENT—CITY OF BALTIMORE 54205

CERTIFICATE OF DEATH

94-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1815 Poplar Grove 15-6 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME August A. Weller

If U. S. Veteran specify WAR ...

(a) Residence: No. 1815 Poplar Grove St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 22 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	9	28 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Philip Weller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wilhelmina Schwartz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frank Weller
(Address) 1815 Poplar Grove

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date Jan 21 1939

19. UNDERTAKER Jos. Deutschlander Sons
(Address) 2107 E. Pasa St.

FILED JAN 20 1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 19, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. R. Allen, M. D. Coroner

(Address) 27 St Paul

206 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54206

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. St., 9-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillah Bachrow

If U. S. Veteran specify WAR

(a) Residence: No. 1014 E. North Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry E. Bachrow

DATE OF BIRTH (month, day, year) Dec 27, 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
75	76	0	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME John J. Smith

14. BIRTHPLACE (city or town) (State or country) Unknown Unknown

15. MAIDEN NAME Amanda Hoyt

16. BIRTHPLACE (city or town) (State or country) Unknown Unknown

INFORMANT Mrs. Bachrow

(Address) 1014 E. North Ave.

BURIAL, CREMATION, OR REMOVAL.

Place Loudon Park Date Jan. 21, 1939

UNDERTAKER Frederick Lauenschwalm

(Address) 7401 Belair Road

FILED JAN 20 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1938, to Jan 19, 1939

I last saw her alive on Jan 19, 1939. Death is said to have occurred on the date stated above, at 2:20 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a [illegible]	
Chronic Myocarditis	
Coronary Thrombosis	1-19-39

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Anthony Thomas, M. D.

(Address) St. Joseph's Hosp.

54207 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54207

CERTIFICATE OF DEATH

34 B

1. PLACE OF DEATH — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4228 Parkside Drive Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Diderich H. Claassen

(a) Residence: No. 4228 Parkside Drive Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of Bessie V. Claassen

DATE OF BIRTH (month, day, year) May 31st 1889

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	7	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police Lt.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. City Md.

12. NAME Albert H Claassen

13. BIRTHPLACE (city or town) (State or country) Germany

14. MAIDEN NAME Alida Weibert

15. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. D. H. Claassen

(Address) 4228 Parkside Drive

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Jan. 21 1939

UNDERTAKER Fredk Metzler & Sons

(Address) 7401 Belair Rd

FILED Huntington Williams, Registrar.

JAN 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from October 23, 1939 to Jan. 18, 1939

I last saw him alive on Jan. 17, 1939 Death is said to have occurred on the date stated above, at 9.05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rupture of Aortic Aneurysm into Trachea Hemorrhage	1/18/39
Other contributory causes of importance: Aortic Aneurysm	3 mos

Was an operation performed? no Date of ✓

For what disease or injury? ✓

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 19....

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

21. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Pakorny M. D.

(Address) 2200 E Madison St

F 54208 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 92a F 54208 c

1. PLACE OF DEATH Balto. City Hospitals Registered No. 187

CITY OF BALTIMORE: (No. Bay View St. 24-1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Alice Perry If U. S. Veteran specify WAR

(a) Residence: No. 529 W. Cross St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Guy Perry (d)

6. DATE OF BIRTH (month, day, year) Aug. 20-1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER FATHER

13. NAME Samuel Stalon

14. BIRTHPLACE (city or town) (State or country) N.C.

15. MAIDEN NAME Natalie ?

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Lorraine Garrett (Address) 609 W. Lee St. Apt

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date Jan 21, 1939

19. UNDERTAKER Mrs Lufie R. Williams (Address) 322 S Arlington Ave Baltimore, Md

20. FILED JAN 20 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 day.
Other contributory causes of importance:	
Arterio-sclerosis	Years
Dropsy	1 mo.

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood M. D.

Coroner

(Address) 1712 N. Broadway

Rita M Hanks

F 54209 HEALTH DEPARTMENT—CITY OF BALTIMORE #41061

F 54209 SF

CERTIFICATE OF DEATH

349-1250

1. PLACE OF DEATH — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 17-3 Ward)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Rita Hanks — If U. S. Veteran specify WAR .....

(a) Residence: No. 716 Edmondson Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of George

DATE OF BIRTH (month, day, year) 9/21/1917

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
21	21	3	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HW

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Md.
(State or country)

13. NAME William Moody

14. BIRTHPLACE (city or town) ?
(State or country)

15. MAIDEN NAME Agnes

16. BIRTHPLACE (city or town) ?
(State or country)

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Jan 21, 1939

UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Schroeder St Baltimore, Md

FILED JAN 20 1939 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/19/39, 19

22. I HEREBY CERTIFY, That I attended deceased from January 17, 1939, to January 19, 1939.

I last saw her alive on January 19, 1939. Death is said to have occurred on the date stated above, at 1:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Acute yellow atrophy of liver	1-12-39
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. A. De Santelle M. D.

(Address) Baltimore City Hospitals

54210 HEALTH DEPARTMENT—CITY OF BALTIMORE 54210

CERTIFICATE OF DEATH

92-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of Poor St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Clara Schembel

If U. S. Veteran specify WAR .....

(a) Residence: No. 1200 Valley Street St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 30, 1867

AGE Years	Months	Days	If LESS than 1 day.....hrs. or min.
71	7	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Peter Schembel

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Margaret Anne

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Little Sisters of the Poor St. Martin

(Address) 1200 Valley Street

BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Dec. 21 1939

UNDERTAKER Pete Wiedefeld

(Address) 914 Gaywood St Bal

Dec 19 1939 Hunting Town Williams, WP Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19, 1939 10:30 a.m.

22. I HEREBY CERTIFY, That I attended deceased from Apr 1933 a.m. to Dec 19 1939 19.....

I last saw h.e alive on Dec 18 1939. Death is said to have occurred on the date stated above, at 1030 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Endocarditis	?
Other contributory causes of importance:	
Cachexia	7d

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Phys Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .....Date of injury....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. Mc Cahan M. D.

(Address) 114 Van Buren Ave

211

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54211

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. [illegible] St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Chassie Adams

If U. S. Veteran specify WAR

(a) Residence: No. 437 N. Linwood St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
[illegible]	[illegible] White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Adams

DATE OF BIRTH (month, day, year) Aug. 11. 1859

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	5	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Matthews County Virginia

13. NAME Harold Fitchett

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Mr. Vernon Adams (Son)

(Address) 437 N. Linwood Ave.

BURIAL, CREMATION, OR REMOVAL Baltimore Cem. Date Jan. 21. 1939

Place

HENRY SANDER & SONS. INC. Henry J. Sander

UNDERTAKER (Address) Baltimore & Broadway.

FILED Huntington Williams, M.D.

JAN 20 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1939, to Jan 19, 1939

I last saw her alive on Jan 19, 1939. Death is said to have occurred on the date stated above, at 8:13 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Type 1)	Jan 18, 39
Other contributory causes of importance: Chronic Myocarditis	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Dr. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Anthony Tomas, M. D.

(Address) St Josephs Hosp.

1212 HEALTH DEPARTMENT—CITY OF BALTIMORE 54212

CERTIFICATE OF DEATH

346

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Church Home & Infirmary
CITY OF BALTIMORE: (No. 1401 E Broadway St. 15-3 Ward)
Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR No Record

2. FULL NAME Catharine A Duncan

(a) Residence: No. 1403 N Bentalou St., Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of James E. Duncan

DATE OF BIRTH (month, day, year) August 12 1887

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
51	5	7	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Companion
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md

12. NAME Tobias Jacot
13. BIRTHPLACE (city or town) (State or country) Baltimore Md
15. MAIDEN NAME Margaret Eckert
16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Hospital Records
(Address) Church Home Infirmary

BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 23 1939

UNDERTAKER Wm Cook
(Address) 1217 St Paul St

MAR 20 1939 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1939 to Jan 19, 1939
I last saw her alive on Jan 19, 1939. Death is said to have occurred on the date stated above, at 12:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause, Generalized Cerebral Heart Disease	2 yrs
Other contributory causes of importance:	

Was an operation performed? Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Wesley D. Ketz, M. D.
(Address) The Church Home & Inf

4213

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54213

CERTIFICATE OF DEATH

95B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 E. Preston St., 10 Ward)

Length of residence in city or town where death occurred 88 yrs. 1 mos. 2 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Georgia Anna Riley

(a) Residence: No. 909 E. Preston St., 10 Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Bernard A. Riley

DATE OF BIRTH (month, day, year) Dec. 11. 1850

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	1	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) ℓ

11. Total time (years) spent in this occupation ℓ

12. BIRTHPLACE (city or town) (State or country) Ellicott City Md.

13. NAME Elgin J. Grimes

14. BIRTHPLACE (city or town) (State or country) Ellicott City Md.

15. MAIDEN NAME Mary Crooks

16. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

17. INFORMANT Mr. Bernard A. Riley

(Address) 909 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL Baltimore County Date Jan. 21 1939

19. UNDERTAKER Elmer V. Conkling & Son

(Address) 924 Eager St.

20. Huntington Williams, M.D.

FILED JAN 20 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 19th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1938 to Jan 19, 1939

I last saw h~~e~~ alive on Jan 17, 1939. Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerotic Cardio-Vascular Disease	2
Senile Dementia	1935

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Hosp Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Hubert Eltnapp M. D.

(Address) 1716 E. Preston St.

M. D. B. 1268-9

54214

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54214

93-C

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2421 Arbuton Ave St., 25th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Albert Bokman

(a) Residence: No. 2421 Arbuton Ave St., 25th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married.

6a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Marie E Bokman

6. DATE OF BIRTH (month, day, year): Feb 17, 1881

7. AGE: Years 57 | Months 11 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Conductor-RR

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Railroad

10. Date deceased last worked at this occupation (month and year): Dec 5

11. Total time (years) spent in this occupation: 39 yrs

12. BIRTHPLACE (city or town) (State or country): Baltimore.

FATHER

13. NAME: Augustus Bokman

14. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER

15. MAIDEN NAME: Caroline Rodfield

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Mrs Chas A Bokman

(Address) 2421 Arbuton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Cem Date: Jan 23 1939

19. UNDERTAKER: Mamie Cook Effler

(Address) 1660 W. North Ave

20. FILED Jan 20 1939 Hamilton Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1938, to Jan 19, 1939

I last saw h~~im~~alive on Jan 18, 1939. Death is said to have occurred on the date stated above, at 7:15 A m.

The principal cause of death and related causes of importance were as follows:

Myocarditis & Hypotension — Date of onset 12/5/38

Other contributory causes of importance:

Coronary infarct (probable). — 1/19/39

Name of operation: none Date of: ~~(or)~~

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thaurence Wheeler M. D.

(Address) 2910 Rollins Ferry Rd Baltimore

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√131 F 54215

4215

Registered No. 46-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2818 W Lanvale St Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Virginia Moore

If U. S. Veteran specify WAR

(a) Residence: No. 2818 W Lanvale St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of none

DATE OF BIRTH (month, day, year) June 1st 1867

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	7	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self -

10. Date deceased last worked at this occupation (month, day, year) Nov 1st 1938

11. Total time (years) spent in this occupation Life

BIRTHPLACE (city or town) (State or country) Wyomico Co Md

13. NAME Thomas B Moore

14. BIRTHPLACE (city or town) (State or country) Wyomico Co Md

15. MAIDEN NAME Charlotte V Stayt

16. BIRTHPLACE (city or town) (State or country) Wyomico Co Md

INFORMANT Harold L Moore

(Address) 2818 W Lanvale St

BURIAL, CREMATION OR REMOVAL

Place Good Shepherds Date Jan 21 1939

UNDERTAKER Charles P Powell

(Address) 3427 Edmondson Ave

FILED JAN 20 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18th 1939

22. I HEREBY CERTIFY, That I attended deceased from September 1938 to Jan 18th 1939

I last saw h alive on Jan 18 1939. Death is said to have occurred on the date stated above, at P. m.

The principal cause of death and related causes of importance were as follows:

Generalized arteriosclerosis — Date of onset Several Yrs.

Mitral regurgitation

Cardiac Hypertrophy with chronic hypertension Chronic - Yrs.

Other contributory causes of importance: nephritis. 24 hours

Coronary thrombosis

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. Michel M. D.

(Address) 2901 Edmondson Ave

54216 Stewart W. Daniel F 54216

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. 12-6 Ward)

Length of residence in city or town where death occurred yrs. mos. 15 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Stewart W. Daniel

(a) Residence: No. Baltaville, St., Ward. Middlesex County, Va.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Annie Lorna George

7. DATE OF BIRTH (month, day, year) March 8, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	10	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sea Captain

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seafaring

10. Date deceased last worked at this occupation (month and year) July 5, 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Middlesex County
(State or country) Virginia

13. NAME George W. Daniel

14. BIRTHPLACE (city or town) Middlesex County
(State or country) Virginia

15. MAIDEN NAME Annie Ingraham

16. BIRTHPLACE (city or town) Middlesex County
(State or country) Virginia

17. INFORMANT Records-U. S. Marine Hospital,
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Middlesex
Place Cemetery Date Jan 22 1939

19. UNDERTAKER C. W. Mercer & Son
(Address) Spring

Filed Jan 20 1939 Emily Lee Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 19. 1939.

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1938 to January 19, 1939.

I last saw him alive on January 19, 1939. Death is said to have occurred on the date stated above, at 7:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic	
far advanced, bilateral	2 yrs.
Other contributory causes of importance:	
Pleurisy, Chronic, tuberculous	Jul. 193

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Exam. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) F. M. R. G. Chinn. M. D.

(Address) U. S. Marine Hospital, Baltimore, Maryland.

54217

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108 F 54217

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 650 W. Hoffman St. St. 17-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Odessa Hudson ☐ U. S. Veteran specify WAR .....

(a) Residence: No. 650 W. Hoffman St St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 30, 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		2116	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Hudson

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mother

(Address) 650 Hoffman St.

18. BURIAL, CREMATION, OR REMOVAL JOHNS HOPKINS MEDICAL SCHOOL JAN 20 1939 19

Commissioner of Health

19. UNDERTAKER H. A. Howe

(Address) Huntington Williams, M.D.

Registrar.

JAN 20 1939

1540

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 19, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) T. H. Rosenau Coroner, M. D.

(Address) 27 S. Howard

54218 F 54218

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto. City Hospitals — Registered No. 1877

CITY OF BALTIMORE: (No. Bay View St., 253 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John J. Niesialowski — If U. S. Veteran specify WAR World War

(a) Residence: No. 2000 Fountain St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Niesialowski

6. DATE OF BIRTH (month, day, year) June 24 19[illegible]

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Michael Niesialowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Julia Stanek

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Catherine Niesialowski

(Address) 2000 Fountain St

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date Jan 24 1939

19. UNDERTAKER George A. Weber

(Address) 705 E. Lanvale St

FILED JAN 30 1939 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 19 19[illegible]

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	2 Yrs
Other contributory causes of importance: Hemorrhage from lungs	2 Wks

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Broadway

219

HEALTH DEPARTMENT—CITY OF BALTIMORE

54219

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 29 Warrenton Road St. 27th Ward)

Length of residence in city or town where death occurred 77 yrs. 2 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME (Mrs.) Mary Ellen Stuck

If U. S. Veteran specify WAR

(a) Residence: No. 29 Warrenton Road St. 27th Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles William Stuck

DATE OF BIRTH (month, day, year) Nov. 16, 1861

AGE	77 Years	2 Months	4 Days	If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Timothy Callahan

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Barton

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

INFORMANT Mrs. Elizabeth Mitchell

(Address) 402 E. 25th st.

BURIAL, CREMATION, OR REMOVAL

Place Baltimore County Date Jan 21 1939

UNDERTAKER F. M. Jenkins Company

(Address) 1128 Calhoun & Orchard sts.

FILED 19 Registrar

JAN 20 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-20 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 1923 to Jan. 20 1939

I last saw her alive on Jan 14 1939. Death is said to have occurred on the date stated above, at 2.25 A. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Myocardial insufficiency 1/14/38
Coronary sclerosis -
Cerebral arteriosclerosis -

Other contributory causes of importance:

Decubitus

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry D. McCarty M. D.

(Address) 37 W. Preston St.

F 54220

54220 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

139-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mrs Margaret Mulke If U. S. Veteran specify WAR .....

(a) Residence: No. 120 S Clinton St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F | 4. Color or Race: W | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas H. Mulke

7. DATE OF BIRTH (month, day, year): June 4 1895

8. AGE: Years 43 | Months 7 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Md

13. NAME: John A Mayhock

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Emily Ottdroff

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mr. Chas H. Mulke (Address) 120 S Clinton St

18. BURIAL, CREMATION, OR REMOVAL: Place Dearborn Date 1/21/39

19. UNDERTAKER: J. Edward Moran (Address) 3600 E. Baltimore St

20. FILED ..... 19 ..... (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-19-39

22. I HEREBY CERTIFY, That I attended deceased from 1-15-39, 19 to 1-17, 19 39

I last saw her alive on 1-17, 19 39 Death is said to have occurred on the date stated above, at 3:34 AM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute salpingitis	
	one
Other contributory causes of importance:	
Generalized peritonitis	1-15-39

Was an operation performed? Yes Date of 1-17-39

For what disease or injury? Peritonitis

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? Op Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W C Dunnigan M. D.

(Address) Mercy

221

HEALTH DEPARTMENT—CITY OF BALTIMORE 51221

CERTIFICATE OF DEATH

53-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4558 Edmondson Ave. St., 28-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR NONE

2. FULL NAME ESTHER POLK LOWE

(a) Residence: No. 4558 Edmondson Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, year) Jan. 10, 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	0	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NONE

10. Date deceased last worked at this occupation (month and year) NONE

11. Total time (years) spent in this occupation NONE

BIRTHPLACE (city or town) Frederick
(State or country) Maryland

13. NAME Enoch LOuis Lowe

14. BIRTHPLACE (city or town) Frederick
(State or country) Maryland

15. MAIDEN NAME Esther Winder Polk

16. BIRTHPLACE (city or town) ???
(State or country) Maryland

INFORMANT Miss Mary Adelaide Jenkins
(Address) 4558 Edmondson Ave. City.

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Jan. 21, 1939

UNDERTAKER STEWART & MOWER COMPANY
(Address) (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

FILED ..... 19..... Registrar.

20 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1938 to Jan 19 1939

I last saw her alive on Jan 19, 1939. Death is said to have occurred on the date stated above, at 3:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus with Metastasis of Lungs	1937
Other contributory causes of importance:	

Was an operation performed? None Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical & X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) James Stonebraker M. D.

(Address) Catonsville

222

HEALTH DEPARTMENT—CITY OF BALTIMORE

File 54222

CERTIFICATE OF DEATH

1 x 108

1. PLACE OF DEATH Union Memorial Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 17 (Ward) 25

Length of residence in city or town where death occurred 0 yrs. 0 mos. 5 ds. How long in U. S. If of foreign birth? 3 yrs. 10 mos. 12 ds.

2. FULL NAME Edmunds Whiteley Foster

If U. S. Veteran specify WAR None

(a) Residence: No. Riderwood, Md. St., Ward. Riderwood-Md

(Usual place of abode) (If non-resident give city or town and State)

V

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, year) March-8-1935

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	10	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

12. NAME Reuben Foster

13. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

14. MAIDEN NAME Eleanor Whiteley

15. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

16. INFORMANT Reuben Foster (Father)

(Address) Richmond-Md.

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Jan 21, 1939

UNDERTAKER STEWART & MOWER COMPANY

(Address) (W. F. MOWER SUC.) 108 W. NORTH AVENUE

FILED ..... 19.. Huntington Williams Registrar

JAN 20 1939

Egli

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1939 to Jan. 26, 1939

I last saw him alive on Jan. 26, 1939. Death is said to have occurred on the date stated above, at 2:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1-16-39
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Benjamin Tappan M. D.

(Address) 1201 N. Calvert St.

54223

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-BF 54223

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2807 Virginia Ave. Ward) 15-12

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Samuel Rosenthal

If U. S. Veteran specify WAR No

(a) Residence: No. 2807 Virginia Ave St. ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Samuel Rosenthal

7. DATE OF BIRTH (month, day, year) March 13 1865

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	10	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER Samuel Siegel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Hinda Hamburger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Florine Rosenthal

(Address) 2807 Virginia Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Hebrew Date Jan 22 1939

19. UNDERTAKER J. Ahrens Co

(Address) 1432 Eastern Ave

20. FILED ..., 19... Registrar.

J. Ahrens Co

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1934 to Jan. 20, 1939

I last saw h... alive on Jan 20 1939 Death is said to have occurred on the date stated above, at 12.15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism.	

Other contributory causes of importance:

Hypertension -	
Cardiac insuff.	

Was an operation performed? No Date of ...

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Bernard Cohen, M. D.

(Address) Marlborough Apts.

54224

HEALTH DEPARTMENT—CITY OF BALTIMORE

D. K. Paul Columbus, MD

CERTIFICATE OF DEATH

92-a F 54224

Registered No. 19-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 431 Pitman Place St. Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Robert H. Offelman

(a) Residence: No. 420 S. Parrish St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) November 1, 1899

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	2	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper in Garage

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Philip L. Offelman

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Rose Cavey

16. BIRTHPLACE (city or town) (State or country) Howard County Maryland

17. INFORMANT Mr. Philip L. Offelman
(Address) 420 S. Parrish St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date January 21, 39

19. UNDERTAKER D. T. Amorose
(Address) 1003 E. Baltimore St.

20. FILED JAN 20 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1939, to Jan 17, 1939.

I last saw him alive on Jan 17, 1939. Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	
Pulmonary Stenosis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert Lorman, M. D.

(Address) 1234 Filbert Ave.

BURNS

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54225

54225

CERTIFICATE OF DEATH

✓108

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2231 W. LEXINGTON ST. Ward 20-3

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME JOHN B URNS

(a) Residence: No. 2231 W. LEXINGTON ST. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	WIDOWED

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of MARY B URNS

DATE OF BIRTH (month, day, year) JAN 1/1867

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72		17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) IRELAND

13. NAME UNKNOWN

14. BIRTHPLACE (city or town) (State or country) IRELAND

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) IRELAND

INFORMANT JOHN B URNS (SON)

(Address) 2231 W. LEXINGTON ST.

BURIAL, CREMATION, OR REMOVAL

Place ST PETERS. Date JAN. 21 1939

UNDERTAKER Lilly & Zeilenbos

(Address) 4025 E. OLIVE ST.

FILED JAN 21 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1939 to Jan 18/39, 19....

I last saw h.... alive on Jan 16/39, 19.... Death is said to have occurred on the date stated above, at 10. 15 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Elmer H. Shanahan M.D.

(Address) 1745 W. Baltimore

Flenner

HEALTH DEPARTMENT—CITY OF BALTIMORE

54226

CERTIFICATE OF DEATH

93-C 54226

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U. S. Veterans Hospital St., 12 Ward) Baltimore, Md.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR WW.

2. FULL NAME Joseph Grayson Flenner

(a) Residence: No. Hollenbeck Rd. Westminster, Md. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie F Flenner.

DATE OF BIRTH (month, day, year) Nov. 13, 1880.

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	2	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired for 3 yrs.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mechanic

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 40

BIRTHPLACE (city or town) (State or country) Sumerfield Md.

12. NAME Jacob F Flenner.

14. BIRTHPLACE (city or town) (State or country) Westminster Md.

15. MAIDEN NAME Jane (?)

16. BIRTHPLACE (city or town) (State or country) Westminster Md.

INFORMANT Records U.S. Veterans Hosp. (Address) Baltimore, Md.

BURIAL, CREMATION, OR REMOVAL

Place Westminster Date Jan. 23 1939

UNDERTAKER H. Bankard Son (Address) Westminster Md.

FILED JAN 21 1939 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-11- 1939 to 1-20 1939

I last saw h... alive on 1-20 1939 Death is said to have occurred on the date stated above, at 4:28 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Hesion, Coronary Thrombosis.	1-13-39.
Cardiac Hesion, myocardial degeneration.	1936.
Cardiac decompensation, hypertrophy.	1936.
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) L. J. Palumbo (Palumbo) M. D.

(Address) U. S. Veterans Hosp. Baltimore, Md

HEALTH DEPARTMENT—CITY OF BALTIMORE

54227

CERTIFICATE OF DEATH

F 54227

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4030 Roland Ave St. 13-7 95-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Margaret Olivia Stocksdale

If U. S. Veteran specify WAR

(a) Residence: No. 4030 Roland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed, or Divorced~~ (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Harry C. Stocksdale

7. DATE OF BIRTH (month, day, year) Mar 28th

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	9	18 21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

13. NAME Benjamin F. Oliver

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary V. Tucker

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Miss Genie Stocksdale
(Address) 4030 Roland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Morland Park Date Jan 23rd 1939

19. UNDERTAKER Wm Cook
(Address) 127 St Paul St

20. FILED Jan 21 1939 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1937, to Jan 19, 1939

I last saw her alive on Jan 18, 1939 Death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation	
Other contributory causes of importance: Arteriosclerotic cardio-vascular disease	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm N. McFaul Jr. M. D.

(Address) 1800 N. Charles St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

40968-FS

54228

CERTIFICATE OF DEATH

87-a F 54228

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 11-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. life ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frances Kraus (Crouse)

If U. S. Veteran specify WAR

(a) Residence: No. 831 Hamilton Terrace St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) August 1886

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52 53			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown (87)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto (State or country) Md.

13. NAME Unknown Joseph Crouse

14. BIRTHPLACE (city or town) Germany (State or country) Unknown

15. MAIDEN NAME Unknown Marie Zeigler

16. BIRTHPLACE (city or town) Unknown (State or country) Germany

INFORMANT B.C.H. Records and

(Address) Mrs. Mary D. Crouse 1101 N. Glover St.

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Jan 21st 1939

UNDERTAKER Wm Cook

(Address) 127 St Paul St

FILED 19 Jan 21 1939 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 14, 1939, to January 18, 1939

I last saw h[illegible] alive on January 18, 1939. Death is said to have occurred on the date stated above, at 5:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1-12-39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. de Lamballe M. D.

(Address) Baltimore City Hospitals

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (a) County City of Baltimore (b) City or Town 5318 Plymouth Rd Registration Dist. No. F 54229

Village or City Hamilton, Baltimore, Md (If death occurred in a hospital or institution, give its NAME instead of street and number) No. St., Ward

Length of residence in city or town where death occurred 3½ yrs. mos. ds How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Chloe M. Dougherty

(a) Residence: No. 5318 Plymouth Rd St., Ward. No Record If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. H. Dougherty

6. DATE OF BIRTH (month, day, and year) June 27 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	6	21	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Antioch, Ohio

13. NAME Senior Hill

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME Senior B. Hill

16. BIRTHPLACE (city or town) (State or country) Martha Dougherty Ohio

17. INFORMANT Mrs. Talbot Sivis (Address) 5318 Plymouth Rd.

18. BURIAL, CREMATION, OR REMOVAL Rose Cemetery Place Akron Ohio Date Jan 21st 1939

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

Huntington Williams, M.D. Registrar

FILED JAN 21 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) 20 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1938, to Jan 20, 1939

I last saw her alive on Jan 20, 1939, death is said to have occurred on the date stated above, at 1:30 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	12/1/38
Other Contributory Causes of importance: Arteriosclerosis	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Jos. A. Sedlacek M. D.

(Address) 200 W. Pleasant Ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. Towson, Md

230) **HEALTH DEPARTMENT—CITY OF BALTIMORE** 54230

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2123 Eastern Ave St., 1-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Brozmowicz

(a) Residence: No. 2123 Eastern Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Brozmowicz

DATE OF BIRTH (month, day, year) Dec 7 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	1	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland

13. NAME OF FATHER William Brozmowicz

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Anna Brozmowicz

(Address) 2123 Eastern Ave

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Jan 23 1939

UNDERTAKER Fred W. Ozazewski

(Address) 1930 Eastern Ave.

FILED JAN 21 1939 By Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1934 to Jan 18, 1939

last saw h— alive on Jan 18, 1939 Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	5 yrs.
Other contributory causes of importance: Acute Cardiac Dilatation	1 day.

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? B.S. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If a fatality

(Signed) John V. Kozlowski M. D.

(Address) 1802 Eastern Ave.

231

HEALTH DEPARTMENT—CITY OF BALTIMORE E54231

CERTIFICATE OF DEATH

1-5 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital, 1-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Minnie Kern

(a) Residence: No. 228 S. Duncan St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christ Kern

6. DATE OF BIRTH (month, day, year) March 25th 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	9 1	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H.W. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Philip Diegert

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Margaret Elison

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Lena Diegert

(Address) 110 Linwood Av.

18. BURIAL, CREMATION, OR REMOVAL

Place St Johns Luthern Date 1/21 19 39

19. UNDERTAKER Philip Herwig Sons

(Address) 2016 Orleans St.

Huntington Williams H.D.

Registrar.

JAN 21 1939

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 18, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of 5 Lumbar Vertebra	
Fracture of Pelvis	
Rheumatic Endocarditis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Accident Jan. 13, 1939 19

Where did injury occur? Balto. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Crossing Orleans & Milton Av.

Nature of injury Struck by Auto.

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Coroner, M. D.

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

54232

CERTIFICATE OF DEATH

CGK-- 39966

94 BF 54232

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 26-1 Ward)

Length of residence in city or town where death occurred 21 yrs. mos ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Harris Chritzman

(a) Residence: No. 1925 W. Franklin St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Honora E. Chritzman

DATE OF BIRTH (month, day, year) 1-2-1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	0	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tin Mill Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Pa.

13. NAME Frank M. Chritzman

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Jennie Harris

16. BIRTHPLACE (city or town) (State or country) Pa.

INFORMANT B. C. H. Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date Jan 23 1939

UNDERTAKER M. J. Snyder
(Address) 1600 W. North Ave.

FILED Jan 23 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 20 1939

22. I HEREBY CERTIFY, That I attended deceased from December 14, 1938, January 20, 1939.

I last saw him alive on January 20, 1939. Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	1-20-39
Other contributory causes of importance: Arteriosclerosis	1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. J. DeSautelle, M. D.

(Address) Baltimore City Hospitals

54233

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 161-C F 54233

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 14-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. — mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Morris Brown

If U. S. Veteran specify WAR

(a) Residence: No. Chestertown Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Col.	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) Sept 3 1938

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	16/7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Georgetown Md

13. NAME Morris Brown

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Cora Hopkins

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Mrs Cora Brown

(Address) Tolchester Md.

BURIAL, CREMATION, OR REMOVAL Place Tolchester Md Date Jan 7 4, 19 39

UNDERTAKER Francis A Hemsley

(Address) 54 E St. Biddle St

Huntington Williams, M.D.
Registrar.

JAN 21 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-20, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-16, 1939, to 1-20-, 1939

I last saw him alive on 1-20-, 1939. Death is said to have occurred on the date stated above, at 1.40 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cachexia Malnutrition	?
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. F. Maloney M. D.

(Address) Provident Hospital

F 54234 ✓ F 54234

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 115 W. Hamburg St. 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Johnson

If U. S. Veteran specify WAR .....

(a) Residence: No. 115 W. Hamburg St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of unknown

DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boston Iron

10. Date deceased last worked at this occupation (month and year) unknown

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maning S. Carolina

13. NAME James Johnson

14. BIRTHPLACE (city or town) (State or country) Maning S. Carolina

15. MAIDEN NAME Martha Walker

16. BIRTHPLACE (city or town) (State or country) Maning S. Carolina

INFORMANT Rufus Johnson

(Address) 115 W. Hamburg

BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date 1/21/ 1939

UNDERTAKER Walter R. Sprigg

(Address) 1320 Hanley St.

JAN 21 1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/16/ 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	12/38
Other contributory causes of importance: Tubercular Pneumonia	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Siegel Littman, M. D.
Coroner

(Address) 1604 E. Chase St

F 54235 HEALTH DEPARTMENT—CITY OF BALTIMORE F 54235

CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 660 Dover St. 22-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ella Wallington Brown
If U. S. Veteran specify WAR .....

(a) Residence: No. 660 Hanover St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of James M. Brown

DATE OF BIRTH (month, day, year) 1868

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) N. Carolina
13. NAME James M. Brown
14. BIRTHPLACE (city or town) (State or country) N. C.
15. MAIDEN NAME Blackman
16. BIRTHPLACE (city or town) (State or country) N. C.
17. INFORMANT Susan Brown
(Address) 660 Hanover St.

BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date 1/21, 1939
UNDERTAKER Walter H. Bowman
(Address) 1339 Pennsylvania Ave.
FILED JAN 21 1939, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1939 to Jan 18, 1939
I last saw her alive on Jan 17, 1939. Death is said to have occurred on the date stated above, at 3:30 m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	1/15/39
Other contributory causes of importance: Age & Patient	

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Mark D. Jaines, M. D.
(Address) 615 N. Eden St.

4236

HEALTH DEPARTMENT—CITY OF BALTIMORE E 54236

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 34 N. Gay St., 5-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Amanda Woods
If U. S. Veteran specify WAR

(a) Residence: No. 34 N. Gay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Widowed
6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Joshua Woods
7. DATE OF BIRTH (month, day, year): Oct 12-1884

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	3	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Spinner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Cotton Mill
10. Date deceased last worked at this occupation (month and year): 1907
11. Total time (years) spent in this occupation:
12. BIRTHPLACE (city or town) (State or country): Balto Md
13. NAME OF FATHER: John Outlaw
14. BIRTHPLACE (city or town) (State or country): Md
15. MAIDEN NAME OF MOTHER:
16. BIRTHPLACE (city or town) (State or country):
17. INFORMANT: Walter Joseph
(Address) 532 N. Eden St
18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Cem Date 1/23 1939
19. UNDERTAKER: Edgar D. Locke, Jr.
(Address) 130 W. Central Ave Huntington Williams, W. Va.
20. FILED JAN 21 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 19 1939
22. I HEREBY CERTIFY, That I ... charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry)
to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Apoplexy	Jan 19 1939

Other contributory causes of importance:

Was an operation performed? ... Date of ...
For what disease or injury?
Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? (If so, specify)

(Signed) George L. Allen M. D.
(Address) 50 Calvert St

237

HEALTH DEPARTMENT—CITY OF BALTIMORE 54237

CERTIFICATE OF DEATH 41067 (MB)

1. PLACE OF DEATH

Registered No. 4-2762

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry A. Frye

If U. S. Veteran specify WAR

(a) Residence: No. 773 W. Lexington St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mildred Frye

DATE OF BIRTH (month, day, year) 11/5/1886

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
52	52	2	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

13. NAME George W. Frye

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Jennie Clouser

16. BIRTHPLACE (city or town) (State or country) Pa.

INFORMANT City Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Bals Cem. Date Jan 23 1939

UNDERTAKER Mt. Mrs. John F. Gerfel & Son

(Address) 801 N. Fayette St.

FILED 19 Registrar.

JAN 21 1939 Acting for Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 19. 1939

22. I HEREBY CERTIFY, That I attended deceased from January 18. 1939. to January 19. 1939

I last saw him alive on January 19, 1939. Death is said to have occurred on the date stated above, at 5.55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	1-19-39
Other contributory causes of importance: Phlegma	Jan. 1939

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. De Lautelle M. D.

(Address) Baltimore City Hospitals

38

MOD. B 1268-9

F 54238

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 94-B

15-5

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. In rear of 3000 Reisters-town Road. In garage. St., Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sidney Rosenthal
If U. S. Veteran specify WAR

(a) Residence: No. 3000 Reisterstown Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sylvia S. Rosenthal

7. DATE OF BIRTH (month, day, year) Jany. 16, 1891

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48		3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steem-Electric
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Samuel Rosenthal,
14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Fannie Siegel.
16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Sylvia Rosenthal,
(Address) 3000 Reisterstown Road.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Balto. Hebrew Cem. Date Jany. 22, 1939

19. UNDERTAKER Harid Sondheim & Son,
(Address) 1902 Eutaw Place.

20. Filed JAN 21 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany. 19, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Clin Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. Bechen M. D.
Coroner
(Address) 2757 W. North Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

54239

CERTIFICATE OF DEATH

82 Fa 54239

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 Oxford St St. 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Frances Rich

(a) Residence: No. 505 Oxford St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widowad

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL JAN 21 1939 19

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

JAN 21 1939 Huntington Williams Mgr.

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 15, 1939 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, (Signed) H. H. Schaffner M. D.

Coroner

(Address) 275 W

HEALTH DEPARTMENT—CITY OF BALTIMORE

54240

CERTIFICATE OF DEATH

93 F 54240

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1003 E. Chase St., 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Otto Trach

(a) Residence: No. 1003 E. Chase St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State).

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): ?

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): ?

7. AGE: Years: about 73; Months: ; Days: ; If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Germany

13. NAME: ?

14. BIRTHPLACE (city or town) (State or country): ?

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT: Northeastern Police Station

(Address) Balto., Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: JOHNS HOPKINS MEDICAL SCHOOL JAN 21 1939 19

19. UNDERTAKER: Commissioner of Health

(Address) Per H. A. Moore

20. FILED JAN 21 1939 Huntington Williams, M.D. Registrar.

548

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 3, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Injury) ... thereon and from the evidence obtained by (Inquest, Autopsy or Injury) ... find that said deceased came to ... death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance: Cardiac Failure

Was an operation performed? No Date of ...

For what disease or injury? —

Name of operation. — Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify ...

(Signed) Paul Schwartz Coroner, M. D.

(Address) ...

HEALTH DEPARTMENT—CITY OF BALTIMORE

54241

CERTIFICATE OF DEATH

F 54241

12-3186a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 S. Arlington Ave. Ward 12)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Winifred Clark

If U. S. Veteran specify WAR

(a) Residence: No. 13 S. Arlington Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	M.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Edwin C. Clark

DATE OF BIRTH (month, day, year) June 6, 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	7	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Michael Warren

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Margaret Murray

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Edwin C. Clark

(Address) 13 S. Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Jan. 23, 1939

19. UNDERTAKER Vernon Kahn

(Address) 2301 Edmondson Ave.

20. FILED JAN 21 1939 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1939 to Jan. 20, 1939

I last saw her alive on Jan 16, 1939 Death is said to have occurred on the date stated above, at 10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	
Auricular Fibrillation	1/11/39
Hypostatic Pneumonia	1/14/39
Other contributory causes of importance,	
Injury to left side in fall	1/7/39
Coxa Sofa.	

Was an operation performed? No Date of

For what disease or injury?

Name of opecation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Fall

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Laurel E. Bogorad M. D.

(Address) 905 W. Baltimore St.

4242 E 54242

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 8-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Frederick L. Biers

(a) Residence: No. 1118 N. Montford Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Biers

7. DATE OF BIRTH (month, day, year) February 15, 1884

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	11	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship Building

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Henry Biers

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Catherine Biers

(Address) 1118 N. Montford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Sepulcher Date 1-23- 1939

19. UNDERTAKER J. Wm. E. Molloy Inc.

(Address) 2433 E. Monument St.

20. FILED JAN 20 1939 Registrar

JAN 22 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) January 19. 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest ... thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry ... and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Paul Schenthers Coroner, M. D.

(Address) ...

4243 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 54243

CERTIFICATE OF DEATH

46-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home Dept. St. 8-24 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 3 mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Clara Warendale

(a) Residence: No. 2119 Federal St Baltimore Md. Ward .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 12-15, 1871

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	67	1	5	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Georgia

12. NAME Gustavis Wolfgahm

13. BIRTHPLACE (city or town) (State or country) Germany

14. MAIDEN NAME Lydia Eckhardt

15. BIRTHPLACE (city or town) (State or country) Switzerland

INFORMANT Mrs. Harry Reed (Sister)

(Address) 4116 Navy Ave Baltimore Md

BURIAL, CREMATION, OR REMOVAL

Place Bethesda Date 1-23 1939

UNDERTAKER Wm. J. Kelly Inc

(Address) 1425 E. Lexington St

FILED 1939 Registrar.

22 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from October 1, 1938, to Jan 20, 1939

I last saw her alive on Jan 20, 1939. Death is said to have occurred on the date stated above, at 9:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca of Esophagus	1927
Starvation	
Heart failure	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Wesley J. Ketz, M. D.

(Address) The Church Home & Inf

F 54244

5-7253

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carl Klein

If U. S. Veteran specify WAR

(a) Residence: No. 365-S-34th St St., ... Ward Mt Rainier Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 2/20/03

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
35	11	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bartender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME John Klein

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Pauline Westermyer

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Friends JOHNS HOPKINS HOSPITAL

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Aspatuxville Date Jan 21, 1939

UNDERTAKER Geo L Schmal

(Address) 2101 Frederick Ave

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Jan 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1939, to Jan 21, 1939

I last saw him alive on Jan 21, 1939 Death is said to have occurred on the date stated above, at 12 M. P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
aplastic anemia	Jan 1st 1939
due to arsenical therapy	
Other contributory causes of importance:	
Syphilis late latent	1921

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: No

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Warren H. Justice M. D.

(Address) Johns Hopkins Hospital

4245 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 54245

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3031 W Garrison (St.) (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Cecilia Grisbock

If U. S. Veteran specify WAR

(a) Residence: No. 3031 W Garrison Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of August Grisbock

DATE OF BIRTH (month, day, year) Oct 10 1875

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	3	10	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 60

9. BIRTHPLACE (city or town) (State or country) Germany

12. NAME OF FATHER Anthony Franke

13. BIRTHPLACE (city or town) (State or country) Germany

14. MAIDEN NAME OF MOTHER Unknown

15. BIRTHPLACE (city or town) (State or country) Germany

16. INFORMANT Paul Rancher Hammack

(Address) 3031 W Garrison Ave

17. BURIAL, CREMATION, OR REMOVAL Place Dulaney Valley Date Jan 23rd 1939

18. UNDERTAKER Leith & Leith

(Address) 121 St Paul St

19. FILED Jan 22 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 17th, 1939 to Jan 20th, 1939

I last saw h[illegible] alive on Jan 19, 1939. Death is said to have occurred on the date stated above, at 12:45 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-16-39
Other contributory causes of importance: Arterio Sclerosis	unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) O. B. Ewer M. D.

(Address) 4936 Park Ave

Shoemaker

F 54246

246

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1560 Clinton St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town, where death occurred, 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Henry Shoemaker

(a) Residence: No. 1560 Clinton St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of Ethel V. Shumpert

DATE OF BIRTH (month, day, year) Feb. 24 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	8	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brickmason

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bldg.

10. Date deceased last worked at this occupation (month and year) Jany. 1, 39

11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

13. NAME Silas Shoemaker

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

15. MAIDEN NAME Mary J. Ridinger

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

17. INFORMANT Mrs Ethel Shumpert

(Address) 1560 Clinton St.

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Date Jan 23 1939

19. UNDERTAKER Geo. W. Gault & Son

(Address) 1217 W. Baltimore St.

20. Filed Jan 23 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 20 1939

22. I HEREBY CERTIFY, That I attended deceased from Jany. 17 1939 to Jany 20 1939

that I saw h[illegible] alive on Jany 20 1939 Death is said to have occurred on the date stated above, at 1502 m.

The principal cause of death and related causes of importance were as follows:

Shock Due to Broncho Pneumonia Complicating Arterio Sclerosis

Date of onset

Other contributory causes of importance:

Chronic Nephritis 2 yrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) E. Schmidt M. D.

(Address) 1600 W. North Ave.

F.W.B. 1-22 1939

247 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 54247

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hosp St. 8-W Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Schreiber Edward Bernard If U. S. Veteran specify WAR

(a) Residence: No. 1631 Patterson Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	S

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 4 P M 1-15-39

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		7 (6)	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Robert Schreiber

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Teresa Gollar

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Robert Schreiber
(Address) 1631 N. Patterson Park Ave

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 24 1939

UNDERTAKER Wm Cook
(Address) 219 S Paca St

FILED ..... 19.... Registrar

JAN 22 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-21 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-15 1939 to 1-21 1939

I last saw him alive on 1-21 1939. Death is said to have occurred on the date stated above, at 6 15 P m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Prematurity

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William J Tuttle M. D.

(Address) St Joseph's Hosp

Registrar

M. D. B. 1268-9

1248

E 54248

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-W

1. PLACE OF DEATH 5205 Craig Ave

CITY OF BALTIMORE: (No.) St., 27-10 Ward)

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr Lewis Edward Stauffer

(a) Residence: No. 5205 Craig Ave St., Ward)

(Usual place of abode) (If non-resident give city or town and State)

No Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ruth Virginia Stauffer

7. DATE OF BIRTH (month, day, year) August 15 1863

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	5	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. P.K.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Piano dealer

10. Date deceased last worked at this occupation (month and year) 1/24/37

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Hagerstown Md

13. NAME Samuel Edward Stauffer

14. BIRTHPLACE (city or town) (State or country) Hagerstown Md.

15. MAIDEN NAME Harriet Kline

16. BIRTHPLACE (city or town) (State or country) Hagerstown Md

17. INFORMANT Mrs Ruth Virginia Stauffer

(Address) 5205 Craig Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cemetery Date Jan 29th 1938

19. UNDERTAKER Wm Cook

(Address) 212 W Fayette St

Filed Jan 29 1938 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 27 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1937 to January 27 1938

I last saw h alive on January 27 1938. Death is said to have occurred on the date stated above, at 2.18 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	
Other contributory causes of importance: Arteriosclerosis Gastric Hemorrhage	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____ 19 ____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of Injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) Edward Jones, M. D.

(Address) 6013 York Road

H. D. P. 1208-9

De Marco

54249 HEALTH DEPARTMENT—CITY OF BALTIMORE F 54249

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2856 Harlem St. 16-6 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Vincenzo P. Culotta

(a) Residence: No. 2856 Harlem St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rosa Febrito

DATE OF BIRTH (month, day, year) Feb 11 1862

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	11	9.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Makers

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0884

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Paul Culotta

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Marie Provenzano

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT Wife Rosa

(Address) 2856 Harlem ave.

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral 1/29/39.

UNDERTAKER Frank J. Pakenham

(Address) 2216 E. Biddle

2239 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-20-1939

22. I HEREBY CERTIFY, That I attended deceased from 10-12- 1938 to 1-20 1939

I last saw him alive on 1-20 1939 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arterio Sclerosis with Hypertension Chronic nephritis Diabetis Mellitus.	1 yr
Other contributory causes of importance: Pneumonia Lobar.	3 wks

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. Grunert M. D.

(Address) Medical Arts Bldg.

54250 Tamenile 194 - M.M. F 54250

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2240 E Baltod St. Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pasquale Eulalla

(a) Residence: No. 2240 E. Balto St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rosa Fava Eulalla

DATE OF BIRTH (month, day, year) April 18 63

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	9		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Fruit

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Vincent Eulalla

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Concetta Eulalla

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Son Vincent Eulalla

(Address) 2240 E Balto

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date Jan 23 1939

19. UNDERTAKER Frank V. Rafferty

(Address) 2240 E Balto

Huntington Williams Inc. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1939 to Jan. 17, 1939

I last saw h[illegible] alive on Jan. 17, 1939 Death is said to have occurred on the date stated above, at 5 3/4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio Vascular Renal disease.	Unknown
Other contributory causes of importance: Coronary Sclerosis.	Unknown

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

25. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jos. Dimmuth M. D.

(Address) Medical Art, Balto

54251 HEALTH DEPARTMENT—CITY OF BALTIMORE F 54251

CERTIFICATE OF DEATH

107-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1200 RUSSELL St. 21-6 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. 6 mos. 11 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME MINNIE A DELLMAN

If U. S. Veteran specify WAR .....

(a) Residence: No. 1200 RUSSELL St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	WIDOW

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of WILLIAM H DELLMAN

DATE OF BIRTH (month, day, year) JUNE 10th 1867

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	6	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) BALTO MD

13. NAME CHRISTOPHER ALTRIETH

14. BIRTHPLACE (city or town) (State or country) GERMANY

15. MAIDEN NAME CHRISTINA KATER

16. BIRTHPLACE (city or town) (State or country) GERMANY.

17. INFORMANT RAYMOND DELLMAN
(Address) 505 BAUMONT AVE

18. BURIAL, CREMATION, OR REMOVAL
LOUDON PARK Date JAN. 24th 1939

19. UNDERTAKER BERNARD C. HARLE
(Address) 121 E WEST ST.

20. FILED ..... 19 ..... Registrar.

2 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JANUARY 21 1939

22. I HEREBY CERTIFY, That I attended deceased from 1/20 1939 to 1/21 1939

I last saw h.. alive on 1/21 1939 Death is said to have occurred on the date stated above, at 8 07 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1/19/39
Other contributory causes of importance: Generalized arterio-sclerosis	10 yrs.

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Joseph B. Laukaitis M. D.

(Address) 674 Washington Blvd

252

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54252

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp St. 15-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Edelson

If U. S. Veteran specify WAR

(a) Residence: No. 1506 N. Pulaski St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah

DATE OF BIRTH (month, day, year) October 3 1916

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	3	17	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchandise

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Louis Edelson

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Anna

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Hospital Records (Address)

BURIAL, CREMATION, OR REMOVAL

Place Herring Run Date 1/22/39

UNDERTAKER Jack Levy (Address) 1432 E. Balto St.

FILED Huntington Williams, M.D. Registrar.

1-22-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 12 1939 to Jan 20 1939

I last saw h[im] alive on Jan 20 1939 Death is said to have occurred on the date stated above, at 10A m.

The principal cause of death and related causes of importance are as follows:

	Date at onset
Chronic nephritis	
Malignant hypertension	
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Urine Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jerome Hartz M. D.

(Address) Sinai Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54253

54253

CERTIFICATE OF DEATH

946

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1308 Homestead St., 9-5 Ward)

Length of residence in city or town where death occurred 44 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR World War

2. FULL NAME Allen Heron,

(a) Residence: No. 1308 Homestead St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
BUSBAND of (or) WIFE of Blanche C. Heron,

DATE OF BIRTH (month, day, year) April 10, 1894

AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
44	8 9	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Silversmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1939

11. Total time (years) spent in this occupation 27 yrs.

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Alexander Heron,

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Sarah E. Rice,

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Mrs Blanche C. Heron,

(Address) 1308 Homestead St.

BURIAL, CREMATION, OR REMOVAL

Place New National Date JAN 24 1939, 19

UNDERTAKER Geo W Little

(Address) 2700 Edmondson Ave.

FILED ..... 19 ..... Registrar.

JAN 22 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 20 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1938 to Jan 20, 1939

I last saw h... alive on June 20, 1939 Death is said to have occurred on the date stated above, at 4:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer Rectum	June 1938
Other contributory causes of importance: Chronic Nephritis	June 1938

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. Norman M.D. M. D.

(Address) 513 E Baltimore St.

1251 V F 51251

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 311 S. Payson St. 20-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth A. Lanehart

If U. S. Veteran specify WAR

(a) Residence: No. 311 S. Payson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry Lanehart

7. DATE OF BIRTH (month, day, year) September 14-1882

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	4	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME OF FATHER John Jr. Rogh

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME OF MOTHER Margaret F. Jones

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Henry Lanehart (Address) 311 S. Payson St.

18. BURIAL, CREMATION, OR REMOVAL. Place London Park Date Jan. 23 1939

19. UNDERTAKER George L. Schmidt. (Address) 2101 Frederick Ave.

20. Filed 1939 Registrar Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 19 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 13 1939 to Jan 19 1939

I last saw h C V alive on Jan 19 1939 Death is said to have occurred on the date stated above, at 3:58 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fatty Degeneration of Heart	?
Hypertension	?
Generalized Edema	1/13/39
Chronic Nephritis	?

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C P Rostring M. D.

(Address) 2623 Washington Blvd

Sarah Fisher

✓ F 54255

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp St., 12-4 Ward)

Length of residence in city or town where death occurred 64 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Sarah Fisher

If U. S. Veteran specify WAR .....

(a) Residence: No. 2202 Guilford St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel

DATE OF BIRTH (month, day, year) 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (None)

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Austria

13. NAME Moses Shimmel

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Goldie Shimmel

16. BIRTHPLACE (city or town) (State or country) austria

INFORMANT (Address) Samuel Fischer 2202 Guilford ave

BURIAL, CREMATION, OR REMOVAL Place Hebrew Rawdale Date Jan 22 1939

UNDERTAKER (Address) Sol Levinson & Bros 1124-26 W. North ave

FILED ..... 19..... Registrar. .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-20-1939

22. I HEREBY CERTIFY, That I attended deceased from 1-8-39, 19..., to 1-20-39, 19...

I last saw h.. alive on 1-19-39, 19... Death is said to have occurred on the date stated above, at 12:30 a/m

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic cardio-vascular disease — Date of onset 7

Other contributory causes of importance: .....

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wilbur D. Thomas, M. D.

(Address) 1 E Franklin St

2 1939 at Washington Hospital, MD

54256 HEALTH DEPARTMENT—CITY OF BALTIMORE 54256

CERTIFICATE OF DEATH

72-B

Registered No. .....

1. PLACE OF DEATH University Hospital St. 4-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ....yrs. 11 mos. ....dys. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Mame Langford

If U. S. Veteran specify WAR

(a) Residence: No. 406 S. Kentucky Ave. St., ... Ward. Martinsburg W. Va.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 15, 1896

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
42	9	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

13. NAME OF FATHER William E. Langford

14. BIRTHPLACE (city or town) (State or country) Ontario Canada

15. MAIDEN NAME OF MOTHER Deborah Hayes

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Mrs E. L. Henshaw

(Address) 406 S. Kentucky Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Martinsburg W. Va. Date Jan. 24 1939

19. UNDERTAKER Thomas Kuhn

(Address) 2701 Edmondson Ave.

20. FILED Jan 24 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 17, 1938 to January 22, 1939

I last saw h.e. alive on January 22, 1939. Death is said to have occurred on the date stated above, at 1:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkins Disease	
Other contributory causes of importance:	
Cachexia, x-ray dermatitis right side of Neck, shoulder & upper Chest - Lymph Glands Mediastinum Right Lung	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William B. Long, M. D.

(Address) University Hospital

2 R55

...—1-30—M. & T.—250 Bks.

F 54257

54257

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-C

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1935 Edmondson Ave ST. 20-1 WARD)

2-FULL NAME Ella C. Dunlap

(a) RESIDENCE NO. 1935 Edmondson Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of— (or) WIFE of Charles Dunlap

DATE OF BIRTH (month, day, and year) Nov. 3, 1869

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	2	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home duties

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md

10 NAME OF FATHER Thomas E. Collett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Frances S. Coath

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

Informant Charles Dunlap

(Address) 1935 Edmonson Ave

Filed Jan 22 1939, 19 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21st 1938

17 I HEREBY CERTIFY, That I attended deceased from August 25, 1935, to January 21st, 1939, that I last saw h alive on January 21st, 1939, and that death occurred, on the date stated above, at 3-30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Visual

(Signed) H. D. Georgia, M. D.

Jan 22 1939 (Address) 1926 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem. DATE OF BURIAL Jan 23, 1939 19

20 UNDERTAKER John A. Mitchell & Sons ADDRESS 1900 Eutaw Place

F 54258

54258 HEALTH DEPARTMENT—CITY OF BALTIMORE

92-6

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Balto. City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bay View St., [illegible] Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Annie Margaret Dewald

(a) Residence: No. 308 S. Wadsworth St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of or WIFE of John Dewald (d)

6. DATE OF BIRTH (month, day, year) Sept. 7-1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	4	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Frederick Appel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary E. Juff

16. BIRTHPLACE (city or town) (State or country) A.A. Co. Md.

17. INFORMANT Lillian Holmes

(Address) 308 S. Wadsworth St.

18. BURIAL, CREMATION, OR REMOVAL Place Mount Carmel Date Jan. 23 1939

19. UNDERTAKER Lilly & Zeiler Inc.

(Address) 403 S. Wolfe St.

20. FILED Huntington Williams, M.D. Registrar

JAN 22 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 19 1939

22. I HEREBY CERTIFY, That I took Charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3 Years
Other contributory causes of importance: Arteriosclerosis, Senile	Same Time

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Elias C. E. Wood M. D. Coroner

(Address) 1712 N. Broadway

54259 HEALTH DEPARTMENT—CITY OF BALTIMORE F 54259

CERTIFICATE OF DEATH 93-C

2. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 416 East Fort Avenue (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine Clara Flerlage

If U.S. Veteran specify WAR

(a) Residence: No. 416 East Fort Avenue Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	WIDOWED

If married, widowed, or divorced HUSBAND of (or) WIFE of CARL FLERLAGE

DATE OF BIRTH (month, day, year) JAN 23 / 1858

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	11	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) BALTO. M D.

13. NAME JOHN SAUER

14. BIRTHPLACE (city or town) (State or country) GERMANY

15. MAIDEN NAME ELIZABETH HOFFMAN

16. BIRTHPLACE (city or town) (State or country) GERMANY

INFORMANT HILDA. FLERLAGE

(Address) 416 E. FORT AVE.

BURIAL, CREMATION, OR REMOVAL

Place HOLY REDEEMER Date JAN. 27 19 39

UNDERTAKER Lilly & Zalesak

(Address) 403. E. MOLE ST.

FILED 19 Registrar.

JAN 22 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January 20, 1939.

I HEREBY CERTIFY, That I attended deceased from October 1, 1938 to January 20, 1939

I last saw her alive on January 20, 1939 Death is said to have occurred on the date stated above, at 9.40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Auricular Febrillation	Not Known
Other contributory causes of importance:	
Generalized anasarca	Dec. 3, 1938

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Physical Examination Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. Edward Norris, M. D.

(Address) 107 East west street

54260 F 54260

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1724 HARLEY AVE. St. 16-3 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME JULIANNA A. MANLEY

If U. S. Veteran specify WAR .....

(a) Residence: No. 1724 HARLEY AVE. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	MARRIED

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: JAMES D. MANLEY

7. DATE OF BIRTH (month, day, year) MAR. 21 1856

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
82	9 11	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. RETIRED

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) MD.

13. NAME TIMOTHY TAUSY

14. BIRTHPLACE (city or town) (State or country) IRELAND

15. MAIDEN NAME KATHRINE HORAN

16. BIRTHPLACE (city or town) (State or country) IRELAND

INFORMANT VICTORIA E. HAWKINS

(Address) 205 WICKHAM ROAD

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Jan 23 1939

UNDERTAKER Fally & Zeilenbach

(Address) 403 S. WOLFE ST.

FILED ..... 19.... Registrar.

62 Ross Funeral Home, Inc. Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN. 20th. 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 14 1938 to Jan. 20 1939

I last saw her alive on Jan 19 1939 Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Nephritis	
Other contributory causes of importance: Chron Myocarditis	

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hugh E. Hammer M. D.

(Address) 200 N. Fulton Ave

Szavek

54261

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54261

CERTIFICATE OF DEATH

92-W cc

Registered No. 1877

1. PLACE OF DEATH Bacto City Hospitals

CITY OF BALTIMORE: (No. Bay View St., 263 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth 50 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Mary Szavek

(a) Residence: No. 774 S. Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND or WIFE of Andrew Szavek

6b. DATE OF BIRTH (month, day, year) 1803

7. AGE: Years 75 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME John Szavek

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs Julia Cuzzo

(Address) 2379 Elliot St

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date Jan 23 19 39

19. UNDERTAKER Wm. S. Zialkowski

(Address) 2007 Eastern Ave

20. FILED ... Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 21, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	1 year
Other contributory causes of importance Arterio-sclerosis Ascites, Dropsy	Some time

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Chas. E. Wood, M. D.
Coroner

(Address) 1712 N. Broadway

4262

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54262

CERTIFICATE OF DEATH

X 46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Hatfield

(a) Residence: No. Woodbine, Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6. If married, widowed, or divorced (HUSBAND of) (or) (WIFE of) Jeff Theodore Hatfield

7. DATE OF BIRTH (month, day, year) Jan 15 1864

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50		6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year) Jan 14, 1939

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Samuel Woodward

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Ida Grim

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT self

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olive Cemty Date Jan. 24 1939

19. UNDERTAKER C. M. Wald

(Address) Westminster Md

20. FILED JAN 22 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1939, to Jan. 21, 1939.

I last saw h.e.r. alive on Jan. 21, 1939. Death is said to have occurred on the date stated above, at 7:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	unknown

Other contributory causes of importance:

ascites

Was an operation performed? yes Date of Jan. 21, 1939

For what disease or injury? ascites

Name of operation Incision and drainage

What test confirmed diagnosis? true Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Wilbur L. Brooks M. D.

(Address) Mercy Hospital

F 54263

4263

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 39621 (MB) 23

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

. PLACE OF DEATH

TY OF BALTIMORE: (No. Baltimore City Hospitals St. 11-3 Ward)

ngth of residence in city or town where death occurred 17 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

. FULL NAME Jewel Kisner

If U. S. Veteran specify WAR .....

(a) Residence: No. 827 N. Eutaw St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 3/22/1896

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42	42	10	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 607

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) Md.
(State or country)

13. NAME Bernard Kisner

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Mary L. Forsythe

16. BIRTHPLACE (city or town) Md.
(State or country)

INFORMANT City Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Cemetery Md. Date 1/23/39 19

UNDERTAKER Snyder - Rowland
(Address) Edgewood Spring Md.

FILED ..... 19 ..... Registrar.

1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-22, 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-3, 1938 to 1-22, 1939

I last saw her alive on 1-21, 1939 Death is said to have occurred on the date stated above, at 12 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?
Emphysema	?

Other contributory causes of importance:

Was an operation performed? Yes Date of 12/12/38-1/17/39

For what disease or injury? Tuberculosis - Emphysema

Name of operation Thoracoplasty - Thoracotomy

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Unknown If so, specify .....

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto. City Hosp.

F 54264

54264 **HEALTH DEPARTMENT—CITY OF BALTIMORE** #40281 SF

CERTIFICATE OF DEATH

24-1 95-B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran —— specify WAR .....

2. FULL NAME Oscar Winebrenner

(a) Residence: No. 1103 E. Fort Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Edna Winebrenner

DATE OF BIRTH (month, day, year) 8/5/1892

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	46	5	17	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General House Repairer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sew

8. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 10

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Thomas Winebrenner

14. BIRTHPLACE (city or town) (State or country) Frederick Md.

15. MAIDEN NAME ~~Louise~~ Sarah Young

16. BIRTHPLACE (city or town) (State or country) Frederick Md

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, REMOVAL Woodlawn Cemetery
Place Balto Md Date Jan 25th 1939

UNDERTAKER Wm Cook
(Address) 219 St. Paul St

FILED ....., 19.... Registrar.

JAN 23 1939 Liability to Filipinos, N

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/22/39, 19

22. I HEREBY CERTIFY, That I attended deceased from December 26, 1938, to January 22, 1939

I last saw him alive on January 22, 1939. Death is said to have occurred on the date stated above, at 6 00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	1938
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Clinical

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. Q. DeSantelle M. D.

(Address) Baltimore City Hospitals

54265 HEALTH DEPARTMENT—CITY OF BALTIMORE F 54265

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. Gen'l Hospital St., 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isiah Stonesifer

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2702 Harlem Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1860

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
79	78	0	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME Mrs Kinsey

14. BIRTHPLACE (city or town) "
(State or country)

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) "
(State or country)

INFORMANT Mr Frazier
(Address) 2702 Harlem Ave

BURIAL, CREMATION, OR REMOVAL
Place Balto Date Jan 24th 1939

UNDERTAKER Wm Cook
(Address) 1227 E. Paul St

Filed JAN 23 1939 19 E. Lee Fillmore, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1939, to Jan 21, 1939

I last saw him alive on 1-21, 1939. Death is said to have occurred on the date stated above, at 12 Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Heart Disease	
High Blood Pressure	
Hypertrophy of Heart	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) M. D.

(Address) N-12, St. Y.

54266

HEALTH DEPARTMENT—CITY OF BALTIMORE

54266

CERTIFICATE OF DEATH

54

. PLACE OF DEATH

TY OF BALTIMORE: (No. 2921 Guilford Ave 12-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ngth of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

. FULL NAME Margaret Ann Davies

If U. S. Veteran specify WAR No Record.

(a) Residence: No. 2921 Guilford Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. ~~Single~~, Married, Widowed, or ~~Divorced~~ (write the word)
male	White	Widowed

If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Albert P. Davies

DATE OF BIRTH (month, day, year) Feb 12th 1865

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	11	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) ×

11. Total time (years) spent in this occupation ×

BIRTHPLACE (city or town) Swansea (State or country) Wales

13. NAME ? Roberts

14. BIRTHPLACE (city or town) ..... (State or country) Wales

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) ..... (State or country) "

INFORMANT Sydney Pritchard Davies

(Address) 2921 Guilford Ave

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Jan 24th 1939

UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21st 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1938 to Jan 21, 1939.

I last saw h[illegible] alive on Jan 21, 1939. Death is said to have occurred on the date stated above, at 4:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	Dec 18 '38

Other contributory causes of importance:

Diabetes

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) John J Egan M. D.

(Address) 612 N 40.

4267

HEALTH DEPARTMENT—CITY OF BALTIMORE

54267

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4413 Wynnewood Ave St., 29-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Alvin Jarrett

(a) Residence: No. 4413 Wynnewood Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

If married, ~~widowed, or divorced~~

HUSBAND of ~~or WIFE of~~ Alice M. Jarrett

DATE OF BIRTH (month, day, year) Nov 17th 1856

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	2	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self do

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Buck Co Pa

13. NAME Richard Jarrett

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Anna Jarrett

16. BIRTHPLACE (city or town) (State or country) Pa

INFORMANT Alice M. Jarrett

(Address) 4413 Wynnewood Ave

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Jan 24th 1939

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED 19

Registrar.

Jan 23 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21st 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 11 1938, to Jan. 21 1939.

I last saw him alive on Jan 21 1939. Death is said to have occurred on the date stated above, at 3.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Oct 11, 1938
Other contributory causes of importance: Carcinoma Intestinis ?	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Carl H Benson, M. D.

(Address) 5111 York Road.

54268 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54268

#41137

72-a SF

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Lena Salz

If U. S. Veteran specify WAR

(a) Residence: No. 2614 Greenmount Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 10/16/25

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
13	13	3	6	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school child

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

8. Date deceased last worked at this occupation (month and year) Jan 1939

11. Total time (years) spent in this occupation 7

BIRTHPLACE (city or town) N.Y.a (State or country)

13. NAME John Salz

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Gertrude Bensch

16. BIRTHPLACE (city or town) Berlin, Germany (State or country)

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Woodland Park Date Jan 25th 1939

UNDERTAKER Wm Cook

(Address) 1217 E Paul St

FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/22/39 . 19

22. I HEREBY CERTIFY, That I attended deceased from January 20, 1939, to January 22, 1939

I last saw her alive on January 22, 1939. Death is said to have occurred on the date stated above, at 3 3/4 a.m. 3 45 AM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lymphoid Leukemia	Jan. 1939

Other contributory causes of importance:

No

Was an operation performed? Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. G. de Lautelle M. D.

(Address) Baltimore City Hospitals

F 54269

4269 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

✓ 1113

Registered No.

1. PLACE OF DEATH St. James Apts.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 530 N. Charles St., 11-2 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Augusta Jeanne Culver

(a) Residence: No. St. James Apts., 530 N. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Pete Allen Marshall Culver

DATE OF BIRTH (month, day, year) May 23, 1870.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	7	29	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Albany N.Y.

13. NAME James Madison Percy

14. BIRTHPLACE (city or town) (State or country) Albany, N.Y.

15. MAIDEN NAME Ann Leanne Clarke

16. BIRTHPLACE (city or town) (State or country) Albany N.Y.

INFORMANT Blanche L. Percy
(Address) Laurel, Md.

BURIAL, CREMATION, OR REMOVAL
Place Fort Lincoln Cem. Date Jan. 23/39

UNDERTAKER Harry H. Little
(Address) 4101 Edmondson Ave.

FILED Jan 24 1939 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-22-, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1939 to Jan 21, 1939, that I last saw him alive on Jan 20, 1939, Death is said to have occurred on the date stated above, at 9a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	Jan 14
Contributory Cause of importance: Influenza Toxic	

Was an operation performed? no Date of

For what disease or injury? no

Name of operation no

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. E. Keyser, M. D.

(Address) Wilkens Ave. & Gilmor

54270 HEALTH DEPARTMENT—CITY OF BALTIMORE F 54270

CERTIFICATE OF DEATH

√96

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2808 Parkwood Ave St., 43-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. Life ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Gewirtzer
If U. S. Veteran specify WAR

(a) Residence: No. 2808 Parkwood Ave St. ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Gewirtzer

DATE OF BIRTH (month, day, year) Nov. 24, 1870

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69.	1	27.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Postal Service

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0085

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Henry Gewirtzer

14. BIRTHPLACE (city or town) (State or country) Lithuania

15. MAIDEN NAME Wilamina ?

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Mrs Marie Gewirtzer
(Address) 2808 Parkwood Ave

BURIAL, CREMATION, OR REMOVAL
Place Interment Co. Date Jan. 23. 39

UNDERTAKER J. J. Stegmaier and Son
(Address) 52 S. Broadway

FILED ... 19... Registrar.

JAN 23 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 21. 1939.

22. I HEREBY CERTIFY, That I attended deceased from January 12 1939 to Jan. 21 1939 last saw h... alive on Jan 20 1939 Death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aneurism of Aorta	1937
Coronary Sclerosis	1937
Other contributory causes of importance:	
Embolism of Heart	Jan 19

Was an operation performed? — Date of ...
For what disease or injury? —
Name of operation ...
What test confirmed diagnosis? — Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) H. J. Thorn M.D.
(Address) 76 Eastwood Ave.

71

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 54271

CERTIFICATE OF DEATH

178-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1904 N. Collington Ave St., 8-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna M. Rust

(a) Residence: No. 1904 N. Collington Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced (or) WIFE of Frederick Rust

DATE OF BIRTH (month, day, year) July 12, 1891

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	6	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

13. NAME August Manner

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Jaenig

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT James Douglas

(Address) 2513 Hamilton Ave.

17. BURIAL, CREMATION, OR REMOVAL

Place Trinity Lutheran Cem Jan 22 1939

UNDERTAKER Milton Schilling

(Address) 1122 E. Monument St

FILED JAN 23 1939

19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 20, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy, or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide Poisoning (Illuminating Gas)	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation ... Date of ...

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1/20/1939

Where did injury occur? Balto, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Gas here became decomposed

Nature of injury while deceased was sleeping

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schenken, M. D.

(Address) Coroner

4272 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 54272

CERTIFICATE OF DEATH

108 cc

1. PLACE OF DEATH Balto City Hospital Registered No. 1822

CITY OF BALTIMORE: (No. Bay View St., 151 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Victor Almond If U. S. Veteran specify WAR

(a) Residence: No. 635 Vincent St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 4-1904

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
34	5	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME OF FATHER Vernon Almond

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME OF MOTHER Not Known

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Sarah McKinney

(Address) 608 Vincent St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 1/23 1939

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Freetown St.

23 JAN 1939 19 Hosting for Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 19 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	days

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood M. D.
Coroner

(Address) 1712 N. Broadway

4273

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54273

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 717 W. Lexington St. 4-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas (Zukus) Zukauckas

If U. S. Veteran specify WAR

(a) Residence: No. 717 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Martha (Zukus) Zukauckas

6. DATE OF BIRTH (month, day, year) Jan. 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lithuania
(State or country) Europe

13. NAME Unknown

14. BIRTHPLACE (city or town) Lithuania
(State or country) Europe

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Lithuania
(State or country) Europe

17. INFORMANT Martha (Zukus) Zukauckas
(Address) 1622 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan. 23, 19

19. UNDERTAKER Joseph Kasinskas, inc.
(Address) 602 Washington Blvd.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1936, to Jan. 19, 1939

I last saw him alive on Jan. 19, 1939. Death is said to have occurred on the date stated above, at 4-30 p.m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Carcinoma sigmoid	?

Other contributory causes of importance:

Generalized metastases

Was an operation performed? Yes Date of April 1936

For what disease or injury? Colostomy - obstruction

Name of operation "

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Anthony V. Bruckus M. D.

(Address) 37 E. Hoffman St

274

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 54274

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 928 S. Paca St. 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Cecilia Kloch

If U. S. Veteran specify WAR

(a) Residence: No. 928 S. Paca St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles Kloch

6. DATE OF BIRTH (month, day, year) Feb. 14, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	11	7	8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME OF FATHER Tom O'Malley

14. BIRTHPLACE (city or town) Ireland
(State or country)

15. MAIDEN NAME OF MOTHER Unknown

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Charles Kloch
(Address) 928 S. Paca St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan 24, 19 39

19. UNDERTAKER Joseph Kasinskas, Inc.
(Address) 602 Washington Blvd.

FILED JAN 23 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JANUARY 21 1939

22. I HEREBY CERTIFY, That I attended deceased from MARCH 24, 1938 to JANUARY 21, 1939

I last saw her alive on JAN 20, 1939. Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE	?
CEREBRAL HEMORRHAGE	1-16-39
Other contributory causes of importance:	

Was an operation performed? NO Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? EXAM Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Edward F. Thelen, M. D.

(Address) 682 WASHINGTON BLVD

75 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 54275

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 102 W. 39th St. 12-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 99 yrs. 0 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Canby Robinson

If U. S. Veteran specify WAR

(a) Residence: No. 102 W. 39th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Edward A. Robinson

6. DATE OF BIRTH (month, day, year) Jan. 5th 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
89	0	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Thomas G. Canby

14. BIRTHPLACE (city or town) (State or country) Baltimore (3) Maryland

15. MAIDEN NAME Esther Baily

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Leo C. Robinson

(Address) 519 N. Holly St.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Jan 23 1939

19. UNDERTAKER John Ostendorff & Sons

(Address) 908 Eutaw Place

20. FILED Jan 23 1939 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 22nd 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 30, 1938, to Jan. 21, 1939

I last saw her alive on Jan. 21st, 1939. Death is said to have occurred on the date stated above, at 3.30a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, generalized	6/1/38
Arteriosclerosis, cerebral, severe	6/1/38
Terminal bronchopneumonia	1/20/39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robt. B. Wright M. D.

(Address) Medical Arts Bldg. 101 Read St.

276

HEALTH DEPARTMENT—CITY OF BALTIMORE 54276

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 159 N. Elwood Ave St., 6-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Milton S. Lynch Sr.

If U. S. Veteran specify WAR

(a) Residence: No. 159 N. Elwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Lynch

6. DATE OF BIRTH (month, day, year) Oct 4 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	3		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore RR Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

13. NAME OF FATHER Nathaniel Lynch

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME OF MOTHER Katherine Ramsey

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Mary Lynch

(Address) 159 N Elwood Ave

18. BURIAL, CREMATION, OR REMOVAL Maryland Memorial Pk Date Jan 23 1939

19. UNDERTAKER Philip Henry Sons

(Address) 2016 Eutaw St

FILED JAN 23 1939

Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1939 to Jan 20, 1939

I last saw him alive on Jan 20, 1939. Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	
Hypostatic degeneration	

Other contributory causes of importance:

Arteriosclerosis	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John J Gould M. D.

(Address) 14 N. East ave.

54277

F 54277

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 92-6 cc

1. PLACE OF DEATH Balto. City Hospitals — Registered No. 872

CITY OF BALTIMORE: (No. Bay View St., 13-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Isabelle M. Welk — If U. S. Veteran specify WAR

(a) Residence: No. 3679 Keswick Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Welk

DATE OF BIRTH (month, day, year) May 21-1878

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	7	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) Feb. 16-1939

11. Total time (years) spent in this occupation 6 Months

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Robert Davis

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Sarah Slattery

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Eva. Dammyer

(Address) 3423 Keswick Road

18. BURIAL, CREMATION, OR REMOVAL. Place Woodlawn Cem. Date 1/23/39

19. UNDERTAKER Carrie J. Davis

(Address) 3418 Chestnut Ave

JAN 23 1939

Huntington Williamsport

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 19, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	2 days.
Other contributory causes of importance: Valvular Heart Disease	6 Months

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Bond St.

6

54978 F 54278

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

193-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 Winans Way St. 28-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 85 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Allison D. Thompson

If U. S. Veteran specify WAR .....

(a) Residence: No. 618 Winans Way St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Mem.

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow.

If married, widowed or divorced HUSBAND of (or) WIFE of: John T. Thompson

DATE OF BIRTH (month, day, year): July 26, 1853

AGE: Years 85 | Months 5 | Days 26 | If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Balto Md.

12. NAME: Francis Dolphin

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME: Ann Norton

16. BIRTHPLACE (city or town) (State or country): Norfolk Va

INFORMANT: Mrs. Gerhard Kampe

(Address): 618 Winans Way

BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Jan. 28 19 39

UNDERTAKER: Chas. Dick Tyler & Sons

(Address): North & Pa Aves.

FILED ..... 19 ..... Registrar.

JAN 23 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 21. 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1938, to Jan. 21, 1939

I last saw her alive on Jan. 20, 1939 Death is said to have occurred on the date stated above, at 8.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypocanditer - Chronic	10/1/38
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Eugene L. Pennewell M. D.

(Address) 5-14 Druid Lane

54279 HEALTH DEPARTMENT—CITY OF BALTIMORE 54279

CERTIFICATE OF DEATH

1127

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Bon Secour Hos. St. 28-2 Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Edith A. Duvall
If U. S. Veteran specify WAR .....

(a) Residence: No. 4407 Springdale Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
If married, widowed, or divorced HUSBAND of (or) WIFE of: Benj. A. Duvall
6. DATE OF BIRTH (month, day, year): Aug. 22, 1897
7. AGE: Years 41 | Months 4 | Days 28 | If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: 40
12. BIRTHPLACE (city or town) (State or country): Thurmont Md.
13. NAME: Wisotzkey
14. BIRTHPLACE (city or town) (State or country): Unknown
15. MAIDEN NAME: Fannie E.
16. BIRTHPLACE (city or town) (State or country): Unknown
17. INFORMANT: Mr. Benj. A. Duvall
(Address) 4407 Springdale Ave
18. BURIAL, CREMATION, OR REMOVAL
Place: Groom Mt. Date: Jan. 23 1939
19. UNDERTAKER: Wm. F. Lucas Sons
(Address) Cook & Parnes
Huntington Williams, M.D.
Registrar.
20. FILED: JAN 23 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 20, 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1939 to Jan 20, 1939
I last saw h[illegible] alive on Jan 20, 1939. Death is said to have occurred on the date stated above, at 11:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peripheral circulatory collapse	
(Postoperative shock)	1-16-39
Other contributory causes of importance:	

Was an operation performed? Yes Date of 1-16-39
For what disease or injury? Chronic interstitial appendicitis (acute)
Name of operation Suspension atom, Appendectomy, Adhesiolysis
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) [illegible] M. D.
(Address) Bon Secour Hos.

F 54280

54280 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 207-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital St. 15-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Miller

If U. S. Veteran specify WAR

(a) Residence: No. 1919 Longwood St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Vernelle E. Miller

DATE OF BIRTH (month, day, year) April 10, 1899

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	9	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME John P Miller Not Known

14. BIRTHPLACE (city or town) Md. (State or country) Not Known

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Hand (State or country) Not Known

17. INFORMANT Mrs. Joseph Miller

(Address) 1919 Longwood St,

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Jan. 23 1939

19. UNDERTAKER Wm. J. Tschan & Son

(Address) North & Pa Ave.

20. FILED ... 19 ... Registrar.

Huntington Williams, M.D.

JAN 23 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 20, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tramatic Rupture of R. Kidney	
Septic Pericarditis	
Perineal Absess	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Accident Date of injury Nov. 5, 1938, 19...

Where did injury occur? Bethlehem Steel Co Sparrows Pt (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Yard

Manner of injury Standing at side of track, Scrap iron protruded from car & struck him

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? while at work If so, specify

(Signed) H. H. Williams M. D.

Coroner

(Address) 27 St Paul

54281

HEALTH DEPARTMENT—CITY OF BALTIMORE

54281

CERTIFICATE OF DEATH

48 cc

1. PLACE OF DEATH Balt. City Hospitals — Registered No. 1577

CITY OF BALTIMORE: (No. Bay View St., 861 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maude Fowlkes — If U. S. Veteran specify WAR

(a) Residence: No. 1215 N. Dallas St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Cesse Fowlkes

DATE OF BIRTH (month, day, year) July 5 1888

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	6	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Rosina Hilliard

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Francis Gill

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Bertie McNamara

(Address) 713 N. Dallas St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date Jan. 23rd 39

19. UNDERTAKER Bryson Mack & Wright

(Address) 2180 Edmondson Ave

20. FILED Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 20 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

identified by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	2 Days

Other contributory causes of importance: Carcinoma of Cervix. Metastasis

Was an operation performed? No Date of

For what disease or injury?

Name of operation. Clinical Date of

What test confirmed diagnosis Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 712 N. Bond St.

4282

F 54282

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 712 Sharp St. 22-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Leonard Wilson

(a) Residence: No. 712 Sharp St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Sex	Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy Wilson

DATE OF BIRTH (month, day, year) 1893

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	—	—	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Unk

14. BIRTHPLACE (city or town) (State or country) Unk

15. MAIDEN NAME Lucy Kelly

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Floyd Wilson

(Address) 1018 Perry St

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 1/23 39

UNDERTAKER Walter B Spry & Son

(Address) 1394 W Baltimore St.

FILED Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-17-39

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Apoplexy	1/17

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leo Sellers, M. D.

(Address) 20 Pennsylvania Ave

6

Marjorie P Craig

F 54283

54283

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3421 Guilford Terrace St., 12-2 Ward)

Margery

Length of residence in city or town where death occurred 53 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 18 yrs. 1 mos. 24 ds.

If U. S. Veteran specify WAR NONE

FULL NAME Margaret Patterson Craig

(a) Residence: No. 3421 Guilford Terr. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	married

If married, widowed, or divorced (or) WIFE of John W. Craig

DATE OF BIRTH (month, day, year) Nov. 28, 1880

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	1	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Mifflintown Pa.

13. NAME Thomas Alfred Patterson

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Isabella Innis

16. BIRTHPLACE (city or town) (State or country) Pa.

INFORMANT Mrs Robert E. Lewis

(Address) 3421 Guilford Terr.

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Jan 24 1939

UNDERTAKER STEWART & MOWEN COMPANY

(Address) (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

FILED Jan 23 1939 Hunter to Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21 1939

22. I HEREBY CERTIFY, That I attended deceased from ..... 1936 to Jan 21 1939

I last saw h.. alive on Jan 21 1939 Death is said to have occurred on the date stated above, at 9.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/21/39
Other contributory causes of importance:	
Hypertension	unknown

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation — Autopsy Date of .....

What test confirmed diagnosis? Cause Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Francis W. Gluck, M. D.

(Address) 715 Park Ave.

F 54284

54284

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St. 28-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ? mos. ? da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Pelstring

If U. S. Veteran specify WAR None

(a) Residence: No. Mount Hope Retreat Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

DATE OF BIRTH (month, day, year): Oct. 9-1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	3	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): None

11. Total time (years) spent in this occupation: None

12. BIRTHPLACE (city or town) (State or country): Phila Pa.

13. NAME: H. Joseph Pelstring

14. BIRTHPLACE (city or town) (State or country): Germany ? ?

15. MAIDEN NAME: Mary Tangemann

16. BIRTHPLACE (city or town) (State or country): Germany ? ?

INFORMANT: Mount Hope Retreat Records

(Address): Mount Hope, City

17. BURIAL, CREMATION, OR REMOVAL

Place: New Cathedral Cem. Date: Jan 23/39

18. UNDERTAKER: STEWART & MOWEN COMPANY

(Address): (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

19. FILED ..... 19.....

Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan-22/39. 19

22. I HEREBY CERTIFY, That I attended deceased from 1/18. 1939. to 1/22. 1939.

I last saw her alive on Jan. 22, 1939. Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Psychosis	40 yrs
Asarian Dysp	?
Other contributory causes of importance:	
Rt Lobar pneumonia	5 days

Was an operation performed? Date of

For what disease or injury?

Name of operation Findings

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Huntington Williams M. D.

(Address) 33 W. Franklin St.

4285

E 54285

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-13

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mount Hope Retreat St. 28-1 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James R. Hohenstein

If U. S. Veteran specify WAR None

(a) Residence: No. Mount Hope Retreat St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

7. DATE OF BIRTH (month, day, year) abt 1884

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
abt 55			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Savannah Georgia

13. NAME Geo R. Hohenstein

14. BIRTHPLACE (city or town) (State or country) Savannah Ga.

15. MAIDEN NAME Mary R. O'Keefe

16. BIRTHPLACE (city or town) (State or country) Savannah Ga.

17. INFORMANT Mount Hope Retreat Records

(Address) Mount Hope Retreat, City

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date Jan 25/39. 19

19. UNDERTAKER STEWART & MOWER COMPANY

(Address) (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

20. FILED . 19. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from March, 1934 to Jan. 22, 1939

I last saw him alive on Jan. 22, 1939. Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Feebleminded	
Other contributory causes of importance: Coronary Thrombosis	

Was an operation performed? Date of

For what disease or injury?

Name of operation Findings What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Samuel P. Wheeler M. D.

(Address) 336 Fidelity Bldg.

1-23 1939 Hunting for Milligan, M.P.

286

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-E 54286

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2331 Mulberry St., 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine M Becktold

If U. S. Veteran specify WAR

(a) Residence: No. 2331 Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced WIFE of (or) HUSBAND of John Becktold

6. DATE OF BIRTH (month, day, year) 2-1-1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	11	1920	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER John Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME OF MOTHER Mary Ann

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Rosanna Brooks

(Address) 2331 Mulberry St

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Cem Date Jan 24 1939

19. UNDERTAKER Wm H Holt

(Address) 2018 Orleans St

FILED 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 29 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 29 1938 to Jan. 20 1939

I last saw her alive on 19 Death is said to have occurred on the date stated above, at 5:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis Arteriosclerosis	?
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Vincent D Toska M. D.

(Address) 845 N. Patterson Pk

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54287

CERTIFICATE OF DEATH

287

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St., 6-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Barbara Fiedler

(a) Residence: No. 129 N. Rose St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 20-1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	7	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME OF FATHER Andrew Fiedler

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Francis Magnus

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry J. Fiedler

(Address) 825 N. Bradford

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 24 1939

19. UNDERTAKER John Ulrich

(Address) 2011 Eastern Ave

20. FILED Jan 23 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1939 to Jan 20, 1939

I last saw h alive on Jan 20, 1939 Death is said to have occurred on the date stated above, at 5.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-pneumonia	1-18-39
Other contributory causes of importance: Malnutrition	?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury —, 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.

(Signed) Anthony J. Thomas, M. D.

(Address) St Josephs Hosp

23 1939

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54288

CERTIFICATE OF DEATH

82-a

. PLACE OF DEATH

Registered No.

TY OF BALTIMORE: (No. 3405 Greenway St. 12th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

. FULL NAME Mary Frick Pleasants

If U. S. Veteran specify WAR

(a) Residence: No. 3405 Greenway St., 12th Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of John Pleasants

6. DATE OF BIRTH (month, day, year) Dec 26th 1869

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
69	0	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME William Frick, Jr.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Lelia Wetherspoon

16. BIRTHPLACE (city or town) (State or country) Mobile, Ala.

17. INFORMANT Fred M. Frick

(Address) 10 East Chase

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date Jan. 24th, 1939

19. UNDERTAKER Henry W. Jenkins & Sons Co

(Address) Cor Park & McCulloh Sts.

20. FILED JAN 23 1939 Henrietta Fox Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 22nd, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.., to January 22nd, 1939

I last saw her alive on January 21st, 1939. Death is said to have occurred on the date stated above, at 5:1 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	Jan 19th 39
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19..

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Wm. M. Dabney, M. D.

(Address) Ruxton Md

89 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 54289

CERTIFICATE OF DEATH

82-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Monument & Rutland St., 4 2 Ward)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Annie Bloom

(a) Residence: No. 717 W. Balto St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	M

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Late Jacob

7. DATE OF BIRTH (month, day, year) 1877

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	—	—	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

11. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Mother of

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Ida Farber

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Lewis Bloom

(Address) 2503 Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Pikesville Pilot Cemetery Date Jan 23, 1939

19. UNDERTAKER Sol Levinson & Bros.

(Address) 1124-26 W. North ave

20. FILED 19 Hunting for Williams

JAN 23 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-22, 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-7, 1938 to 1-22, 1939.

I last saw her alive on 1-22, 1939. Death is said to have occurred on the date stated above, at 4:37 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	
Hemiplegia	
Other contributory causes of importance: Bronchopneumonia (Terminal)	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) A. Y. Schumman M. D.

(Address) Sinai Hospital

Alfred Hochstedt

290 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54290

CERTIFICATE OF DEATH

46-B

Registered No. 5

PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME alfred Hochstedt

If U. S. Veteran specify WAR

(a) Residence: No. 3009 Fleetwood ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced HUSBAND of (or WIFE of) Anna Hochstedt

6. DATE OF BIRTH (month, day, year) Aug. 8th 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	5	16 13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0014

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Wm Hochstedt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Minna

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. A. O. Hochstedt

(Address) 3009 Fleetwood Ave

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Jan 21 1939

UNDERTAKER Leidh, Lashelm & Lan

(Address) 7401 Belair Rd

FILED JAN 23 1939 Huntington Williams Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1938, to Jan 21, 1939

I last saw him alive on Jan 21, 1939 Death is said to have occurred on the date stated above, at 11:05 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach with abdominal metastases — Date of onset

Other contributory causes of importance:

Was an operation performed? Yes Date of Jan 10, 1939

For what disease or injury? Obstruction

Name of operation Laparotomy.

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Anthony Lattman M. D.

(Address) St Joseph's Hosp

91 E 54291

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-94-B

1. PLACE OF DEATH ~~Or Hospital~~ St. Agnes Hospital. Registered No.

CITY OF BALTIMORE: (No. 425-3 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs mos ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR S. A. W.

2. FULL NAME EDWARD. W. FINCH

(a) Residence: No. 2252 Washington Blvd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	WHITE	SINGLE

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of SINGLE

DATE OF BIRTH (month, day, year) June 30th 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	6	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore.

13. NAME George J. Finch.

14. BIRTHPLACE (city or town) (State or country) Washington Dc

15. MAIDEN NAME Elizebeth Wills.

16. BIRTHPLACE (city or town) (State or country) Washington Dc

17. INFORMANT George. W. Finch. (Brother)
(Address) 1700 N. Appleton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore National Date 1. 23rd 1939

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Hollins Sts.

1.23.1939 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1. 20. 39. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry, find that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	1/20.
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) M. J. Hanna Coroner, M. D.

1.23.39 Address 1822 W Baltimore St.

22316 55

HEALTH DEPARTMENT—CITY OF BALTIMORE F 54292

CERTIFICATE OF DEATH

72-a

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. St. 75 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 22 da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME William Ecker

If U. S. Veteran specify WAR

(a) Residence: No. 275 W. Patrick St., Frederick, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 7/18/18

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
20	6	4	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME William Ecker

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Lena Taulton

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Frederick Md Date Jan 25 19 39

UNDERTAKER C. H. Zute & Bro

(Address) Emmitsburg Md.

FILED JAN 28 1939 19 Hunting Wm Miller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1938 to Jan 22, 1939

I last saw him alive on Jan 22, 1939. Death is said to have occurred on the date stated above, at 2 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute myeloid leukemia	Nov. 1938
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Robert Hays, M. D.

(Address) Johns Hopkins Hospital

EKE

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54293

293

CERTIFICATE OF DEATH

46-C

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 342 Rosebank Ave St., 17 Ward)

gth of residence in city or town where death occurred 50 yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Joshua Carroll

If U. S. Veteran specify WAR

(a) Residence: No. 342 Rosabank Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widow

If married, widowed or divorced HUSBAND of (or) WIFE of Edw. Carroll

ATE OF BIRTH (month, day, year) 1868 May 2

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	8	20	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ireland

13. NAME James McCrystal

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Margaret

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mrs. Trugent

(Address) 342 Rosebank Ave

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Jan 24, 1939

UNDERTAKER Peter Winfield

(Address) 714 Greenmount Ave

FILED 19 Registrar.

Jan 22 1939 Hunting for Wilmington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-16-, 1937 to 1-22-, 1939

I last saw h[illegible] alive on 1-21, 1939 Death is said to have occurred on the date stated above, at 2:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma caecum	6 mos.

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. B. Aylett M. D.

(Address) 2807 Harford Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

291

F 54291

CERTIFICATE OF DEATH

54

PLACE OF DEATH Hebrew Home for Aged & Infirm Registered No.

(If death occurred in a hospital or institution: give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Belvedere & Greenspring Aves. St.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth 55 yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Katie Krome

(a) Residence: No. Levindale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Julius

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Russia

12. NAME

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT SIGMUND EINDLATT SUPERINTENDENT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Pennypack Date 1-23-39

UNDERTAKER Carl Lewis Inc

(Address) 1439 E. Baltimore St.

FILED Huntington Williams, M.D. Registrar.

1-23-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-22 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-6 1937 to 1-22 1939

I last saw her alive on 1-22 1939. Death is said to have occurred on the date stated above, at 11.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Edmund Levin, M. D.

(Address) Levindale

295

HEALTH DEPARTMENT—CITY OF BALTIMORE 54295

CERTIFICATE OF DEATH

93-C

PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2409 Brookfield Ave St., 18th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Isidore Katzner

If U. S. Veteran specify WAR

(a) Residence: No. 2409 Brookfield Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Hetta Nee Barshak

DATE OF BIRTH (month, day, year) 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 1925

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Real Estate

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Isaacs

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Rose

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Wife
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Friendship Cem. Date 1-24-39 19

UNDERTAKER M. Louis Inc
(Address) 1439 E. Baltimore St

FILED 19 Registrar

JAN 23 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-23-39. 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1937 19 to Jan 23 1939

I last saw him alive on Jan 13, 1939. Death is said to have occurred on the date stated above, at 4 9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ileus - 2 days	6 yrs
Cardiac Decompensation	6 yrs
Other contributory causes of importance: Myocarditis	1 yr

Was an operation performed? None Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) I. Frederick Lentz M. D.

(Address) Temple Garden Apts

HEALTH DEPARTMENT—CITY OF BALTIMORE

54296

CERTIFICATE OF DEATH

F 54296

Registered No. 9 3-E

PLACE OF DEATH

TY OF BALTIMORE: (No. 1015 W 36th St. 13-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. dr.

FULL NAME Michael J. Conway

If U. S. Veteran specify WAR

(a) Residence: No. 1015 W 36th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day, year) Unknown.

GE Years	Months	Days	If LESS than 1 day hrs. or min.
81			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Laborer

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) md.

12. NAME Thomas Conway

13. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Bridget ?

16. BIRTHPLACE (city or town) (State or country) Ireland.

INFORMANT Beasie Bode.

(Address) 1015 W 36th St.

BURIAL, CREMATION, OR REMOVAL St Joseph's Cem Govans md Date Jan 24, 1939

UNDERTAKER Chenoweth Bros.

(Address) 2615-17 Chestnut Ave

FILED JAN 23 1939 19 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1939 to Jan 21, 1939

Last saw h.im alive on Jan. 21, 1939 Death is said to have occurred on the date stated above, at 3:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chronic	

Other contributory causes of importance:

Arteriosclerosis. Hypostatic pneumonia, & senility

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jules Gilbert M. D.

(Address) 848 W. 36th St

HEALTH DEPARTMENT—CITY OF BALTIMORE

297

CERTIFICATE OF DEATH

F 54297

PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 3609 Chestnut Ave St. ..... Ward)

nth of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Ina E. Latham.

If U. S. Veteran specify WAR .....

(a) Residence: No. 3609 Chestnut Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Edith Latham.

ATE OF BIRTH (month, day, year) May 12, 1885

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	8		

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. machinist.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Parker Hull Co

8. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) md
(State or country)

13. NAME Franklin Latham.

14. BIRTHPLACE (city or town) md
(State or country)

15. MAIDEN NAME Rachael J. Hall.

16. BIRTHPLACE (city or town) md
(State or country)

INFORMANT Edith Latham.
(Address) 3609 Chestnut Ave.

BURIAL, CREMATION, OR REMOVAL Mordecai Memorial Date Jan 26, 1939

UNDERTAKER Spencer & Son
(Address) 3615-17 Chestnut Ave

Huntington Williams M.D.
Registrar.

FILED JAN 23 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1938 to January 22, 1939

I last saw h... alive on January 22, 1939. Death is said to have occurred on the date stated above, at 6:12 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	January 22/939
Other contributory causes of importance: Arteriosclerosis	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. H. Thomas M.D.

(Address) 3136 Sanford Rd. M. D.

54298

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 F 54298

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1516 Mc Culloh St. 14-K Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary Pennington

If U.S. Veteran specify WAR

(a) Residence: No. 1516 Mc Culloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 4 - 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	4	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper 2070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balt. Md
(State or country)

13. NAME OF FATHER Henry E Pennington

14. BIRTHPLACE (city or town) Longsboy Md
(State or country)

15. MAIDEN NAME OF MOTHER Amanda L Booth

16. BIRTHPLACE (city or town) Balt Md
(State or country)

17. INFORMANT Geneva Musselden
(Address) 2008 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Jan 23 1939

19. UNDERTAKER Mrs. Gertrude Holland
(Address) 1631 Druid Hill Ave

20. FILED Jan 24 1939 Registrar
Registrar's Office, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1938 to Jan 20, 1939

I last saw h[illegible] alive on Jan 20, 1939 Death is said to have occurred on the date stated above, at 1:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	?
Other contributory causes of importance: Diabetic Gangrene	Nov 1938

Was an operation performed? yes Date of Dec 26, 1938

For what disease or injury? Diabetic Gangrene

What test confirmed diagnosis? Blood sugar & Urinalysis Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos. McDonald M. D.

(Address) 844 N Carey St.

F 54299

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 181

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward 3)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Emma A. Carr

(a) Residence: No. Laurel P.R.Co. Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1804

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H.W.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Caleb Carr

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary Burton

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Nettie Carr

(Address) Laurel Md.

18. BURIAL, CREMATION, OR REMOVAL Hollywell Cem Laurel Md. Date Jan 24 39

19. UNDERTAKER A. Lloyd Kaiser Laurel Md.

(Address)

20. FILED N 23 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 22, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1&2&3 Degree Burns of of Body	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, Homicide or Suicide? Date of injury Jan. 22, 1939, 19

Where did injury occur? Laurel Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Putting Wood on Fire Dress caugh

Nature of injury caught

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify House Work

(Signed) [illegible] M. D. Coroner

(Address) 2257 Inwood

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54300

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 503 N. Monroe St. St., 20-1 Ward)

Length of residence in city or town where death occurred 63 yrs. 1 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret E. Rothauge.

If U. S. Veteran specify WAR None.

(a) Residence: No. 503 N. Monroe St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed.

If married, widowed, or divorced: HUSBAND of (or) WIFE of Elmer J. Rothauge.

6. DATE OF BIRTH (month, day, year) Dec. 11-1875

7. AGE: Years 63; Months 1; Days 9 10; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME George W. Fefel.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Barbara Zell.

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Mrs. Ida C. Nichols.

(Address) 503 N. Monroe St.

BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date Jan. 24-39

UNDERTAKER Charles J. Schwab.

(Address) 505 N. Monroe St.

FILED JAN 23 1939 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/21 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 13 1939 to Jan. 21 1939

I last saw her alive on 1/21 1939 Death is said to have occurred on the date stated above, at 9:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	8 days
	ago
Other contributory causes of importance:	
acute cardiac dilatation	1 day

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Benjamin Miller M. D.

(Address) 2030 Wilkens ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE E 54301

54301

CERTIFICATE OF DEATH

36

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 16-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. 1 mos. 25 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME mary clare Furst

If U. S. Veteran specify WAR

(a) Residence: No. 2936 Ellicott Driveway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) November 26 - 1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	1	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, maryland

13. NAME gohn F. Furst

14. BIRTHPLACE (city or town) (State or country) Baltimore maryland

15. MAIDEN NAME mabel Boan

16. BIRTHPLACE (city or town) (State or country) Boston mass.

17. INFORMANT Mother

(Address) 2936 Ellicott Driveway

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 1-24-39 19

UNDERTAKER Samuel J. Ross & Son

(Address) 630 Washington Blvd

FILED 19 Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 20. 1939

22. I HEREBY CERTIFY, That I attended deceased from January 18 1939 to January 20 1939

I last saw h[illegible] alive on January 20 1939 Death is said to have occurred on the date stated above, at 11 35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Staphlococcic Septicemia	1-9-39
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Blood Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Harry L. Shirley M.D.

(Address) Sydenham Hospital

54302

HEALTH DEPARTMENT—CITY OF BALTIMORE F 54302

CERTIFICATE OF DEATH

95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1236 N Washington (Ward) 18

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine C Young

If U. S. Veteran specify WAR

(a) Residence: No. 1236 N Washington Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Robert F Young

6. DATE OF BIRTH (month, day, year) April 23, 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	8	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Edward C Boucher

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Bridget C Halloran

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Robert F Young

(Address) 1236 N Washington St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkton Md Date 1-24-39

19. UNDERTAKER Leonard Bentz

(Address) 2400 Eutaw Pl Baltimore Md

20. FILED JAN 23 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-21-1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 12 1938 to Jan 21 1939

I last saw her alive on Jan 21 1939 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	abt 1/14/39
Other contributory causes of importance: Arteriosclerotic Cardio-Vascular disease with Hypertension	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J M Barnes Gardner M. D.

(Address) Rosedale Md

4303

HEALTH DEPARTMENT—CITY OF BALTIMORE

54303

CERTIFICATE OF DEATH

40931 (MB) 107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 25-3 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Kappel

(a) Residence: No. 2601 Maisel St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, year): 12/10/1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	1	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Md.

12. NAME: John Kappel (d)

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Marie Kaundo (d) ?

16. BIRTHPLACE (city or town) (State or country): Md.

INFORMANT: City Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place: Oaklawn Date: Jan 23, 1939

UNDERTAKER: Wellgate Cook
(Address): 1217 St Paul St

FILED: [illegible] 1939 [illegible] Registrar.

JAN 23 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 13, 1939, to January 20, 1939. I last saw him alive on January 20, 1939. Death is said to have occurred on the date stated above, at 5:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-13-39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation: Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) H. C. De Lamlette M. D.

(Address) Baltimore City Hospitals

. D. B 1265-9

54304 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 54304

CERTIFICATE OF DEATH

186-W

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

ITY OF BALTIMORE: (No. St. Joseph Hospital St., 10-1 Ward)

ength of residence in city or town where death occurred .....yrs.....mos.....ds. How long in U. S. If of foreign birth? .....yrs.....mos.....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Walter Hess

(a) Residence: No. 1227 Harford Ave St., 10 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, year) July 29, 1887

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	5	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk at Produce

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wilkins Store

10. Date deceased last worked at this occupation (month and year) Jan 24 1939

11. Total time (years) spent in this occupation 2 yrs.

12. BIRTHPLACE (city or town) (State or country) Baldwin Balto Co Md

13. NAME George Elmer Hess

14. BIRTHPLACE (city or town) (State or country) Baldwin Balto Co Md

15. MAIDEN NAME Margaret E. Pierce

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT Mrs Margaret Hess Mother

(Address) 1227 Harford Rd.

18. BURIAL, CREMATION, OR REMOVAL Forest Methodist Church Date Jan. 24. 1939

19. UNDERTAKER Elmer W. Cubbins Son

(Address) 724 E Eager St.

20. FILED Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21st 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1-21-1939

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down cellar steps

Nature of injury Injured his head

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....

(Signed) Paul Schneider Coroner M. D.

(Address) Coroner

:305 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓ L 54305

CERTIFICATE OF DEATH

93-C

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 1935 W. Fayette St. St. 20-1 Ward)

gth of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR .....

FULL NAME Charles C. Haffman

(a) Residence: No. 1935 W. Fayette St. St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Louise Borkmeyer

ATE OF BIRTH (month, day, year) May 9-1856

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	8	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Master Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 45

10. Date deceased last worked at this occupation (month and year) 1927 | 11. Total time (years) spent in this occupation 0

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Werner Haffman

14. BIRTHPLACE (city or town) (State or country) Lauterbach Germany

15. MAIDEN NAME Henrietta Klotz

16. BIRTHPLACE (city or town) (State or country) Wartenburg Germany

INFORMANT Dr. Daniel R. Hoffman
(Address) 1935 W. Fayette St.

BURIAL, CREMATION, OR REMOVAL
Place London Park Cem. 1/24 1939

UNDERTAKER Chas. G. Black
(Address) 742 W. North Ave.

FILED ..... Hunting Col. Williams, M.C.

Dr. Bernard S. French
2329 Annual Ave.,

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 5, 1939 to Jan 20, 1939

I last saw h.. alive on Jan 20, 1939. Death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocarditis	
Other contributory causes of importance: Arteri-Sclerosis	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Bernard S. French M. D.

(Address) 2329 Annual Ave

306

HEALTH DEPARTMENT—CITY OF BALTIMORE 54306

CERTIFICATE OF DEATH

OGK--40957 34-3-82-D

PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 9-8 Ward) 50

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR .....

FULL NAME William Johnson

(a) Residence: No. 1924 Aisquith St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Fannie Johnson

DATE OF BIRTH (month, day, year): 1-7-~~1871~~ (?) 1875

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
~~68~~ 64	~~68~~	0	14	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unknown

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

8. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Va.

13. NAME: Gable Johnson

14. BIRTHPLACE (city or town) (State or country): Va.

15. MAIDEN NAME: Adele ?

16. BIRTHPLACE (city or town) (State or country): Va.

INFORMANT: City Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place: Mt Auburn Cem. Date: Jan 28 1939

UNDERTAKER: Rayner Sanders
(Address): 1463 E. Preston St.

FILED: JAN 23 1939 19.... Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 14, 1939 to January 21, 1939

I last saw him alive on January 21, 1939. Death is said to have occurred on the date stated above, at 3:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Pyelonephritis	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation: Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. DeSantelle M. D.

(Address) Baltimore City Hospitals

A Petronela Boyer

HEALTH DEPARTMENT—CITY OF BALTIMORE

54307

CERTIFICATE OF DEATH

92-F 54307

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2519 E Madison St., 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

FULL NAME Boyer A Petronela

If U. S. Veteran specify WAR

(a) Residence: No. 2519 E Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Boyer

6. DATE OF BIRTH (month, day, year) Mary 6, 1886

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
2	8	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Thomas Blazek

14. BIRTHPLACE (city or town) (State or country) Bohemia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Harry Boyer
(Address) 2519 E. Madison St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 1/23/39, 19

19. UNDERTAKER Charles E. Schimunek.
(Address) 2603 E. Madison St.

20. FILED JAN 23 1939 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1939 to Jan 21, 1939

I last saw h.e alive on Jan 1, 1939 Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Hypertensive Cardiac Disease	
Myocardial Hypertrophy	
Mitral Insufficiency	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, how?

(Signed) Chas B Marsh M. D.

(Address) 801 N Luzerne Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

54308

CERTIFICATE OF DEATH

159 F 54308

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2406 Ashland Ave St., 7-W Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John & Mary Sidusky
If U. S. Veteran specify WAR

(a) Residence: No. 2406 Ashland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) Jan 21. 39

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		2 1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) Balto
(State or country) Md
13. NAME John Sidusky
14. BIRTHPLACE (city or town) Balto
(State or country) Md
15. MAIDEN NAME Mary Sramek
16. BIRTHPLACE (city or town) Balto
(State or country) Md
17. INFORMANT John Sidusky
(Address) 2406 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Hill Date 1/23 39
19. UNDERTAKER C. E. Schimunek
(Address) 2603 E. MADISON. ST.
20. FILED JAN 23 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 21 39, 19 to Jan 22 39, 19 I last saw h[illegible] alive on Jan 22 39, 19 Death is said to have occurred on the date stated above, at 6 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	1/21/39
Other contributory causes of importance:	

Was an operation performed? Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) William L. Ryan M. D.
(Address) 801 N. Fulton Ave

309

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54309
41014
SF

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hospitals St. Ward) 2-2

Length of residence in city or town where death occurred 43 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Sophia Skorupa

If U. S. Veteran specify WAR

(a) Residence: No. 231 S. Durham St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Walter

6. DATE OF BIRTH (month, day, year) 4/28/1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
44	44	8	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HW

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town.) Mississippi
(State or country)

13. NAME Joseph Winski

14. BIRTHPLACE (city or town) Poland
(State or country)

15. MAIDEN NAME Josephine

16. BIRTHPLACE (city or town) Poland
(State or country)

17. INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Date Jan 24 1939

UNDERTAKER John M Weber
(Address) 401 S Chester St

FILED 19 Registrar.

JAN 23 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/21/39, 19

22. I HEREBY CERTIFY, That I attended deceased from January 16, 1939, to January 21, 1939

I last saw her alive on January 21, 1939. Death is said to have occurred on the date stated above, at 12-45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-15-39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Lauble, M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54310

CERTIFICATE OF DEATH

131

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Joseph Hosp St. 6-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Patrick O'Rourke

If U. S. Veteran specify WAR

(a) Residence: No. 438 N Robinson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Not known

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mover

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Ireland

10. NAME Not known

11. BIRTHPLACE (city or town) (State or country)

12. MAIDEN NAME

13. BIRTHPLACE (city or town) (State or country) Not known

14. INFORMANT (Address) Hospital Records

15. BURIAL, CREMATION, OR REMOVAL. Place New York City 1/24 1939

16. UNDERTAKER (Address) J. H. O'Brien 35-0 Bentley

17. FILED JAN 23 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1939 to Jan 23, 1939

I last saw h alive on Jan 12, 1939. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?

Other contributory causes of importance:

Chronic Nephritis	?
Arteriosclerosis	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Huntington Williams, M. D.

(Address) St Joseph Hosp

54311 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54311

CERTIFICATE OF DEATH

46-C
39731 (MB)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 6-2 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Schmitt

(a) Residence: No. 417 N. Belnord Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Benjamin (d)

DATE OF BIRTH (month, day, year) 2/19/1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
64	64	11	1	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Md.
(State or country)

13. NAME Joseph Stocker

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Mary Gabler

16. BIRTHPLACE (city or town) Germany
(State or country)

INFORMANT City Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 24, 1939

UNDERTAKER Lilly & Geiler Inc.
(Address) 703 S. Wolfe Ste.

FILED 1939 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-20, 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-6, 1938, to 1-20, 1939

I last saw her alive on 1-20, 1939 Death is said to have occurred on the date stated above, at 6P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Colon with metastasis	?
Bronchopneumonia	2 days

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
Unknown If so, specify

(Signed) L. K. Woodward Jr. M. D.

(Address) Balt City Hosp.

H. B. 1268-9

F 54312

54312 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq Hosp St., 2-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Minnie McComas.

(a) Residence: No. 505 S. Wash. St. St., ... Ward.
(Usual place of abode) WASHINGTON (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced: WIFE of the late Charles McComas

6. DATE OF BIRTH (month, day, year) July 27-1869

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	5	25	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

9. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Balto Md

12. NAME Arnold Holste

13. BIRTHPLACE (city or town) (State or country) Germy.

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germy.

17. INFORMANT Albert M G Comas. Son
(Address) 505. S. Washington St

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cem Date Jan 25. 1939

19. UNDERTAKER Lilly & Zeiler
(Address) 4035. Wilkens Ave

Jan 28 1939 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-22-39. 19

22. I HEREBY CERTIFY, That I attended deceased from 12-27-38. 19 . to 1-22-39. 19

I last saw h.. alive on 1-22-39. 19 Death is said to have occurred on the date stated above, at 3 30 P m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis c
Cardiac failure + Cerebral embolism.
Primary Carcinoma
Liver + Gall Bladder.

Date of onset

Other contributory causes of importance:

Name of operation Exploratory Lap Date of 1-7-39

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Nathan Gray, M. D.

(Address) Franklin Sq Hosp

313 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 54313

93-C DM

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 802 S EATON ST St., 26-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR ...

2. FULL NAME JOSEPH TUDER

(a) Residence: No. 802 S EATON ST St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

If married, widowed, or divorced HUSBAND of (or) WIFE of B RIGET TUDER

6. DATE OF BIRTH (month, day, year) AUG 17 1868

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	5	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. LAB ORER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) B ALTO MD

13. NAME JOHN TUDER

14. BIRTHPLACE (city or town) (State or country) B ALTO MD

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) BALTO MD

17. INFORMANT B RIGET TUDER (WIFE)

(Address) 802 S EATON ST

18. BURIAL, CREMATION, OR REMOVAL

Place ST M ATTHEWS Date JAN 24 1939

19. UNDERTAKER Tolly Zipkin Inc

(Address) 4033 Belair Ave.

FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 21 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1939 to Jan 21, 1939

I last saw h... alive on Jan 20, 1939. Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	1937
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Edward H. Redeman M. D.

(Address) 3500 Eastern Ave

54314 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 54314

CERTIFICATE OF DEATH

95-B

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1737 Bellwood Ave St., 13-E Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Matilda Elizabeth Bonneville

If U. S. Veteran specify WAR .....

(a) Residence: No. 1737 Bellwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Bonneville

7. DATE OF BIRTH (month, day, year) Jan 4 - 1865

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73		16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Co Md

13. NAME OF FATHER James Sullivan

14. BIRTHPLACE (city or town) (State or country) Frederick Co Md

15. MAIDEN NAME OF MOTHER Martha Howard

16. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

INFORMANT William Bonneville

(Address) 1737 Bellwood Avenue

17. BURIAL, CREMATION, OR REMOVAL

Place St Mary's Cem Date Jan 24 1939

18. UNDERTAKER A. Allan Traill

(Address) 3529 Edmondson Ave

FILED JAN 23 1939 Hunting for Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1938 to Jan 21, 1939

I last saw her alive on Jan 21, 1939 Death is said to have occurred on the date stated above, at 1 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension cardio-Vascular disease	2 yr

Other contributory causes of importance:

Myocardial insufficiency & pulmonary edema	2 hrs

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation —

What test confirmed diagnosis? Ex. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public places .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. Warren Th. M. D.

(Address) 3429 Chestnut Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

54315

CERTIFICATE OF DEATH

93-CF 54315

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 800 Glen Allen Drive St. 28-A Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph H. Meyer

(a) Residence: No. 800 Glen Allen Drive St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary V. Meyer

6. DATE OF BIRTH (month, day, year) Aug. 28, 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	4	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year) Sept. 1938

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Henry Meyer

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Mary Hokamp

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mary V. Meyer,
(Address) 800 Glen Allen Drive

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Jan. 24 1939

19. UNDERTAKER C. Vernon Lemmon
(Address) 4611 Park Heights Ave.

FILED JAN 23 1939 19... Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 3 1938 to Jan 21 1939

I last saw him alive on Jan 21 1939 Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis
Hypertension
Cerebral Hemorrhage

Date of onset

Other contributory causes of importance: Cardiac Decompensation 1/21/39

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James H. Steinberg M. D.

(Address) 721 Medical Arts

HEALTH DEPARTMENT—CITY OF BALTIMORE

54316

CERTIFICATE OF DEATH

46-C F 54316

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1531 W Balto St 19-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mark Wells.

(a) Residence: No. 1531 W Balto St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Nov 11-1863

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	2	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister 0016

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) England

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

INFORMANT Miss Lottie Becker

(Address) 1531 W Balto St

BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date Jan 24 39

UNDERTAKER Geo F Boyer Jr

(Address) 512 Baltimore St.

FILED JAN 23 1939 19 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 13, 1938, to Jan 21, 1939

I last saw him alive on Jan 20, 1939. Death is said to have occurred on the date stated above, at 2.30 A.M.

The principal cause of death and related causes of importance were as follows:

Cancer of large bowel at sigmoid-rectal junction.

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Proctoscopic examination

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry D McCarty, M. D.

(Address) 31 W. Preston St.

54317

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a F 54317

Registered No. 872

1. PLACE OF DEATH Balto. City Hospitals

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bay View St., 123 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Peter Andrew Peterson

If U. S. Veteran specify WAR

(a) Residence: No. 625 S. Port St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Peterson (d)

7. DATE OF BIRTH (month, day, year) March 1, 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	10	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

13. NAME OF FATHER Peter Peterson

14. BIRTHPLACE (city or town) (State or country) Norway

15. MAIDEN NAME OF MOTHER Unknown

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Nora Peterson daughter

(Address) 625 S. Port St.

18. BURIAL, CREMATION, OR REMOVAL

Place Bair Cemetery Date 1/25/39

19. UNDERTAKER John C. Pfeltz Sons

(Address) 2432 E. Lanvale St.

20. FILED Huntington Williams, M.D.

JAN 23 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 22, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	2 days.
Ventral Hernia (Abdominal)	Some years.
	Jan.
Other contributory causes of importance Fracture Neck left femur	12 1939

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury? Jan. 12, 1939

Where did injury occur? City Hospitals
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place On Ward

Manner of Injury Fell out of bed

Nature of injury Fracture as above.

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Thos. C. Wood, M. D.
Coroner

(Address) 1712 N. Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE

54318

CERTIFICATE OF DEATH

95-B 54318

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 8-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR ...

2. FULL NAME Mary Herrow

(a) Residence: No. 1214 N. Patterson Park Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 7, 1855

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	83	1	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME James F Cunningan

14. BIRTHPLACE (city or town) (State or country) Dresden S

15. MAIDEN NAME Ryler ?

16. BIRTHPLACE (city or town) (State or country) Dulaw S

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date 1/26 39

19. UNDERTAKER John C. Mello Jr (Address) 2432 Elmer st.

20. FILED JAN 23 1939 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-22, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-2, 1939 to 1-22, 1939

I last saw h[er] alive on 1-22, 1939 Death is said to have occurred on the date stated above, at 1540 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	
Starvation	12-19-38
Other contributory causes of importance	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) A. J. Luiso M. D.

(Address) Mercy Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

54319

CERTIFICATE OF DEATH

95-BF 54319

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 510 East 26th St. 12-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret M. Landrum

If U. S. Veteran specify WAR ...

(a) Residence: No. 510 East 26th St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Martin Landrum

DATE OF BIRTH (month, day, year) 4/10/1881

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	9	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Catherine Farrell

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine O'Neill

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Smith

(Address) 510 East 26th Street

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 1/24/ 1939

19. UNDERTAKER Mary M. Mudefield

(Address) 510 East 26th Street

20. FILED ... 19... ... Registrar.

23 RSJ

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/21/ 1939

22. I HEREBY CERTIFY, That I attended deceased from November 29, 1938, to January 21, 1939

I last saw her alive on January 20, 1939. Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-Vascular Disease	Nov. 28 1938
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) P. H. D. Lynn M. D.

(Address) 423 E. North Ave.

54320

HEALTH DEPARTMENT—CITY OF BALTIMORE 54320

CERTIFICATE OF DEATH

94-13

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 2924 Arlington Ave St., 27-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Bolton

If U. S. Veteran specify WAR .....

(a) Residence: No. 2924 Arlington Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A Bolton

7. DATE OF BIRTH (month, day, year) July 27-1868

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	70	5	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ohio

13. NAME Edward Bolton

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Martha Jenning

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Lula Ann Bolton

(Address) 2924 Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 1-24-39

19. UNDERTAKER Samuel J Cook & Bro

(Address) 1303 Harford Ave

20. FILED ..... 19.....

Registrar.

JAN 24 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1939, to Jan 21, 1939

I last saw h... alive on Jan 21, 1939. Death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Jan 20 1939

Other contributory causes of importance:

Coronary Artery Arteriosclerosis
Hypertension

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Edl Smith, M. D.

(Address) 1213 E. North Ave

54321 HEALTH DEPARTMENT—CITY OF BALTIMORE 54321

CERTIFICATE OF DEATH

V165

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3229 Shannon Drive St. 26-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME John C. Schmeiser, Jr. G. If U. S. Veteran specify WAR

(a) Residence: No. 3229 Shannon Drive St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie F. Schmeiser

DATE OF BIRTH (month, day, year) June 3, 1877

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	7	14 22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 13

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME George Schmeiser

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Louise Volz

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Marie F. Schmeiser

(Address) 3229 Shannon Drive.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Jan. 24, 1939

19. UNDERTAKER George W. Zirkler

(Address) 1737 E. Eager St.

20. FILED Jan 24 1939, 19... Thurlow Williams, Registrar.

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 22, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulation by hanging	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of Injury 1/22, 1939

Where did injury occur? Brooklyn, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Hanged self with a

Nature of injury rope

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber, M. D.
Coroner

(Address) Same

Centofanti

54322 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54322

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3611 Howard Parkway 28-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaretha Centofanti

If U.S Veteran specify WAR .....

(a) Residence: No. 3611 Howard Parkway Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed.

If married, widowed, or divorced (or) WIFE of C R Centofanti

DATE OF BIRTH (month, day, year) Sept 25, 1851

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
87	3	26	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Andrea Lichtwitt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Melber

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Cedarena Centofanti

(Address) 3611 Howard Parkway

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 1/24/39

UNDERTAKER Chas J Mac Nabb

(Address) Catonsville Md

FILED 1/25/1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/21/39

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 19.. to Jan 21, 1939

I last saw h.. alive on Jan 21, 1939. Death is said to have occurred on the date stated above, at 9.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular renal disease	
Other contributory causes of importance: chronic arterio sclerosis	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. Wolpoff M. D.

(Address) 4310 Liberty Hts

1323 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54323 #41159 SF

CERTIFICATE OF DEATH

✓ 5-134 J-82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leona Johnson If U. S. Veteran specify WAR

(a) Residence: No. 118 N. Exeter St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	colored	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Wright

DATE OF BIRTH (month, day, year) 7/3/1893

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
45	45	6	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HW

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) N.C.

13. NAME William Johnson

14. BIRTHPLACE (city or town) (State or country) N.C.

15. MAIDEN NAME Adeline ?

16. BIRTHPLACE (city or town) (State or country) N.C.

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Jan 24th 1939

UNDERTAKER Elroy O Wilson
(Address) Forest Park Ave

FILED Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/23/39, 19

22. I HEREBY CERTIFY, That I attended deceased from January 21, 1939 to January 23, 1939

I last saw her alive on January 23, 1939. Death is said to have occurred on the date stated above, at 3:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-13-39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Santelle, M. D.

(Address) Baltimore City Hospitals

24 1939

F 54324 39 P90 ahe/cee

54324

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1737 Clarkson St. St. 2-3-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles H. Bradley, Sr.

(a) Residence: No. 1737 Clarkson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie V. Bradley

6. DATE OF BIRTH (month, day, year) Feb. 17, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	11	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pipe Fitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Consolidated Gas & Electric Co.

10. Date deceased last worked at this occupation (month, year) Dec. 1938

11. Total time (years) spent in this occupation 27

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

12. NAME Frank Bradley

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Elizabeth Kaiser

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Mrs. Edna M. Purcell (Daughter)

(Address) 3106 Harford Rd.

BURIAL, CREMATION, OR REMOVAL

Place Loreland Memorial Park Date Jan. 25, 1939

UNDERTAKER J. Howard Evans

(Address) 1400-02 S. Charles St.

FILED 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1939 to Jan 23, 1939

I last saw him alive on Jan 23, 1939 Death is said to have occurred on the date stated above, at 9:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROSIS	5
CHRONIC NEPHRITIS	

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward F Milan, M. D.

(Address) 682 Washington Blvd

D. B. 1268-9
4325

F 54325

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3208 Clifmont ave St., 8-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds. Life

2. FULL NAME John Lewis Hudson

(a) Residence: No. 3208 Clifmont ave St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Hudson

DATE OF BIRTH (month, day, year) Dec 2 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	1	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer for 30

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steam Boat

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Jersey

13. NAME John Lewis Hudson

14. BIRTHPLACE (city or town) (State or country) New Jersey

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Wife Mary Hudson

(Address)

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 25 1939

UNDERTAKER John F. Ulrich & Son

(Address) Huntingtown Williams Undertaker.

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1939 to Jan 22, 1939

I last saw him alive on Jan 22, 1939 Death is said to have occurred on the date stated above, at 1:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1933

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) John J Avery, M. D.

(Address) 1603 N Broadway

54326

F 54326

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94 B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3503 Gibbons Ave St. 27-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bernard G. Bauernschmidt If U. S. Veteran specify WAR .....

(a) Residence: No. 3503 Gibbons Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah A. Bauernschmidt

7. DATE OF BIRTH (month, day, year) Jan 18 1883

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	0	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist 031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Government

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Martin Bauernschmidt

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Elizabeth — —

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Sarah A. Bauernschmidt

(Address) 3503 Gibbons Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cath. Lawn Date Jan 24 1939

19. UNDERTAKER Philip Herbig Sons

(Address) 2016 Eastern Ave

FILED JAN 24 1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schreiber Coroner, M. D.

(Address) Coroner

4327 F 54327

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5217½ York Rd. 27-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian P. Schumann

If U. S. Veteran specify WAR

(a) Residence: No. 5217½ York Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
F	W	Married

6. If married, widowed, or divorced — (or) WIFE of George F. Schumann

DATE OF BIRTH (month, day, year) Sept. 5-1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	4	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Alexander Dickie

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Mary Hubbard

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT (Address) R. P. Schumann 5217½ York Rd

BURIAL, CREMATION OR REMOVAL

Place Balto. Md. Date 1/24, 1939

UNDERTAKER (Address) Gorsuch & Nolan 2000 E. Baltimore

FILED JAN 24 1939 19 Hunting for William H.P. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 22nd, 1939

22. I HEREBY CERTIFY, That I attended deceased from June, 1938, to Jan. 22nd, 1939

that I saw h[illegible] alive on Jan. 21st, 1939. Death is said to have occurred on the date stated above, at 5 1/2 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Liver Intest.	? 1938
Other contributory causes of importance:	
Cholecystitis	1905
Cholelithiasis	1936

Was an operation performed? Date of

For what disease or injury?

Name of operation Laparotomy

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Anthony Bassler M. D.

(Address) 5217 York Rd

HEALTH DEPARTMENT—CITY OF BALTIMORE

328 F 54328

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1260 Battery Ave St., 24-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Zipporah M Summers

If U. S. Veteran specify WAR .....

(a) Residence: No. 1260 Battery Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced (or) WIFE of Wm E Summers

DATE OF BIRTH (month, day, year) Jan 12 1848

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
91	—	10	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country) Don't Know

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Don't Know

INFORMANT Elizabeth Summers

(Address) 1260 Battery Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Jan 25 1939

UNDERTAKER Williams & Marsch

(Address) 715 Light St

FILED ..... 19.. ..... Registrar.

Jan 24 1939 Huntington Williams MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1938, to Jan. 22, 1939

I last saw her alive on Jan. 21, 1939. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis (Indefinite)	
Other contributory causes of importance: Acute Dilatation of heart	1/[illegible]

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

1/24/39 (Signed) R. E. Campbell M. D.

(Address) 1645 Hanover St

329

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54329

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2104 Elsinor Ave St. 15-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William Thomas Gossage

If U. S. Veteran specify WAR

(a) Residence: No. 2104 Elsinor Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie P. Gossage

DATE OF BIRTH (month, day, year) Nov. 17 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	1	11	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R. Clerk Western md

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Easton Md.

13. NAME James T. Gossage

14. BIRTHPLACE (city or town) (State or country) Easton Md.

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

INFORMANT Mrs. Minnie P. Gossage

(Address) 2104 Elsinor Ave.

BURIAL, CREMATION, OR REMOVAL

Place Spring Hill Cem. Date Jan. 26, 1939

UNDERTAKER James A. Spence

(Address) Easton Md.

FILED ..., 19.. [illegible] for Williams, M.D. Registrar.

JAN 24 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1936, to Jan 23, 1939

I last saw h[illegible] alive on Jan 23, 1939. Death is said to have occurred on the date stated above, at 7 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility c generalized	
Interdoctrinons with	
pneumonia Coma	
Other contributory causes of importance:	
	over

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Denied Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. S. Tyndall M. D.

(Address) 247 S. Harrison

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54330

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH (West Baltimore General Hospital) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. (or Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence Griffith

If U. S. Veteran specify WAR

(a) Residence: No. 1038 S. Hanover St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug. 25, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	4	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Savage, Md.

13. NAME OF FATHER Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME OF MOTHER Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

INFORMANT Mrs. Marion Griffith Kyle

(Address) 200 Beech St. Bera, Ohio

BURIAL, CREMATION, OR REMOVAL

Place Baltimore City Date Jan 26 1939

UNDERTAKER Howard Strong

(Address) 715 Light St.

Huntington Williams, M.D.

FILED JAN 24 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 23, 1939

22. I HEREBY CERTIFY, That I attended deceased (from) June 19, 1939 to Jan 23, 1939

I last saw her alive on Jan 23 1939 Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension - Cerebral ~~accident~~ Hemorrhage in Internal capsule.	
Hypertension Heart Disease - Chronic Dilatation	Ordinary duration of disease

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54331

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 24 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Julia Wisley

If U. S. Veteran specify WAR .....

(a) Residence: No. 1514 Henry Street St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Howard R. Wigley

DATE OF BIRTH (month, day, year) May 27, 1884

AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54	7	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Geo. Frank Sons Co.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Box factory

10. Date deceased last worked at this occupation (month and year) 6/36

11. Total time (years) spent in this occupation 4 yrs

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Henry Leidner

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Trautwein

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Minnie Kenton

(Address) 1514 Henry St.

BURIAL, CREMATION, OR REMOVAL

Place Western Date Jan. 24, 1939

UNDERTAKER G. Howard Strong

(Address) 725 Light St

FILED JAN 24 1939 Harris Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-24-39, 19

22. I HEREBY CERTIFY, That I attended deceased from 1-16-39, 19 to 1-24-39, 19

I last saw her alive on 1-21-39, 19 Death is said to have occurred on the date stated above, at 3:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Other contributory causes of importance: Influenzal Pneumonia	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Gustave L. Gross, M. D.

(Address) St. Joseph's Hosp

54332 F 54332

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2728 St. Paul St. 12-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Robert Mesteer Francis.

If U. S. Veteran specify WAR

(a) Residence: No. 2728 St. Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of L. Louise Francis

DATE OF BIRTH (month, day, year) July 30, 1858

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	5	23	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Vice-Pres

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Colchester Co.

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Kent Co. Md.

13. NAME Wm. P. Francis.

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Sarah Lavinda Cowart

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mr. Robert M. Francis

(Address) 727 Springfield Ave.

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Jan 25 1939

UNDERTAKER Wm. Mosher Sons

(Address) North & Pine Ave.

JAN 24 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 23. 1939

22. I HEREBY CERTIFY, That I attended deceased from 1934 to Jan 23, 1939

I last saw him alive on Jan 22, 1939. Death is said to have occurred on the date stated above, at 1230 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arterio sclerosis	?
Other contributory causes of importance: Cerebral Hemorrhage	6 mo ago

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank M. Erkle M. D.

(Address) 2435 Maryland Ave.

54333

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54333

CERTIFICATE OF DEATH

39561 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 24-1 Ward)

Registered No. 81

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Hughes

If U. S. Veteran specify WAR ...

(a) Residence: No. 1362 Towson St. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 12-1-38

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Thomas Leo Hughes

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Pauline Pennewill

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT B. C. H. Records

(Address)

BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date Jan 24 1939

UNDERTAKER William Groth

(Address) 1217 St Paul Street

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1938, to Jan. 23, 1939

I last saw h[illegible] alive on Jan 23, 1939. Death is said to have occurred on the date stated above, at 7.45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital	
Cerebral Defect	12/1/38
Spastic Paraplegia	12/1/38

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Joseph M. Cody, M. D.

(Address) Baltimore City Hospitals

JAN 24 1939 Huntington Williams, M.D.

54334 HEALTH DEPARTMENT—CITY OF BALTIMORE 54334

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 409 W. 24th St., 12-7 Ward)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary B. Rennie

(a) Residence: No. 409 W. 24th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Joseph V. Rennie

6. DATE OF BIRTH (month, day, year) Feb 15th 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	11	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Michael Welsh

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Cornelius

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Joseph V. Rennie

(Address) 409 W. 24th St

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Jan 26th 1939

UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

JAN 24 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23rd, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 21, 1939, to January 23, 1939

I last saw her alive on January 22, 1939. Death is said to have occurred on the date stated above, at 3:45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan. 21, 1939

Other contributory causes of importance:

Hypertension	Dec. 1936

Was an operation performed? No Date of

For what disease or injury? -----

Name of operation -----

What test confirmed diagnosis? Clinical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo Hunzelman M. D.

(Address) 401 E. 25th Street

54335

HEALTH DEPARTMENT—CITY OF BALTIMORE

54335

CERTIFICATE OF DEATH

82-a

PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Joseph's Hosp. St., 9-4 Ward)

Length of residence in city or town where death occurred 56 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME John Doxen

If U. S. Veteran specify WAR [illegible] Record.

(a) Residence: No. 1415 N. Central Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If ~~married~~ widowed, ~~or divorced~~
HUSBAND of ~~last~~ WIFE of Georgianna Doxen

DATE OF BIRTH (month, day, year) Dec 12th 1863

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	1	9 10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Main Line Freight Yards

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Harford Co Md

13. NAME Wm A. Doxen

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Martha Reisden

16. BIRTHPLACE (city or town) (State or country) Pa

INFORMANT Walter A. Doxen

(Address) 1703 Chestnut Ave-Harf'd Co

BURIAL, CREMATION, OR REMOVAL

Place Fair View Harford Co. Md. Date Jan 25th 1939

UNDERTAKER Wm Cook

(Address) 217 St Paul St

FILED ..... 19..... Registrar.

JAN 24 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 17 1939 to Jan 22 1939

I last saw him alive on Jan 22 1939 Death is said to have occurred on the date stated above, at 5 45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-17-39

Other contributory causes of importance:

Hypertension	?
Arteriosclerosis	?

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Anthony J. Jones, M. D.

(Address) St Joseph's Hosp.

Transcription for Williams, M.D.

54336 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 54336

CERTIFICATE OF DEATH

107-a 41072-FS

1. PLACE OF DEATH — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 12-5 Ward)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Royall Sherbert — If U. S. Veteran specify WAR .....

(a) Residence: No. 314 E. Lafayette Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 1-17-1877

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	62	0	4	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. canes-chairs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md. Workshop for blind

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Md.

12. NAME Joseph Sherbert

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary L. Reed

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT B. C. H. Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Jan 24 1939

UNDERTAKER Albert H. Berenzy
(Address) 4404 E. North Ave

FILED ... 19 ... [illegible] Registrar.

24 RJJ

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 18, 1939 to January 21, 1939

I last saw h[illegible] alive on January 21, 1939. Death is said to have occurred on the date stated above, at 7:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-16-39

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... What test confirmed diagnosis? Clinical? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. Lyon De Lantelle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

54337

CERTIFICATE OF DEATH 41117 (MB)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 16-1 Ward) 121

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence Young

If U. S. Veteran specify WAR

(a) Residence: No. 1124 Riggs Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
54 ?	54?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Va.
(State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

INFORMANT City Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 1/25 39

UNDERTAKER Thomas E. Kelson

(Address) 1303 Pennsylvania Ave

FILED JAN 24 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-22 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-19 1939 to 1-22 1939

I last saw h[illegible] alive on 1-22 1939 Death is said to have occurred on the date stated above, at 8.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis with Perforation	1/15/39
Late Diffuse Peritonitis	?
Other contributory causes of importance:	
Broncho Pneumonia	1/21/39

Was an operation performed? Yes Date of 1/19/39

For what disease or injury? Appendicitis

Name of operation Appendectomy with Drainage

What test confirmed diagnosis? Surgery Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Unknown If so, specify

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto City Hosp

238 F 54338

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 828 N. Stricker St. St., 16-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth ? yrs. mos. ds.

2. FULL NAME Vernon Seward

If U. S. Veteran specify WAR

(a) Residence: No. 828 Stricker St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Seward

7. DATE OF BIRTH (month, day, year) Dec. 20, 1898

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	1	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. road

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Vernon Stewart

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Martha ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Fannie Seward
(Address) 1004 N. Calhoun St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date 1/25 39

19. UNDERTAKER T. G. Kelson
(Address) 1303 Pressman St

20. FILED JAN 24 1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 22, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) T. G. Kelson, M. D.
Coroner

(Address) 2257 [illegible]

39

F 54339

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1418 School St. 15-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ½ mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Fincher

If U. S. Veteran specify WAR

(a) Residence: No. 1418 School St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mannie Fincher

7. DATE OF BIRTH (month, day, year) 1855

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
34	83			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S.C

13. NAME William Fincher

14. BIRTHPLACE (city or town) (State or country) S C

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mannie Fincher

(Address) 1418 School St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date 1/25 39

19. UNDERTAKER T. E. Kelson

(Address) 1303 Pierstman St.

20. FILED JAN 24 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22 39

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Dec 1 1938

Other contributory causes of importance

Was an operation performed? — Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.

Coroner

(Address) 1538 Linwood St.

6

Back

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 54340

340

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 12 S. WOLFE ST St. 2-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME CATHERINE A. BACK

If U. S. Veteran specify WAR

(a) Residence: No. 12 S. WOLFE ST St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	SINGLE

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) MAY 13, 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	8	8	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

12. NAME ADAM BACK

14. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

15. MAIDEN NAME ELIZABETH SCHMITT

16. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

INFORMANT ADAM BACK (FATHER)

(Address) 12 S. WOLFE ST

BURIAL, CREMATION, OR REMOVAL. Place Holy Redeemer Date Jan 25 1939

UNDERTAKER Lilly & Zeiler INC.

(Address) 403 E. WOLFE ST.

FILED JAN 24 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN. 22 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1937 to Jan 22 1939.

I last saw h[illegible] alive on Jan 22 1939. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	9-37
Pneumonia Fatal	1-22-39
Cerebral hemorrhage	Jan 22-39

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) [illegible] M. D.

(Address) 332 Mulberry St

OK - Paul Wheeler, M.D.

F-54341

54341

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Inf. St. 6-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Miss Margaret Murray

(a) Residence: No. Church Home & Inf. St., ... Ward ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) June. 7. 1862

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
76	7	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

12. NAME Thomas Murray

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Mr. Clarence Murray (nephew)

(Address) 307 N Fulton Ave Baltimore Md.

17. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov 24 1939

UNDERTAKER John O. Mitchell Home

(Address) 1900 Eutaw Place

FILED ... 19 ... Registrar.

Huntington Williams M.D.

NOV 24 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/23/39. 19

22. I HEREBY CERTIFY, That I attended deceased from 9-6 1938 to 11-23 1939.

I last saw her alive on 11-23 1939. Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (bil)	11-20-39
Mal nutrition	

Other contributory causes of importance:

Fractured hip (rt)

Cystitis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide~~, or homicide? Date of injury 9-6 1938

Where did injury occur? CH I (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Fall

Nature of injury fracture of hip

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wesley J. Ketz M. D.

(Address) The Church Home & Inf.

54342 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ F 54342

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. General Hospital) 15-2 108 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Thomas M Brown If U. S. Veteran specify WAR

(a) Residence: No. 1309 N. Fulton Av. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 7, 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	5	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Del.

13. NAME Frank D. Brown

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Helen Cobb

16. BIRTHPLACE (city or town) (State or country) Del

17. INFORMANT Helen Brown

(Address) 1309 N. Fulton Av.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Jan 26, 1939

19. UNDERTAKER Martin Tabor & Sons

(Address) 1827 N. North Ave.

20. FILED 1/21/1939 Huntington Williams, M.D. Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 22, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, how? ...

(Signed) H. R. Bowden M. D.

(Address) 2757 Mun Coroner

D. B. 1268-9

✓ F 54343

54343 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Fayette W Calhoun St. 17 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emily Lynch (Held)

(a) Residence: No. 380 West 31st St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Herbert R. Held.

DATE OF BIRTH (month, day, year) Jan 30, 1899

AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
39	11	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales Lady

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woolworth Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Va

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown.

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Herbert R. Held.

(Address) 300 W 31st St.

BURIAL, CREMATION, OR REMOVAL Woodland Park Date Jan 26, 1939

UNDERTAKER Chenoweth Bros.

(Address) 3615 Eastern Ave

FILED ..... Registrar

JAN 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/23/ 1939

22. I HEREBY CERTIFY, That I attended deceased from 1/15/ 1939 to 1/23/ 1939

I last saw her alive on 1/23/ 1939. Death is said to have occurred on the date stated above, at 12.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	
Other contributory causes of importance:	
none	

Name of operation Laparotomy & Perineorrhaphy Date of 1/13/39

What test confirmed diagnosis? ..... Was there an autopsy? ..... No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. E. Bartlett, M. D.

(Address) Franklin Sq. Hosp.

54344 F 54344

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. 27-18

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 5761 Cordelia Ave St., 27 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter C. Williams
If U. S. Veteran specify WAR

(a) Residence: No. 5761 Cordelia Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Bertha Williams

7. DATE OF BIRTH (month, day, year) Nov 4-1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	2	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardener
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) Mt Washington
(State or country) Baltimore Md

13. NAME Edward Williams
14. BIRTHPLACE (city or town) Baltimore Co
(State or country) Md
15. MAIDEN NAME Elsa Hadley
16. BIRTHPLACE (city or town) Elmira
(State or country) New York
17. INFORMANT Bertha Williams
(Address) 5761 Cordelia Avenue
18. BURIAL, CREMATION, OR REMOVAL
Place Loudon-Memorial Pk Date Jan 25-1939
19. UNDERTAKER A. S. Eland Hall
(Address) 29 Talbot Road
20. FILED Huntingdon Williams, M.D.

JAN 24 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 22nd. 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 5th. 1938, to Jan. 22nd. 1939
I last saw him alive on Jan. 21st. 1939 Death is said to have occurred on the date stated above, at 10.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I) - Arterio - Sclerotic Heart Disease	1 year
II) - Coronary Thrombosis	1 day
Other contributory causes of importance:	
III) - Infectious Arthritis	6 months

Was an operation performed? No. Date of
For what disease or injury?
Name of operation None
What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify.

(Signed) Earl L. Chambers, M. D.
(Address) 4108 Liberty Hts. Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

54345

CERTIFICATE OF DEATH

159 F 54345

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. West Balt. Gen. Hosp. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Kane

If U. S. Veteran specify WAR

(a) Residence: No. ... St., ... Ward. Essex, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Sing'l

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) 1-18-'39

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
				17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) West Balt. General Hospital

13. NAME Babyet Kane

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Rose Kelly

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Ernest Kane

(Address) Essex, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date JAN 22 1939

19. UNDERTAKER

(Address) For H. A. Boone

JAN 24 1939 Huntington Williams Registrar

4554

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-19, 1939

22. I HEREBY CERTIFY, That I attended deceased from 5:00 PM, 1-18, 1939, to 7:00 AM, 1-19, 1939.

I last saw h... alive on 1-19, 1939. Death is said to have occurred on the date stated above, at 6:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	
Other contributory causes of importance:	
none	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify ...

(Signed) [illegible] M. D.

(Address) [illegible]

HEALTH DEPARTMENT—CITY OF BALTIMORE

54346

CERTIFICATE OF DEATH

82-a F 54346

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4102 Maine Ave St., 15-10 Ward)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Johanna Schmick

If U. S. Veteran specify WAR

(a) Residence: No. 4102 Maine Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Herman H. Schmick

DATE OF BIRTH (month, day, year) Feb 22/1858

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	11	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Finkenorn

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Finkenorn

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Herman H. Schmick

(Address) 4102 Maine Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cat. Lawn Date Jany 26, 1939

19. UNDERTAKER Percy T. Armstrong

(Address) 4234 Kelwood Ave

20. FILED JAN 24 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18th, 1938, to Jan. 24, 1939.

I last saw her alive on Jan. 23rd, 1939 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) - Cerebral Hemorrhage	9 days
Other contributory causes of importance:	
2) -	

Was an operation performed? No Date of .....

For what disease or injury? - None

Name of operation - None

What test confirmed diagnosis? None. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Earl L. Hagenberg, M. D.

(Address) 4102 Liberty Hts. Ave.

54347

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W F 54347

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hosp St. 15-6 Ward)

Length of residence in city or town where death occurred 77 yrs. 11 mos. 20 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Matilda R. Rogers

If U. S. Veteran specify WAR

(a) Residence: No. 2919 Walbrook Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	Wh.	Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John K. Rogers

6. DATE OF BIRTH (month, day, year) Feb 20 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Benj. Sedwin

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Rebecca A Wade

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Wm C. Rogers

(Address) 117 S. Augusta Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date Jan 25 1939

19. UNDERTAKER Geo A Farley

(Address) Fulton and Fayette Sts

JAN 24 1939 19 Huntington Williams M.D. Registrar.

S 8

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/22

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M Hamm M. D. Coroner

(Address) 182 W Baltimore St

F 54348

54348 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. St. Josephs Hospital St., 9-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Patrick Clarke

(a) Residence: No. 607 Venable Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) August 22 1871

7. AGE: Years 67 | Months 4 | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Employed by

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. National Distillery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John Clarke

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ellen White

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Cary Talbot

(Address) 607 Venable Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 1/26/ 1939

19. UNDERTAKER Mary M. Kirkfield

(Address) [illegible]

FILED JAN 25 1939 Hunter Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 22 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schenthen Coroner, M. D.

(Address) Coroner

1349

HEALTH DEPARTMENT—CITY OF BALTIMORE

54349

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 22 E. Fanale St. 12-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Jane Adams

If U. S. Veteran specify WAR

(a) Residence: No. 22 E. Fanale St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Adams

7. DATE OF BIRTH (month, day, year) Feb. 2 1866

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	11	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co.

13. NAME Josiah Stickesdale

14. BIRTHPLACE (city or town) (State or country) Balto Co.

15. MAIDEN NAME Lucinda Amoss

16. BIRTHPLACE (city or town) (State or country) Balto Co.

17. INFORMANT Virgina Kuhn

(Address) 22 E Fanale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury M E Cem Date Jan. 27 1939

19. UNDERTAKER J. F. Cline Sons

(Address) Reisterstown Md.

20. FILED Harrington Williams, Registrar.

JAN 25 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24. 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1938, to Jan 24, 1939

I last saw her alive on Jan 24, 1939. Death is said to have occurred on the date stated above, at 11 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infected Bed Sores	12-5-'38
Carcinoma of Stomach	1938
Other contributory causes of importance:	
Hypertensive C-V Disease	1938
Debilitated by	?

Was an operation performed? No. Date of None

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. D. Caples M. D.

(Address) Reisterstown, Md.

F 54350

350 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

45-F

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1158 W. Hamburg St. 21-7 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry F. Schlingman

If U. S. Veteran specify WAR No Record.

(a) Residence: No. 1158 W. Hamburg St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

6. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Clara L. Schlingman

DATE OF BIRTH (month, day, year) Feb 5th 1880

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	11	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as ~~mill~~, saw mill, bank, etc. Enamel & Stamping Co

10. Date deceased last worked at this occupation (month and year) Nov 1938

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Frederick Schlingman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Brockman

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Clara L. Schlingman

(Address) 1158 W. Hamburg St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 26 1939

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JAN 25 1939 Harrington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24th 1939

22. I HEREBY CERTIFY, That I attended deceased from September 22 - 1938 Jany 24th 1939

I last saw him alive on Jany 24 1939 Death is said to have occurred on the date stated above, at 3:25 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis	July 1938
Other contributory causes of importance:	
	over

Was an operation performed? No Date of -

For what disease or injury? None

Name of operation -

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify -

(Signed) George C. Thomson M. D.

1/24 39 (Address) 706 N. Fulton Ave

54351 HEALTH DEPARTMENT—CITY OF BALTIMORE E 54351

Revised Certificate
1017 Kenwood
87 ✓ 82-a

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1607 E. Preston St. 8 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary M. Behrens If U. S. Veteran specify WAR

(a) Residence: No. 1607 E. Preston St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. ~~Married~~, widowed, ~~or divorced~~
~~HUSBAND of~~
(or) WIFE of Bernard

DATE OF BIRTH (month, day, year) June 14 - 1861

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	7	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Jos. Muller

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Conrad

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Herbert M. Behrens

(Address) 1607 E. Preston St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 1-27 1939

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JAN 25 1939 H. Livingston Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH 11.50 AM

21. DATE OF DEATH (month, day, year) Jan. 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1939, to Jan. 24, 1939

I last saw her alive on Jan 24, 1939 Death is said to have occurred on the date stated above, at 12.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apneic-pchronic Hyperbronchia	

Other contributory causes of importance:

Apoplexy.

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm Dickey, M. D.

(Address) 701 N. Broadway

54352 F 54352

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1105 Harlem St., 16-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Stilley Robinson

(a) Residence: No. 1105 Harlem Av. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Robinson

6. DATE OF BIRTH (month, day, year) Feb. 15 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc 0045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ga.

FATHER

13. NAME Robert Robinson

14. BIRTHPLACE (city or town) (State or country) Ga.

MOTHER

15. MAIDEN NAME Nancy Young

16. BIRTHPLACE (city or town) (State or country) Ga.

17. INFORMANT Mary Robinson
(Address) 1105 Harlem Av.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 1-25 1939

19. UNDERTAKER Williams & Jackson
(Address) 916 Baker St

20. FILED JAN 25 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 22, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry found that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) [illegible] Coroner M. D.

(Address) 737 W Mulb

HEALTH DEPARTMENT—CITY OF BALTIMORE

L 54353

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1212 W. Lanvale St., 16-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eliza Taper

If U. S. Veteran specify WAR

(a) Residence: No. 1212 W. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): 1859

8. AGE: 79 80 Years: 79 | Months: | Days: | If LESS than 1 day, ... hrs. or ... min.:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 007

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Richmond Virginia

13. NAME: Daniel Taper

14. BIRTHPLACE (city or town) (State or country): Richmond Virginia

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Martha S. Colton

(Address): 2124 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Auburn Date: Jan 25 1939

19. UNDERTAKER: Mrs. Scott Holland

(Address): 1631 Druid Hill Ave.

Jan 25 1939 Thurlington Williams Undertaker

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-22-1939

22. I HEREBY CERTIFY, That I attended deceased from 1-20-1939 to 1-22-1939

I last saw h... alive on 1-21-1939. Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1-10-39
Other contributory causes of importance: Interstitial Nephritis	unknown

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? None. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

None If so, specify ...

(Signed) Jno. W. Gargill M. D.

(Address) 611 N. Carolina St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 54354

CERTIFICATE OF DEATH

34-9-107-a

CGK--38538

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 17-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Richard West

If U. S. Veteran specify WAR

(a) Residence: No. 575 Oxford St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Divorced

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Rosina

DATE OF BIRTH (month, day, year): 9-30-1888

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	2 3	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unable to work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Va.

13. NAME: John West

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Annie Reed

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date Jan. 27 1939

19. UNDERTAKER: Mrs. Scott Holland
(Address) 1631 Druid Hill Ave

20. FILED 1939 Huntington Williams Registrar.

JAN 25 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from October 31, 1938, to January 23, 1939

I last saw him alive on January 23, 1939. Death is said to have occurred on the date stated above, at 10:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-18-39
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W. A. De Lautelle, M. D.

(Address) Baltimore City Hospitals

Spec.—9-30—A. & Co.—250 Blks

55

F 54355

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓ 108

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1130 Mosher St. 16-1 WARD)

2-FULL NAME Warren G. Hayman

(a) RESIDENCE NO. 1130 Mosher ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	Col.	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Julia Hayman

6 DATE OF BIRTH (month, day, and year) 1-4-1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44.	7	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bellman

(b) General nature of industry, business, or establishment in which employed (or employer) Hotel

(c) Name of employer Stafford Hotel

9 BIRTHPLACE (city or town) (State or country) Salisbury Md.

PARENTS

10 NAME OF FATHER Warren Hayman

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Margaret Pinkett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Salisbury Md.

14 Informant (Address) Julia Hayman 1130 Mosher St.

15 Filed JAN 25 1939 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-23-39

17 I HEREBY CERTIFY, That I attended deceased from Jan. 8, 1939, to Jan 23, 1939

that I last saw him alive on Jan 23, 1939

and that death occurred, on the date stated above, at 10.0 a.m.

The CAUSE OF DEATH* was as follows:

Bi-lateral Lobar Pneumonia

(duration) — yrs. — mos. 16 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C. Mansell Lawrence M. D.

19 (Address) 1033 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cubutus Memorial Pk. Inc. DATE OF BURIAL 1/25/ 19 39

20 UNDERTAKER Mrs. George R. Holland ADDRESS 1631 Druid Hill

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54356

CERTIFICATE OF DEATH

95-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2606 Loyola Southway St.) (15-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah Goodman

(a) Residence: No. 2606 Loyola South Way St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Abraham

DATE OF BIRTH (month, day, year) June 12/1886

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	7	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

7. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Charles Goodman

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Ida Rosenfeld

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Abraham Goodman
(Address) 2606 Loyola Southway

18. BURIAL, CREMATION, OR REMOVAL Date Jan 25 1939

19. UNDERTAKER Sol Levinson Bros.
(Address) 114-22 W North ave

20. FILED JAN 25 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24. 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1939 to Jan. 24, 1939

I last saw her alive on Jan. 21, 1939. Death is said to have occurred on the date stated above, at 3.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Block	?
Probably Basis of Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Electrocardiogram Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. A. Silverman M. D.

(Address) 2340 Eutaw Place

54357

F 54357

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital Ward 12-6

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Owen Stokes If U. S. Veteran specify WAR

(a) Residence: No. 2835 Remington Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rosa

6. DATE OF BIRTH (month, day, year): Oct 16-1882

7. AGE: Years 56 | Months 4 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Gardener

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Louis Stokes

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Susan Lyons

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Edward C Stewart

(Address): 2535 Remington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: W Baltimore Cemetery Jan 25 1939

19. UNDERTAKER: Archibald R Gaddis

(Address): 2161 W Baltimore St.

20. FILED 19 Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 22. 39

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Cerebral Hyperemia — Date of onset: Jan 22 1939

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. C. Allen, M. D.

Coroner

(Address) 500 Fallsway

F 54358

358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2518 N. Calvert St., 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 10 mos. 5 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frank J. Maguire

(a) Residence: No. 2518 N. Calvert St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Moore

6. DATE OF BIRTH (month, day, year) Feb. 18, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	10 11	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst Vice President

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. F. & G. Co.

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Joseph H. Maguire

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Margaret McGuirk

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Mary A. Maguire

(Address) 2518 N. Calvert Street

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 1/26 1939

19. UNDERTAKER Henry U. Meakes my Son

(Address) 805 N. Calvert Street

Huntington Williams M.D.

20. FILED JAN 25 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 23 1939

I HEREBY CERTIFY, That I attended deceased from Dec. 2 1938 to Jan. 23 1939

I last saw him alive on Jan. 23 1939 Death is said to have occurred on the date stated above, at 1:30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	10 yrs
Other contributory causes of importance Coronary Thrombosis	1 hr.

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Carlus I. Daggett M. D.

(Address) 2229 Eutaw Pl.

54359

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 54359

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 13-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 5 mos. 7 ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Mr. Frederick Charles Klier

If U. S. Veteran specify WAR

(a) Residence: No. 2013 Linden Ave St., City Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

DATE OF BIRTH (month, day, year) Aug. 16, 1873

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	5	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Frederick Klier

14. BIRTHPLACE (city or town) --------
(State or country) Germany

15. MAIDEN NAME Caroline Hogendorp

16. BIRTHPLACE (city or town) --------
(State or country) Germany

17. INFORMANT L. Marguerite Hogendorp
(Address) 2013 Linden Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date 1/26, 19 39

19. UNDERTAKER Hamby W. Meads & Son
(Address) 503 N. Calvert St.

20. FILED JAN 25 1939 Thurlington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Jan 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1939 to Jan 23, 1939

I last saw him alive on Jan. 23, 1939 Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset 1/21/39

Other contributory causes of importance:

Toxemia

Arteriosclerosis

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Hammond J Bugan M. D.

(Address) Union Memorial Hosp

54360 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 54360

CERTIFICATE OF DEATH

49a

1. PLACE OF DEATH — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 212 E. Eager St., 11-1 Ward)

Length of residence in city or town where death occurred 39 yrs. 1 mos. 20 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Mary Frances Quinn — If U. S. Veteran specify WAR .....

(a) Residence: No. 212 E. Eager St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

7. DATE OF BIRTH (month, day, year) Dec. 3, 1899

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	1	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Safe Deposit & Trust Co.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Martin F. Quinn

14. BIRTHPLACE (city or town) .....
(State or country) Ireland

15. MAIDEN NAME Elizabeth Brogan

16. BIRTHPLACE (city or town) .....
(State or country) Ireland

17. INFORMANT James J. Quinn
(Address) 212 E. Eager Street

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 1/26 19 39

19. UNDERTAKER Henry U. Meads and Son
(Address) 805 N. Calvert Street

20. FILED 1/25 19 39 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 23 . 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 24 . 1938 to Jan 23 . 1939
I last saw her alive on Jan 18 . 1939 Death is said to have occurred on the date stated above, at 8:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung (Beginning to Cerebrum by the way)	About 11/1/39
Other contributory causes of importance:	

Was an operation performed? No Date of None
For what disease or injury? None
Name of operation None
What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury No 19 ....
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? None If so, specify None

(Signed) Edward P. Smith M. D.
(Address) 920 St Paul St.

54361 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54361

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3332 Hudson St. 26-11 St. ..... Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Helminiak

(a) Residence: No. 3332 Hudson St. St., ... Ward.
(Usual place of abode) Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wiktoria Helminiak

7. DATE OF BIRTH (month, day, year) 1883

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 9 4

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Joseph Helminiak

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Wiktoria Helminiak
(Address) 3332 Hudson St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date Jan. 26 1939

19. UNDERTAKER John J. DUDA
(Address) 2829 Hudson St.

20. FILED ..... 19 ..... Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1938 to Jan 23, 1939

I last saw h.. alive on Jan 23, 1939 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic C.V. Disease.	Nov 12
Chr Nephritis	
Apoplexy.	Jan 20

Other contributory causes of importance:

Was an operation performed? None. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. A. Schumunch, M. D.

(Address) 842 S. East Ave.

54362 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 54362

CERTIFICATE OF DEATH

✓ 87-B

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 2507 Barclay St. 12-3 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Edith V. Gleason — If U. S. Veteran specify WAR

(a) Residence: No. 2507 (62 Barclay) St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of Thomas Gleason

7. DATE OF BIRTH (month, day, year) Oct. 22, 1871

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	3	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓37

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Bentley Springs Md.

13. NAME OF FATHER Adolphus Standiford

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME OF MOTHER Sarah Mackay

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Thos. Gleason
(Address) 2507 Barclay St

18. BURIAL, CREMATION, OR REMOVAL
Place New Freedom Cem (New Freedom Pa) Date 1/26/ 1939

19. UNDERTAKER Margaret G. Flynn
(Address) 1232 Light St

20. FILED ... (Signature of Registrar) Hunting for Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1939, to Jan 24, 1939

I last saw her alive on Jan 23, 1939. Death is said to have occurred on the date stated above, at 5.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Parkinson's disease or Paralysis Agitans	about 5 yrs ago

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

28. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) H. H. Stansbury M. D.
(Address) 714 Park Ave.

4363

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54363

CERTIFICATE OF DEATH

46-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4801 Keswick Road St. 27th Ward) 14

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Adalaide E. Ludlum

(a) Residence: No. 4801 Keswick Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of James C. Ludlum

DATE OF BIRTH (month, day, year) August 10-1880

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	5	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) N. J.

13. NAME Peter Cocker

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Elizabeth Govas

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Margery E. Smith

(Address) 4801 Keswick Road

18. [redacted], CREMATION, [redacted]

Place Green Mount Cemy. Date 1/26/39

19. UNDERTAKER John O. Mitchell Sons

(Address) 1900 Eutaw Place

20. FILED ..... 19..... Registrar.

Farmington Maine, R.F.D.

1 25 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from 19 35 to Jan 24 19 39

I last saw her alive on Jan. 23 19 39. Death is said to have occurred on the date stated above, 2-45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Colloid Carcinoma of Rectum Prod to	Aug 11-1935
Other contributory causes of importance: Metastasis to left lung under low	Aug 1936

Was an operation performed? Yes Date of Aug-12-1936

For what disease existing? Carcinoma of Rectum

Name of operation Excision of Rectum & Carcinoma

What test confirmed diagnosis? Pathological examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Gibson Porter M. D.

(Address) 4822 Roland Ave

5681 2

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54364

364

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Kline

If U. S. Veteran specify WAR

(a) Residence: No. Fairbanks St., Pa Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 5-7-93

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	8	17	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn

13. NAME Andrew Klesic

14. BIRTHPLACE (city or town) (State or country) Czech

15. MAIDEN NAME Tsaag Glasek

16. BIRTHPLACE (city or town) (State or country) Czech

17. INFORMANT Pearas

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place New Cotton Funeral Date Jan. 29, 1939

19. UNDERTAKER John F. Mitchell & Son

(Address) 850 Eutaw St.

FILED JAN 25 1939 19 Registrar.

Thos. Jos. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1938 to Jan 24, 1939

I last saw him alive on Jan 24, 1939. Death is said to have occurred on the date stated above, at 10:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchiectasis	
Post operative Pneumonia	1-17-39

Other contributory causes of importance:

Was an operation performed? Yes Date of 1-12-39

For what disease or injury? Bronchiectasis

Name of operation Lobectomy - left lower lobe

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. A. Berkheimer, M.D.

(Address) Johns Hopkins Hospital

54365 F 54365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1219 Ensor St., 10-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. 9 mos. 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary J. Buchanan

If U.S. Veteran specify WAR .....

(a) Residence: No. 1219 Ensor St., 10 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Wm. J. Buchanan

6. DATE OF BIRTH (month, day, year) April 7, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	9	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) 1 | 11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME James Murray

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine Murphy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Daughter Miss G. Buchanan

(Address) 1219 Ensor St.

18. BURIAL, CREMATION, OR REMOVAL

near Cathedral Cem. Date Jan 26, 1939

19. UNDERTAKER Edmund W. Conklin Son

(Address) 624 Cayer St

20. FILED 1939 Registrar

Lutherville, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1938 to Jan 23 1939

last saw h. alive on Jan 22 1939 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis with Oedema	1935
Other contributory causes of importance: Diabetes Mellitus	1930

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) William R. Fraglt M. D.

(Address) 10 E. Biddle St

366 } HEALTH DEPARTMENT—CITY OF BALTIMORE F 54366

CERTIFICATE OF DEATH

✓ 93-e

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6067 Harford Road 27-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George W. Rogers

If U. S. Veteran specify WAR .....

(a) Residence: No. 6067 Harford Road St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Rogers

6. DATE OF BIRTH (month, day, year) June 22-1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
86	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt Md

MOTHER FATHER

13. NAME George Rogers

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME ..

16. BIRTHPLACE (city or town) (State or country) ..

17. INFORMANT William Rogers

(Address) 6067 Harford Road

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 1-25-39

19. UNDERTAKER London & Dent

(Address) 5305 Harford Road

20. FILED JAN 25 1939 Wilmer Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 22, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came ... his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Paul Schenken Coroner, M. D.

(Address) Coroner

54367 HEALTH DEPARTMENT—CITY OF BALTIMORE E 54367

CERTIFICATE OF DEATH ✓ 94 B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2843 Pelham Ave., 27-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Fuchs Sr.

(a) Residence: No. 2843 Pelham Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
M	W.	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emelia Fuchs.

6. DATE OF BIRTH (month, day, year) 6-9-1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown.

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Joseph Fuchs
(Address) 2843 Pelham Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oakland Date 1-26-39

19. UNDERTAKER Leonard J. Post
(Address) 5305 Harford Road

FILED 19 Registrar

N 25 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/25, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombus	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Wheeler Coroner, M. D.

(Address) Coroner

4368

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54368

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1905 N. Broadway St., 15-4 Ward)

Length of residence in city or town where death occurred 56 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth 58 yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Karl Potter

(a) Residence: No. 1905 N. Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Wh.	Married

6. If married, widowed or divorced HUSBAND of (or) WIFE of Louise R. Potter

7. DATE OF BIRTH (month, day, year) Aug. 7, 1864

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	—	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bakery

10. Date deceased last worked at this occupation (month and year) 8 mos ago

11. Total time (years) spent in this occupation 3 yrs

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Louise Potter

(Address) 1905 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Jan 26 1939

19. UNDERTAKER Geo H Little

(Address) 2700 Edmondson Ave

20. FILED JAN 25 1939, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-23-1939

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1938 to Jan 23 1939

I last saw h[illegible] alive on Jan 22, 1939 Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

Apoplexy, Cerebral Thrombosis, Paralysis, Duration for 3 yrs

Date of onset 7 days

Other contributory causes of importance: Bone Arteriosclerosis 2 yrs, Failing Heart.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? M Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) E A Smith M. D.

(Address) 1605 N. Howard St.

EKL

HEALTH DEPARTMENT—CITY OF BALTIMORE

369

54369

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2235 W. Fayette St., 20-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 83 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Helen Bowen,

(a) Residence: No. 2235 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of William I. Bowen,

DATE OF BIRTH (month, day, year) February 21, 1850

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	11	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dayton Ohio

13. NAME Willian Rolfe,

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs Charles Blythe,

(Address) 2235 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date JAN 26 1939

19. UNDERTAKER Geo W Sittle

(Address) 2700 Edmondson Ave.

20. FILED , 19 Registrar.

JAN 25 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 23 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1939 to Jan 23, 1939

I last saw h[illegible] alive on Jan 23, 1939 Death is said to have occurred on the date stated above, at 5.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	?
Other contributory causes of importance: Cardiac Decompensation	1/18

Was an operation performed? None Date of

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Chas A Cahn, M. D.

(Address) 1715 N Balto

370 INTERNAL USE ONLY

HEALTH DEPARTMENT—CITY OF BALTIMORE

54370

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 12-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 68 yrs. 1 mos. 12 da.

2. FULL NAME Norwell Ryland Walker

If U. S. Veteran specify WAR NONE

(a) Residence: No. 2620 St Paul St., 12 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Christine C. Walker

6. DATE OF BIRTH (month, day, year) Dec-12-1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Iron

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. McCormick Co

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) King & Queen Virginia

FATHER

13. NAME Thomas Walker ?

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary Ryland ?

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs C. C. Walker - (wife)

(Address) 2620 St Paul St

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date Jan 26 1939

19. UNDERTAKER STEWART & HOWER COMPANY

(Address) (N. F. HOOVER SUC.) 108 W. NORTH AVENUE

20. FILED JAN 25 1939 Thurston Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to h... death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive Heart Failure	1 month

Other contributory causes of importance: Generalized Arterio-Sclerosis Chr Myocarditis 3 yrs

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Russell S. Hearne, M. D. Coroner

(Address) 2361 Eutaw Place

V S 6

E 54371

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 ✓ 173

Registered No.

1. PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2468) Druid Hill Ave (Ward) 43-3

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Geraldine M Hill

(a) Residence: No. 2468 Druid Hill Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: F

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): May 16 1916

7. AGE: Years 22 | Months 8 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: for home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

13. NAME: Jennie E Hill

14. BIRTHPLACE (city or town) (State or country): Md

FATHER

15. MAIDEN NAME: Sallie Hill

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT (Address): James Hill 2468 Druid Hill Ave

18. BURIAL, CREMATION, REMOVAL: Place Mt Auburn Cemetery Date 1/27 '39

19. UNDERTAKER (Address): Thomas E Kelson 1303 Presstman St

20. FILED JAN 25 1939 Huntington Hilton Registrar

S 8

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 24 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) found that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Gun shot of chest — Date of onset 1/24/39

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 1/24/39

Where did injury occur? 2468 Druid Hill Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury was shot thru chest

Nature of injury Wounds over chest wall

24. Was disease or injury in any way related to occupation of deceased?
(If so, specify)

(Signed) Geo H Allen M. D.
(Attending)

(Address) 50 N Augusta St

1372 E-54372

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Marine Hospital 15-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Oscar Hepburn.

If U. S. Veteran specify WAR

(a) Residence: No. 1508 Presstman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored.	Widower

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Elizabeth Hepburn

6. DATE OF BIRTH (month, day, year) Nov. 7, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Charles Hepburn Sr

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Catherine Jackson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary E. Norris

(Address) 1508 Presstman St

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date 1/26 '39

19. UNDERTAKER T. G. Kelson.

(Address) 1203 Presstman St

20. FILED JAN 25 1939

Huntington Williams Registrar

56

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

I last saw deceased on Jan 23 (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	1/15/39

Other contributory causes of importance: Copious Bronchitis

Was an operation performed? None Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Crain M. D. Coroner

(Address)

1373 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54373

CERTIFICATE OF DEATH

186-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Home for Incurables 27-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME (Mrs.) Marie H. Bond

(a) Residence: No. 741 Underwood Rd. St., ...Ward.....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3. If married, widowed, or divorced: HUSBAND of (or) WIFE of Richard B. Bond 1857

6. DATE OF BIRTH (month, day, year) March 29-1858

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
81	9	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Henry Klang

14. BIRTHPLACE (city or town) (State or country) Berlin Germany

15. MAIDEN NAME Margaret Stark

16. BIRTHPLACE (city or town) (State or country) Berlin Germany

17. INFORMANT N. V. Anderson
(Address) Home for Incurables

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 26 1939

19. UNDERTAKER Wm. J. Tichnor & Sons
(Address) Norther Ave.

20. FILED ..... 19.... Registrar

Huntington Hillcrest

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 24th 1939

22. I HEREBY CERTIFY, That I attended deceased from February 1st 1938 to January 24th 1939.

I last saw her alive on January 24th 1939 Death is said to have occurred on the date stated above, at 5-10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic and Hypertensive Cardio-Vascular Disease	Unknown
Arthritis upper and Lower extremities	1926
Diabetes Mellitus	1926
Terminal Bronchopneumonia	1-23-1939
Other contributory causes of importance	
Fracture neck of left femur	Oct. 15 '38
Possible Carcinoma of Stomach	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Fracture may have been a contributory cause Accident, suicide, or homicide? Accident Date of injury 10-15 1938

Where did injury occur? Home for Incurables, Baltimore, Maryland
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home for Incurables

Manner of injury Fall

Nature of injury Fracture neck of left femur

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Thomas [illegible] Wolff M. D.

(Address) 11 East Chase St. Baltimore Md

374 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54374

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1007 East Fayette St., 5-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 35 yrs. mos. How long in U. S. if of foreign birth yrs. mos. ds.

2. FULL NAME Dr. Abraham N. Mendelsohn — If U. S. Veteran specify WAR

(a) Residence: No. 1007 East Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 51; Months; Days; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Dentist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME Moses
14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME Ida
16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT Ralph Mendelsohn
(Address) 1007 E. Fayette

18. BURIAL, CREMATION, OR REMOVAL
Place Greenlawn Date 1-25-39

19. UNDERTAKER Jos. Lenz Inc.
(Address) 1439 E. Baltimore

20. FILED JAN 25 1939 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/23, 1939

22. I HEREBY CERTIFY, That I attended deceased from 4/12, 1938 to 1/23, 1939

I last saw him alive on 1/23, 1939. Death is said to have occurred on the date stated above, at 11:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	1/22/39
Other contributory causes of importance: Hypertension	1937 over

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. N. Gruber, M. D.
(Address) 2526 Eutaw Pl

4375 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 54375

CERTIFICATE OF DEATH

J 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1101 Carrollton Ave Ward) 40

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Laura Bryant

(a) Residence: No. 1101 Carrollton Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Bryant

6. DATE OF BIRTH (month, day, year): Dec 1866

7. AGE: Years 72 | Months 1 | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Northumberland Co Va.

FATHER

13. NAME: Robert Walker

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Lowry Bee

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Joseph Bryant

(Address) 1101 Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 1/27 1939

19. UNDERTAKER: Jas. H. Deane & Son

(Address) 632 N. Eutaw

20. FILED ... 19 Huntington Williams, M.D.

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-24-1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1/22/39

Other contributory causes of importance:

Was an operation performed? — Date of ...

For what disease or injury? —

Name of operation — Date of ...

What test confirmed diagnosis? Wassermann Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Cullen M. D. Coroner

(Address) 20 E. Lexington St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 54376

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.....

CITY OF BALTIMORE: (No.....St. 7-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Cora Jennings

If U. S. Veteran specify WAR .....

(a) Residence: No. 1009 N. Gay St., St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 3-6-90

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	10	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Virginia
(State or country)

13. NAME Edward Jennings

14. BIRTHPLACE (city or town) Va -
(State or country)

15. MAIDEN NAME Belle Wilkerson

16. BIRTHPLACE (city or town) Va -
(State or country)

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 1/25, 1939

19. UNDERTAKER [illegible]
(Address) 608 N. Eutaw

20. FILED JAN 25 1939 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1938 to Jan 24, 1939

I last saw h[illegible] alive on Jan 24, 1939 Death is said to have occurred on the date stated above, at 1305 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver (secondary) Primary site not determined.	
Other contributory causes of importance: Cachexia	

Was an operation performed? Yes Date of Dec 5 - 1938

For what disease or injury? Cancer of liver

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? Biopsy Was there an autopsy? Not

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John F. Menke M. D.

(Address) Johns Hopkins H

F 54377 HEALTH DEPARTMENT—CITY OF BALTIMORE F 54377

CERTIFICATE OF DEATH

Registered No. 167 C C 1872

1. PLACE OF DEATH 201 N. Highland Ave.
CITY OF BALTIMORE: (No. Parking Lot St. 26-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME William F. Dunn
If U. S. Veteran specify WAR

(a) Residence: No. 123 N. Highland Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Margaret Mary Dunn

6. DATE OF BIRTH (month, day, year) Feb 26-1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Plant Labs Inc.

10. Date deceased last worked at this occupation (month and year) Jan 23-1939

11. Total time (years) spent in this occupation 0 6 mo

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Margaret M. Dunn
(Address) 123 N. Highland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Jan 26, 1939

19. UNDERTAKER Martin W.C. Dippel
(Address) 375 Cross St.

20. FILED JAN 25 1939 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 23, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot wound (s) right side of head. Suicide	Jan. 23-1939
Melancholia Acute	1 year
Other contributory causes of importance	

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation Clinical Date of ...

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Jan. 23, 1939
Where did injury occur? 201 N. Highland Ave.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Parking lot
Manner of injury Suicide sitting in Auto.
Nature of injury Gun shot Wound

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood M. D.
Coroner
(Address) 1712 N. Broadway

54378 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54378

CERTIFICATE OF DEATH

112

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 104 N. Wolfe St., 6-4 Ward)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? 40 yrs. ..... mos. ..... ds.

2. FULL NAME David Savoliere

If U. S. Veteran specify WAR .....

(a) Residence: No. 104 N. Wolfe St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine

6. DATE OF BIRTH (month, day, year) June 5 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	7	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Homicide

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) New York.

13. NAME Raphael Savoliere

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Virginia Alvigi

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Salerno Savoliere

(Address) 104 N. Wolfe St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 26, 1939

19. UNDERTAKER Martin W. E. Diffel

(Address) 37 Bolton St

20. FILED ....., 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 39 to Jan 23 39, 19..... I saw h... on Jan 23 39, 19..... Death is said to have occurred on the date stated above, at 12 M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Asthma	1 yr
Acute Cardiac Dilatation	1 day

Other contributory causes, if any:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Edward J. Goot M. D.

(Address) 1530 E Baltimore

NOV 25 1939

Hunting for Fitzsimmons, M.D.

379

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54379

CERTIFICATE OF DEATH

11-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2805 Halcyon Ave 27-3 Ward)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Fred Huck

(a) Residence: No. 2805 Halcyon Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Married

6. If married, widowed, or divorced: HUSBAND of (or WIFE of) Katie Huck.

DATE OF BIRTH (month, day, year) June 14-1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	7	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Fred Huck

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Katherine Groscup

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs Katie Huck

(Address) 2805 Halcyon Ave

18. BURIAL, CREMATION, OR REMOVAL. Place Parkwood Cemetery Date 1-28-39

19. UNDERTAKER Wendell C Humphreys

(Address) 1731 Broadway.

20. FILED 19 Registrar.

Jan 25 1939

Huntington Williams, M.D. 1/24/39

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-23-39. 19

22. I HEREBY CERTIFY, That I attended deceased from 1/20/39, 19 to 1/23/39, 19

I last saw him alive on 1/23/39, 19. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza & Bronchial Pneumonia	
Senile Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas Jenkins M. D.

(Address) 470 Hospital Rd

54380 31 HEALTH DEPARTMENT—CITY OF BALTIMORE 54380

CERTIFICATE OF DEATH

87-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 2 mos. 21 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Millard Murphy

(a) Residence: No. Laurel, md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 2/11/88

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	11	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) md.

13. NAME William Murphy

14. BIRTHPLACE (city or town) (State or country) md.

15. MAIDEN NAME Ella Lewis

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Stansbury Md Date Jan 26 1939

19. UNDERTAKER J. Lloyd Revell
(Address) Laurel md

20. FILED ..... 19 Huntington White, Registrar

JAN 25 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan-24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov-3, 1938, to Jan-24, 1939.

I last saw him alive on Jan 24, 1939 Death is said to have occurred on the date stated above, at 920 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Increased intra-cranial pressure	over
Other contributory causes of importance:	

Was an operation performed? yes Date of Nov 5, 1938

For what disease or injury? Increased brain pressure

Name of operation Decompression

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Kenneth L. Pickrell, M. D.

(Address) Johns Hopkins Hosp.

Natural

F 54381

381

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a oc

1. PLACE OF DEATH Home

Registered No. 1877

CITY OF BALTIMORE: (No. 221 S. Bond St. 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Stanislaw Czarnianowski or Czarnecki If U. S. Veteran of WAR World War

(a) Residence: No. 221 S. Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 0015

10. Date deceased last worked at this occupation (month and year) Jan 23 1939

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Vincenty Czarnianowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME T. Zajaposwski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT John Czarnianowski
(Address) 404 S. Collington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem. Date Jan 26 1939

19. UNDERTAKER Fred W Zazenwolf
(Address) 930 Eastern Ave

20. FILED JAN 25 1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	hour
Valvular heart disease	year

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D.
Coroner

(Address) 1712 N. Bond St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54382 — 1,67 F 54382

54382

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Kimball Hospital St., 42 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME George Joseph Roppenberger

(a) Residence: No. Cockeysville, Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Alice Hoffman

6. DATE OF BIRTH (month, day, year) May 20, 1902

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
36	7 8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Automobile Industry

10. Date deceased last worked at this occupation (month and year) 1/24/39

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Cockeysville, Md

FATHER

13. NAME John Roppenberger

14. BIRTHPLACE (city or town) (State or country) Cockeysville, Md

MOTHER

15. MAIDEN NAME Catherine Coale

16. BIRTHPLACE (city or town) (State or country) Cockeysville, Md

17. INFORMANT Mrs. George Roppenberger (Address) Cockeysville, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Jessop's Cockeysville Date Jan 27 1939

19. UNDERTAKER Landon M. Brooks (Address) Sparks, Md

20. FILED Huntington Williams, M.D.

JAN 25 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came ... her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage a Shock	3 hrs
Other contributory causes of importance: Gun Shot Wound of Head (Suicide)	3 hrs

Was an operation performed? yes Date of 1/24/39

For what disease or injury? Cerebral Hemorrhage

Name of operation Exploratory Craniotomy Date of 1/24/39

What test confirmed diagnosis? clinical (Death) Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or Homicide? yes Date of Injury 1/24, 1939

Where did injury occur? Rear of home, Cockeysville, Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Gun shot wound of head (Left)

Nature of injury Suicidal

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Michael J. Hrame Coroner, M. D.

(Address) 7366 Ednor Road

Dy *

54383 E 54383

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 39557 (MB)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 2-2-25 1-c Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Cunningham

(a) Residence: No. 652 W. Barre St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

7. DATE OF BIRTH (month, day, year) 3/15/1880

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va.

MOTHER'S MAIDEN NAME

13. NAME: William Cunningham

14. BIRTHPLACE (city or town) (State or country): Va.

15. MAIDEN NAME: Mary Hester Clayton

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: JOHNS HOPKINS MEDICAL SCHOOL Date: JAN 25 1939

19. UNDERTAKER: Commissioner of Health

(Address) For H. A. Moore

20. FILED: Hunter Williams Registrar.

JAN 25 1939 4560

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-17-1939

22. I HEREBY CERTIFY, That I attended deceased from 12-1, 1938 to 1-17, 1939

I last saw h[illegible] alive on 1-17, 1939. Death is said to have occurred on the date stated above, at 5.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate with metastasis	few months
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? unknown If so, specify

(Signed) L. K. Washburn M. D.

(Address) Balto City Hosp

54381 TAYLOR ✓ F 54384

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

173

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hospital (Ward) 9-1

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Louis Taylor

(a) Residence: No. 323 Bruce St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1897

7. AGE: Years 41 | Months — | Days — | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C

FATHER
13. NAME —
14. BIRTHPLACE (city or town) (State or country) —

MOTHER
15. MAIDEN NAME —
16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT (Address) Hospital Records Provident Hospital

18. BURIAL, CREMATION, OR REMOVAL JOHNS HOPKINS MEDICAL SCHOOL JAN 25 1939, 19

19. UNDERTAKER (Address) Commissioner of Health
Per H. A. Moore

20. FILED 19 ... Registrar.

H-4556

JAN 25 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-31, 19 38

22. I HEREBY CERTIFY, That I last attended the deceased from ... to ... and from the evidence (Inquest, Autopsy or Inquiry) ... that said deceased came ... (Inquest, Autopsy or Inquiry) ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot wound of Back.	

Other contributory causes of importance: —

Was an operation performed? — Date of ...

For what disease or injury? —

Name of operation — Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury ... 19 ...

Where did injury occur? Vincent & Laura St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place (Saloon.)

Manner of injury Was shot in back

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) [signature] M. D.

(Address) [illegible]

HEALTH DEPARTMENT—CITY OF BALTIMORE

54385

CERTIFICATE OF DEATH

X 131 F 54385

1. PLACE OF DEATH West Baltimore General Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.) Registered No.

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 11 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Bichmann If U. S. Veteran specify WAR

(a) Residence: No. 1811 Taftsman Road Rockdale St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) February 17, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	11	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Press Man 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Metal Factory

10. Date deceased last worked at this occupation (month and year) January 1928

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

13. NAME George Bichmann

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Rosina Mohr

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. A. B. Strahan

(Address) St. James Road, Rockdale

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Jan. 27 19 39

19. UNDERTAKER J. Lamotte

(Address) 1005 E. Baltimore St.

20. FILED Huntington Williams M.D.

JAN 25 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24 19 39

22. I HEREBY CERTIFY, That I attended deceased from Jan 13 19 39 to Jan 24 19 39

That I saw h[illegible] alive on Jan 24 19 39 Death is said to have occurred on the date stated above, at 9.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerular Nephritis	
Hypertension (secondary)	
Hypertensive Heart Disease	

Other contributory causes of importance:

Uremia

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) D. [illegible] Shear, M. D.

(Address) N. B. G. H.

HEALTH DEPARTMENT—CITY OF BALTIMORE

54386

CERTIFICATE OF DEATH

93 F 54386

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 773 Carroll St. St. 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Doran

If U.S Veteran specify WAR

(a) Residence: No. 773 Carroll St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael B. Doran

6. DATE OF BIRTH (month, day, year) October 8, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D. C.

MOTHER FATHER

13. NAME James H. Dove

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Mary N. McMullan

16. BIRTHPLACE (city or town) (State or country) Albany New York

17. INFORMANT Mr. John Edward Doran

(Address) 773 Carroll St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date Jan. 28 1939

19. UNDERTAKER J. W. Lamoreau

(Address) 1003 W. Baltimore St.

JAN 25 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 24 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 1939 to Jan 24 1939

I last saw her alive on Jan 24 1939 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-pneumonia	1/15/39

Other contributory causes of importance: Chronic Myocarditis Cardiac Hypertrophy Arteriosclerosis.

Was an operation performed? no Date

For what disease or injury?

What test confirmed diagnosis? Clinical Findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Louis Klaas M. D.

(Address) 876 Washington Blvd.

54387 HEALTH DEPARTMENT—CITY OF BALTIMORE No. 54387

CERTIFICATE OF DEATH

82-W

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 11-2 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anton Boese

(a) Residence: No. 917 St. Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Louise Fountain

(Address) 917 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL

Place Russian Cem Date Jan 26 1939

19. UNDERTAKER Joseph Kornblatt Sons & Stein

(Address) 600 E Washington St

20. FILED JAN 25 1939 19 Huntington Williams M.R.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 21, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schwartz Coroner, M. D.

(Address) Coroners

HEALTH DEPARTMENT—CITY OF BALTIMORE

54388

CERTIFICATE OF DEATH

131 F 54388

Registered No.

1. PLACE OF DEATH 1417 W. Lanvale St

CITY OF BALTIMORE: (No.) St., 16 Ward 37

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sallie Jones Leonard

If U. S. Veteran specify WAR

(a) Residence: No. 1413 W. Lanvale St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Leonard

7. DATE OF BIRTH (month, day, year) November 25 68

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Waverly, Md

MOTHER'S PATRIC

13. NAME John Conaway

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Ann?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Joseph T. Jones

(Address) 1413 W Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Putty Hill, Md Date Jan 26, 1939

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

20. Filed: JAN 25 1939 Huntington Williams M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1937 to Jan. 22, 1939

I last saw her alive on Jan. 22, 1939. Death is said to have occurred on the date stated above, at 5:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1938
Chronic Nephritis	1938
Other contributory causes of importance: Generalized arteriosclerosis	1938

Was an operation performed? no Date of

For what disease or injury? none

Name of operation none

What test confirmed diagnosis? Symptom Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify none

(Signed) Frank N. Ogden M. D.

(Address) 2701 N. Calvert St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

54389

CERTIFICATE OF DEATH

F 54389

92-6

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 101 x N Carey St., 16-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jeanette Gross

(a) Residence: No. 101 x N Carey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced
If ~~husband of~~ (or) WIFE of William Gross

6. DATE OF BIRTH (month, day, year) Apr 7, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md

FATHER

13. NAME John Gordy

14. BIRTHPLACE (city or town) (State or country) Wicomico Co. Md

MOTHER

15. MAIDEN NAME Louisa Gantt

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md

17. INFORMANT Rotula Chew
(Address) 523 Cumberland St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Jan 26, 1939

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 N. Edmondson Ave.

20. FILED JAN 25 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1939 to Jan 23, 1939

I last saw her alive on Jan 22, 1939 Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	Unknown

Other contributory causes of importance:

Name of operation ..... Date of ..... What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) E William Frey M. D.

(Address) 1928 Penna Ave

54390

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B E 54390

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4301 Roland Ave. St. 27-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 86 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary J. Weeks

If U. S. Veteran specify WAR

(a) Residence: No. Kirkley Villa. 4301 Roland Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred Weeks

6. DATE OF BIRTH (month, day, year) July 23, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	7 6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Eugene Kelley

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Susan Parsons

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT (Address) Mrs. Elmer B. Freeman 807 Cathedral St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date 1/27/39 19

19. UNDERTAKER (Address) Lowe & Mitchell Sons 1900 Eutaw Place

20. FILED JAN 25 1939 19 Huntington Hitchcock Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 24. 1939

22. I HEREBY CERTIFY, That I attended deceased from April 38 to January 24 1939

I last saw h alive on January 22 1939 Death is said to have occurred on the date stated above, at 9:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elmer B Freeman M. D.

(Address) Jan 24 1939 807 Cathedral St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

54391

CERTIFICATE OF DEATH

94 F 54391
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 201 S Pulaski St. 15-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Andrew D. Rowles

(a) Residence: No. 3708 Chesholm St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Ma	Wh.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa P. Rowles

6. DATE OF BIRTH (month, day, year) Jan. 20. 61

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	—	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Andrew J Rowles.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary E Bailey

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Charles D. Rowles

(Address) 1998 20 Mulberry St

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Park Date Jan 26 1939

19. UNDERTAKER Leubuscher & Cole

(Address) 1203 W Lombard

JAN 25 1939 Huntington Williams M.D. Registrar

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	1 da

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H J Hanna M. D.
Coroner

(Address) 18 E Baltimore St

54392 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 54392

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 124 S. Curley St. 1-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Arthur F. Gman

If U. S. Veteran specify WAR .....

(a) Residence: No. 124 S. Curley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

6a. If married, widowed or divorced: HUSBAND of (or WIFE of) Catherine B. Gman

6. DATE OF BIRTH (month, day, year) Nov 30 - 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Transfer Sta

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 4 yrs

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Frank Gman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Schultz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Catherine B. Gman

(Address) 124 S. Curley St

18. BURIAL, CREMATION, OR REMOVAL

Place Ho Z Redeemer Date 1/26 19 39

19. UNDERTAKER J. J. Mahon

(Address) 1330 Boston St

JAN 25 1939 H. Lee Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/24 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-20-39 19... to 1-24-39 19...

I last saw h... alive on 1-22-39 19... Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Lung Embolism	4 hrs
Arterio Sclerosis	yrs
Coronary Disease	yrs
Other contributory causes of importance: Bronchopneumonia	10 dys

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Fred Ruzicka M. D.

(Address) 100 N. Milton Ave

54393 HEALTH DEPARTMENT—CITY OF BALTIMORE E 54393

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3 N. Gleason St. 26-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Eleanor G. Kelley

(a) Residence: No. 3 N. Gleason St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John B. Kelley

6. DATE OF BIRTH (month, day, year) Feb. 28. 1865

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER FATHER

13. NAME William Brown

14. BIRTHPLACE (city or town) (State or country) Penna

15. MAIDEN NAME Eleanor Morgan

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Bernard Kelley (Son)

(Address) 3 N Gleason

18. BURIAL, CREMATION, OR REMOVAL. Place Oak Lawn Date Jan 20 39

19. UNDERTAKER John L. McGann

(Address) 1510 E. Baltimore St.

20. FILED JAN 25 1939 Huntington Williams, M.D. (REGISTRAR.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from October 24, 1938, to January 24, 1939.

I last saw h[illegible] alive on January 23, 1939. Death is said to have occurred on the date stated above, at 4 00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral regurgitation (Rheumatic)	1920
Diabetes Mellitus	1927
Hypertension	1927
Embolism of Brain	3 wks.
Other contributory causes of importance: Chronic Osteoarthritis Hypertrophic	1920

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis Symptoms & Signs? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. F. A Stevens, M. D.

(Address) 2878 Harford Rd

LKG

Caroline Koehnle

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54394

112 F 54394

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1012 W. Pratt St., 19-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Caroline Koehnle

(a) Residence: No. 1012 W. Pratt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Frederick Koehnle

6. DATE OF BIRTH (month, day, year) Apr. 29, 1858.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Heterich

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. F. Koehnle.

(Address) 1012 W. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL.

Place Eastern Date Jan. 27 of 1939

19. UNDERTAKER Harry A. Meitzler

(Address) 1101 Gangwer Ave.

20. FILED JAN 25 1939 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct-14 1936 to Jan 23, 1939

I last saw h[illegible] alive on Jan 22, 1939 Death is said to have occurred on the date stated above, at 12:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Contracture of Colon	
Uremia	
Pulmonary Oedema	

Other contributory causes of importance

Myocardial Asthenia

Was an operation performed? No Date of

For what disease or injury?

Name of Operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John A. Rosenberg M. D.

(Address) 724 Mulberry St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

54395

CERTIFICATE OF DEATH

93-C F 54395

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1916 Wilkens Ave. St. 20-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas P. Carey

If U. S. Veteran specify WAR

(a) Residence: No. 1916 Wilkens Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE Mona Carey (nee Hartzell)

6. DATE OF BIRTH (month, day, year) June 9, 1883.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Michael Carey

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Campbell

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Mona Carey (Address) 1916 Wilkens Ave.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Cem. Date Jan 26/39

19. UNDERTAKER Harry A. Nuttle (Address) 410 Edmondson Ave.

20. FILED Jan 25 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1939, to Jan 23, 1939.

I last saw him alive on Jan 19, 1939. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease - Chronic Myocarditis	
Other contributory causes of importance: Bronchial Asthma	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Albert Kermott, M. D.

(Address) 1934 Wilkens av

HEALTH DEPARTMENT—CITY OF BALTIMORE

54396

CERTIFICATE OF DEATH

131 F 54396

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1740 Abbottston St. 9-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME John A. Griffin

(a) Residence: No. 1740 Abbottston St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or WIFE of): Henrietta Griffin

6. DATE OF BIRTH (month, day, year): Oct 1st 1867

7. AGE: Years 71 | Months 3 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: B & O R.R.

10. Date deceased last worked at this occupation (month and year): 37

11. Total time (years) spent in this occupation: 44

12. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER FATHER

13. NAME: William A. Griffin

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Henrietta Griffin
(Address) 1740 Abbottston St

18. BURIAL, CREMATION, OR REMOVAL
Date 1/27 19 39

19. UNDERTAKER: Wm Cook
(Address) 1217 St Paul St

20. FILED JAN 25 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 24th 1939

22. I HEREBY CERTIFY, That I attended deceased from January 16 1939 to January 24 1939

I last saw him alive on January 23 1939 Death is said to have occurred on the date stated above, at 1.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation & Stenosis	1 mo
Arterio Sclerosis Hypertension	3 mo
Other contributory causes of importance: Chronic Interstitial Nephritis	3 mo

Was an operation performed? no Date of

For what disease or injury?

Name of operation none

What test confirmed diagnosis? Hematuria & Casts Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos. F A Storms M. D.

(Address) 2878 Harford Rd

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54397

CERTIFICATE OF DEATH

165 F 54397

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 205 W. Pratt St. St., 2nd Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Andrew Kostek

(a) Residence: No. 205 W Pratt St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

3a. If married, widowed, or divorced HUSBAND of (or WIFE of) Mary Kostek

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	-		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -

10. Date deceased last worked at this occupation (month and year) Jan 1934

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Czech - Slovakia

FATHER

13. NAME Andrew Kostek

14. BIRTHPLACE (city or town) (State or country) Czech - Slovakia

MOTHER

15. MAIDEN NAME Mary Hlozynska

16. BIRTHPLACE (city or town) (State or country) Czech - Slovakia

17. INFORMANT Joseph Plotek

(Address)

18. BURIAL, CREMATION, OR REMOVAL Loudon Park 1/26/39

19. UNDERTAKER Wm. H. Deford & Son

(Address) 1861 W. Lafayette Ave

20. FILED JAN 25 1939

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxiation by Hanging	18 hrs.
Other contributory causes of importance: Chronic Alcoholism, Mental Aberration	2 yrs.

Was an operation performed? No Date of -

For what disease or injury? -

Name of operation - Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Yes Date of injury Jan 23, 1939

Where did injury occur? 205 W. Pratt St Baltimore Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In Home

Manner of injury Hanging - Suspended from Transom

Nature of injury Suicide

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A. Hannon Coroner, M. D.

(Address) 2360 Eutaw Place

54398

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94 F 54398

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3010 Grayson St. St., 16-2 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James K. Riggan

(a) Residence: No. 3010 Grayson St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Era T. Riggan

6. DATE OF BIRTH (month, day, year): Nov. 27, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: William C. Riggan

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Mareina Houston

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): James H. Riggan, 1809 Poplar Grove St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 1/26/39

19. UNDERTAKER (Address): Wm. F. Ould, 1217 E. Fayette

20. FILED ... 19 ... Registrar

JAN 25 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 24, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, ...

(Signed) H. R. Oneden Coroner, M. D.

(Address) 0757 ...

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

54399

CERTIFICATE OF DEATH

93-cF 54399

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Riverside Yards (B&O Railroad) St. 23-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frank Andrew Lisk

(a) Residence: No. 1827 S. Charles St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced HUSBAND of Edith Lisk

6. DATE OF BIRTH (month, day, year) April 28, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	8	26	

OCCUPATION

8. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist's Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad Industry

10. Date deceased last worked at this occupation (month and year) 1/14/34

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Frank Lisk

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary —

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Arthur Lisk

(Address) 16 Forney St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 27th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. DATE JAN 25 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24, 1934

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Instantaneous
Other contributory causes of importance:	
Chr. Hyp o Cardritis	1yr

Was an operation performed? no Date of —

For what disease or injury? no

Name of operation — Date of —

What test confirmed diagnosis? Clinical History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A. Shadoan Coroner, M. D.

(Address) 360 Eutaw Place

V S 6

Dubcak

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54400

Registered No. 57 F 54400

1. PLACE OF DEATH West Baltimore General Hospital
CITY OF BALTIMORE: (No. ..... St. 27-7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR ...

2. FULL NAME Mrs. Carrie Dubcak
(a) Residence: No. 2916 Louise Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Dubcak

6. DATE OF BIRTH (month, day, year) July 25 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	6	—	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Czechoslovakia

MOTHER FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Czechoslovakia
15. MAIDEN NAME Could not obtain
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Joseph Dubcak
(Address) 2916 Louise ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Catholic Date Jan 28 1939

19. UNDERTAKER Frank Graziadei
(Address) 1706 Eastland Ave.

20. FILED JAN 25 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1939, to Jan 25, 1939
I last saw her alive on Jan 25 1939 Death is said to have occurred on the date stated above, at 6 45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Hypertension Cardio Vascular Disease	
Other contributory causes of importance:	

Was an operation performed? Yes Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... M. D.
(Address) W. B. C. H.

HEALTH DEPARTMENT—CITY OF BALTIMORE

54401 CERTIFICATE OF DEATH × 47-B F 54401

Registered No.

1. PLACE OF DEATH Mercy Hospital St. 41-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred 3 yrs. 14 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Steven Rektos

(a) Residence: No. 1 Hanover St. & Ruth Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 11-17-82

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Mill
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Greece

FATHER

13. NAME Louis Rektos
14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT John Bollis
(Address) Hanover St. & Ruth Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date 1/26 1939

19. UNDERTAKER John B. Connelly
(Address) Essex, Md.

20. FILED JAN 25 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1938, to Jan 24, 1939

I last saw him alive on Jan 24th, 1939. Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Carcinoma R Lung	?
Metastases to Mediastinal	?
Cervical Lymphadenitis	
Right side	
Other contributory causes of importance:	
Cirrhosis of Liver	1-9-39
Alcoholism chronic	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G. Y. Lucas, M. D.

(Address) Mercy Hospital

54402

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 F 54402

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1934 W Fairmount St. 20-1 Ward)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth M. Louis

(a) Residence: No. 93 W. Fairmount St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm P. Louis

6. DATE OF BIRTH (month, day, year) Aug 1 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Henry Eckhardt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Marie Rooney

(Address) 1934 W Fairmount

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Park Cem. Date 1/25 1939

19. UNDERTAKER Joyce & Talley

(Address) Fulton & Lafayette

20. FILED JAN 25 1939, 19.....

Huntington Wilkins Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 1936, 19..., to Jan 23, 1939.

I last saw h.e.r alive on Jan 23, 1939. Death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation	3 hrs.
Other contributory causes of importance:	
Chronic myocarditis	
Chronic nephritis	5 yrs.

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) A Kalas, M. D.

(Address) 4 N. Eutaw Ave.

F 54403

54403 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 1108 FS-- 41221-

1. PLACE OF DEATH Registered No.....

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 20-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Harry Mitchell If U. S. Veteran specify WAR.....

(a) Residence: No. 2503 W. Pratt St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Virginia

6. DATE OF BIRTH (month, day, year) Aug 17, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6013

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME H Ross Mitchell

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Helen Walker

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St Johns Date 1-29, 1939

19. UNDERTAKER H. Hignutt & Sons, D Eastern Ave & Wolfe St (Address)

FILED JAN 26 1939 19 [illegible] Registrar for Halfway Md.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 1-25-, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-23-, 1939 to 1-25-, 1939

I last saw h[im] alive on 1-25-, 1939. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	1-20
Other contributory causes of importance: Cirrhosis of liver	1938

Was an operation performed? NO Date of.....

For what disease or injury?.....

Name of operation.....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify.....

(Signed) [illegible], M. D.

(Address) Balto City Hosp

54404

HEALTH DEPARTMENT—CITY OF BALTIMORE

54404

CERTIFICATE OF DEATH

72-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2305 Ruscombe Lane St., 7-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Norman James

If U. S. Veteran specify WAR

(a) Residence: No. 2305 Ruscombe Lane St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Isabella Hagner

6. DATE OF BIRTH (month, day, year) Sept 2 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumberman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. James Lumber Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry James

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Amelia B. Cate

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Macgill James

(Address) 3484 University Place

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 26, 1939

19. UNDERTAKER Henry W. Lutkins Sons

(Address) Mt Carmel & Orchard

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 8, 1938 to Jan 24, 1939

I last saw him alive on Jan 24, 1939. Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myeloid leukaemia	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter A Bastian M. D.

(Address) 1115 E Fayette St

26

54405 HEALTH DEPARTMENT—CITY OF BALTIMORE E 54405

CERTIFICATE OF DEATH

1108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1348 N. Fremont St. 15th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James T. Walker

If U. S. Veteran specify WAR

(a) Residence: No. 1348 N. Fremont ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Celia Selina Walker

6. DATE OF BIRTH (month, day, year) 6/23/1909

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Presser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. in Taylor shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph Walker

14. BIRTHPLACE (city or town) (State or country) N. Ca.

MOTHER

15. MAIDEN NAME Mary Hall

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Celia Selina Walker

(Address) 1348 N. Fremont ave

18. BURIAL, CREMATION, OR REMOVAL

Place St. Peters Cem Date 1/27 19 39

19. UNDERTAKER William A. Jackson

(Address) 916 Bruns ave

20. FILED JAN 26 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 21 1939 to Jan 24 1939

I last saw him alive on Jan 23, 1939. Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1/20/39
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Williams Frey M. D.

(Address) 1928 Penna Ave.

54406 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54406

CERTIFICATE OF DEATH 34-9-108 CCH--41196

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 Mos. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Johnson — If U. S. Veteran specify WAR

(a) Residence: No. 1343 Ward St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — James Johnson

6. DATE OF BIRTH (month, day, year) Mar. 27, 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
36	36	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Md.

MOTHER—FATHER

13. NAME — Unknown

14. BIRTHPLACE (city or town) (State or country) — Unknown

15. MAIDEN NAME — Alice Hicks

16. BIRTHPLACE (city or town) (State or country) — Md.

17. INFORMANT — City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Calvert Co Md Date Jan. 29th 19 39

19. UNDERTAKER — A. Gaye & Bro
(Address) 1111 E. Eleven St.

20. FILED JAN 26 1939, 19 — Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) January 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 22 1939 to January 25 1939.

I last saw her alive on January 25 1939. Death is said to have occurred on the date stated above, at 1:0P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1-19-39
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W. A. De Lautelle M. D.

(Address) Baltimore City Hospitals

F 54407 F 54407

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1025 Rutland Ave St., 7-4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna Angatha Roberto

(a) Residence: No. 1025 Rutland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 30, 1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Frank Roberto

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Roberto

16. BIRTHPLACE (city or town) (State or country) Cambridge Md

17. INFORMANT Elizabeth Roberto (sister)
(Address) 1025 Rutland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date Jan 27 1939

19. UNDERTAKER Roberts Funeral
(Address) 804 W. Lexington St.

20. FILED Huntington Williams M.D.
Registrar.

JAN 26 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1939, to Jan 24, 1939.

I last saw h[illegible] alive on Jan 23 1939. Death is said to have occurred on the date stated above, at 11 30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	Jan 23 1939
(Typ) Lupus Erythematosus, Bronchitis and Nasal infection.	Jan 15 1939

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Physical Lab Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) R. J. Young M. D.

(Address) 1424 E. Monument St

408

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54408

CERTIFICATE OF DEATH

V 180

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213) Druid Hill Ave (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James Howard Cook

(a) Residence: No. 1213 Druid Hill Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Cook

6. DATE OF BIRTH (month, day, year) Feb 6 - 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME James Thomas

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Hannah Peters

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Elizabeth Cook (Address) 804 N. Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date Jan 26 1931

19. UNDERTAKER Roberts Bros (Address) 804 N. Caroline St.

20. FILED Jan 26 1931 Hunting for Williams Registrar

20 4030

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24 1931

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1st Pneumonia	Jan
2nd	24
3rd	
Other contributory causes of importance:	31

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or Homicide? Accident Date of Injury Jan 24 1931

Where did injury occur? Home 1213 Druid Hill Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Was struck by coupling pin on car

Nature of injury Head injury

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... M. D.

(Address) 80 Lexington St

54409 E 54409

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓173

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St. 5-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Luberta C. Falkner

If U. S. Veteran specify WAR .....

(a) Residence: No. 220 N. Caroline St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Floyd Falkner ?

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	20			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Smith Carter

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Earnest Bates

(Address) 220 N Caroline St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Jan 26 1939

19. UNDERTAKER Robert E. Hutchins

(Address) 1515 McElderry St

20. FILED JAN 26 1939 Huntington Williams Registrar

Dr N G

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 15, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet Wound Abdomen	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 1/15, 1939

Where did injury occur? Balto., Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Shot in back with

Nature of injury a revolver

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schenck, M. D. Coroner

(Address) Same

V 56

54410

HEALTH DEPARTMENT—CITY OF BALTIMORE

54410

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1505 E. Pembroke 2-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frank Greene

(a) Residence: No. 1505 E. Pembroke St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Greene

6. DATE OF BIRTH (month, day, year) July 24-1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wadesboro NC

FATHER

13. NAME Caezar Greene

14. BIRTHPLACE (city or town) (State or country) NC

MOTHER

15. MAIDEN NAME Mary Powell

16. BIRTHPLACE (city or town) (State or country) NC

17. INFORMANT Mary Greene

(Address) 1505 E. Pembroke St

18. BURIAL, CREMATION, OR REMOVAL.

Place Mt Calvary Cem Date Jan 26 1939

19. UNDERTAKER Robert E. Williams

(Address) 1515 McElderry St

20. FILED JAN 26 1939 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22. 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence ... (Inquest, Autopsy or Inquiry) find that said deceased came ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	Jan 20 1939

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Geo. J. Allen M. D.

(Address) 50 Druid Park Drive

V 8 6

1411

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 54411

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 952 Harlem Ave 6th Ward)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bertha Rollins

(a) Residence: No. 952 Harlem Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
F	C	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Rollins

6. DATE OF BIRTH (month, day, year) Aug 27, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME John H. Smith

14. BIRTHPLACE (city or town) (State or country) Balto md.

MOTHER

15. MAIDEN NAME Ellen Paynes

16. BIRTHPLACE (city or town) (State or country) Balto md

17. INFORMANT (Address) Carrie Rawlings 952 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Jan 26, 1937

19. UNDERTAKER Wm - Sykes Holland

(Address) 1623 Druid Hill Ave

20. FILED JAN 26 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/23/37

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1937, to Jan 23, 1937

I last saw her alive on Jan 22, 1937. Death is said to have occurred on the date stated above, 6.55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	12/24/37
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. Bertram Lewis M. D.

(Address) 1600 W. Lanvale St

1412 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 54412

CERTIFICATE OF DEATH

V46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St. 7-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Baltimore How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs Mary Rosenstein

If U. S. Veteran specify WAR

(a) Residence: No. Aged Home Sinai Hosp St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND (or) WIFE Maria Rosenstein

6. DATE OF BIRTH (month, day, year) Dec. 4 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Jacob Mandelberg

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Henrietta Adler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Harry Goldberg

(Address) 107 N. Monroe St.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Balto. Hebrew Cy. Date Jany. 27. 1939

19. UNDERTAKER Eberd Sondheim & Son

(Address) 1902 Eutaw Place

20. FILED JAN 26 1939 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-26, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1/25, 1939 to 1/26, 1939

I last saw her alive on 1/26, 1939 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Carcinomatosis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. Jackanson M. D.

(Address) Sinai Hosp.

113

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 54413

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Eutaw Place & Wilson St Marlborough Apts. St. 14-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

Lifetime

2. FULL NAME Carrie Drey

If U. S. Veteran specify WAR .....

(a) Residence: No. Marlborough Apts. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 27, 1863

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	75	2	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, (State or country) Md.

FATHER

13. NAME Abraham Drey.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Lina Lauer,

16. BIRTHPLACE (city or town) Baltimore, (State or country) Md.

17. INFORMANT Miss. Alice Lauer,
(Address) Marlborough Apts.

18. BURIAL, CREMATION, REMOVAL
Place Har Sinai Cem. Date Jan. 27, 1939

19. UNDERTAKER Chas. Sonnheim Sons
(Address) 1902 Eutaw Place.

20. FILED ..... 19..... .....
Registrar.

JAN 26 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany. 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from 10-34, 1938, to 1-25, 1939

I last saw h e alive on 1-18, 1939. Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis - probably Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Manic-depressive depressed

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Manfred Hutzelmann, M. D.

(Address) 511 Cathedral St.

54414 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 54414

CERTIFICATE OF DEATH

V 431

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1008 Whitmore ave St. 16-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. 6 mos. 26 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Anna Wells

If U. S. Veteran specify WAR .....

(a) Residence: No. 1008 Whitmore ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	widowed

5a. If ~~married~~, widowed, or ~~divorced~~
~~HUSBAND~~ of
(or) WIFE of John Wells

6. DATE OF BIRTH (month, day, year) June 28-1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME David Hammond

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Mrs Elizabeth Wells
(Address) 1714 McCulloh ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Jan 29 1939

19. UNDERTAKER J. H. Frederick & Sons
(Address) 1 E Fa

20. FILED ..... 19.....
Registrar.

JAN 26 1939 Huntington Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1939 to Jan. 25, 1939

I last saw her alive on Jan. 25, 1939 Death is said to have occurred on the date stated above, at 8:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	1932
Chr. Interstitial Nephritis	1932
Other contributory causes of importance:	
Cerebral Hemorrage	1/23/39

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation Thyroid Biopsy

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Paul Brown M. D.

(Address) 1663 W. North ave.

54415

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54415

CERTIFICATE OF DEATH

✓ 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 530 E. 20th St., 9-8 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. 7 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eleanor Debring

If U. S. Veteran specify WAR

(a) Residence: No. 530 E. 20th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6. DATE OF BIRTH (month, day, year): June 16, 1869

7. AGE: Years 69 | Months 7 | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ✓

10. Date deceased last worked at this occupation (month and year): ✓

11. Total time (years) spent in this occupation: ✓

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Herbert Debring

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Elizabeth Kroeger

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Miss Mary Debring

(Address) 530 E. 20th St.

18. BURIAL, CREMATION, OR REMOVAL: Place New Cathedral Date Jan. 27 39

19. UNDERTAKER: Wm. J. McElwee Sons

(Address)

20. FILED 19 Registrar

JAN 26 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 24, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	
Cardiac Failure	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Blanchard, M. D.

Coroner

(Address)

4416 HEALTH DEPARTMENT—CITY OF BALTIMORE 54416

John C Hawkins

45-E

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2808 Eastern Ave. Ward 25)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John C Hawkins

(a) Residence: No. 2808 Eastern Ave City ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy Hawkins

6. DATE OF BIRTH (month, day, year) August 22-1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Telegraph Operator

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Charles Hawkins

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Catherine

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Clifton L Hawkins

(Address) 2808 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Pennypack Date 1-26 1939

19. UNDERTAKER Leonard Buck

(Address) 505 Hartford Rd

20. FILED JAN 26 1939 Huntington Hill Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-23 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 23 1939 to Jan 23 1939

last saw him alive on Jan 23 1939 Death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

Coronary Embolism — Date of onset 1-23-39

Other contributory causes of importance:

Carcinoma of left side of throat originating in tonsil Duration 3 Days

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Path. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. L. Gordy M. D.

(Address) 510 Hartford Rd.

E-54129 HEALTH DEPARTMENT—CITY OF BALTIMORE RE 54417

CERTIFICATE OF DEATH

148-1113

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Ellen Hodge

(a) Residence: No. 4306 Powell Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mr. John Hodge

6. DATE OF BIRTH (month, day, year) Dec. 8th 1905

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	33	1	18 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) present

11. Total time (years) spent in this occupation 15 yrs.

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME James Tibin

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ruby Lee

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. Ellen Hodge

(Address) 4306 Powell Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Wam b.m. Houston Va Jan. 28 1939

19. UNDERTAKER Fredk. Ladbrook & Son

(Address) 7401 Belair Rd

20. FILED JAN 30 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from 11-18-38, 19, to 1-25-39, 19

I last saw her alive on 1-25-39, 19. Death is said to have occurred on the date stated above, at 12 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary infarction	1/22/39
Pelvic thrombophlebitis, post-puerperal	12/10/38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph T. Ladbrook, Jr. M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

54418 F 54418

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Josephs Hosp. ✓ 104-B Registered No.

CITY OF BALTIMORE: (No. 1400 N Caroline St. 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Schultz If U. S. Veteran specify WAR

(a) Residence: No. 2208 Belair Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma A. Schultz

6. DATE OF BIRTH (month, day, year) Sept. 2-1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	5 4	2 2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Driver Patrol

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation 0 3

12. BIRTHPLACE (city or town) (State or country) Minnesota

FATHER

13. NAME Frank Schultz

14. BIRTHPLACE (city or town) (State or country) Minnesota

MOTHER

15. MAIDEN NAME Josephine Schimick

16. BIRTHPLACE (city or town) (State or country) Minnesota

17. INFORMANT Emma A. Schultz
(Address) 2208 Belair Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Trinity Cem. Date Jan. 27-39

19. UNDERTAKER John A. Miller
(Address) 2334 Jefferson St.

20. FILED JAN 26 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-19, 1939, to 1-24, 1939

I last saw him alive on Jan 24, 1939. Death is said to have occurred on the date stated above, at 10 45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial asthma	1931
Pansinusitis	1936
Acute cardiac dilatation	1-24-39

Other contributory causes of importance:

Was an operation performed? Yes Date of 1-24-39

For what disease or injury? Pansinusitis

Name of operation Radical Pansinusotomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Anthony Thomas M. D.

(Address) St Josephs Hosp.

54419 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54419

CERTIFICATE OF DEATH

41009 (MB)

Registered No. 18-282a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charlotte Moses,

(a) Residence: No. 1214 W. Lexington St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Charles -- 1st (d) Henry -- 2nd (d)

6. DATE OF BIRTH (month, day, year) 6/30/1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Date Jan 30 1939

19. UNDERTAKER Joseph A. Kurtz
(Address) 1697 W. Mount St.

20. FILED JAN 28 1939 Lexington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 16 1939 to January 25 1939

I last saw her alive on January 25 1939. Death is said to have occurred on the date stated above, at 1:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1-16-39
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. De Sanctis M. D.
(Address) Baltimore City Hospitals

VS 2

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54420

CERTIFICATE OF DEATH

F 54420

125-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fred Green

If U. S. Veteran specify WAR

(a) Residence: No. 539 N. Chester St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 14 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) June 31 | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Fred Green

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Md Dutch.

17. INFORMANT Minnie [illegible] (Address) 539 N. Chester

18. BURIAL, CREMATION, OR REMOVAL Place Bal Cem Date Jan 28 39

19. UNDERTAKER John J. Allen & Sons (Address) 200 E. Lanvale

20. FILED Jan 27 39 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 19[illegible] to January 26, 1939

I last saw him alive on Jan 26, 19[illegible]. Death is said to have occurred on the date stated above, at 7.45A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Hepatitis	
Renal failure	
Other contributory causes of importance:	

Was an operation performed? Yes Date of Jan 24, 1939

For what disease or injury? [illegible]

Name of operation Exploratory laparotomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. L. Gazzy, M. D.

(Address) Sinai Hosp.

54421

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 54421

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7-5 Ward)

Registered No. 121

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Thomas S Tennant

If U. S. Veteran specify WAR

(a) Residence: No. 806 N Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie M Tennant.

6. DATE OF BIRTH (month, day, year) Dec 27-1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	-	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mgr Retail Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paint Co

10. Date deceased last worked at this occupation (month and year) Dec 10-1938

11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Theodore Tennant.

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Annie M Tennant

(Address) 806 N Washington

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date Jan 26 1939

19. UNDERTAKER: John Cullinan

(Address) 201 E Lanvale

20. FILED JAN 28 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1938 to Jan 25, 1939

I last saw him alive on Jan 25, 1939 Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary embolism (?)	

Other contributory causes of importance:

Was an operation performed? Yes Date of 1/15/39 1/20/39

For what disease or injury? Appendicitis + Benign Prostatic Hypertrophy

Name of operation Appendectomy + Transurethral Resection

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Sidney Lonae, M. D.

(Address) Sinai Hospital

1422

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54422

CERTIFICATE OF DEATH 38644 (MB)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 20-6 Ward) 34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Georgiannia Jones

If U. S. Veteran specify WAR .....

(a) Residence: No. 3115 Leeds St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alburn Jones (d)

6. DATE OF BIRTH (month, day, year) 1-17- Unknown 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66 ? 54		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Jarvis Thomas

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sophia ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Phila, Pa. Date Jan. 27, 1939

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from November 3 1938 to January 24 1939

I last saw her alive on January 24, 1939. Death is said to have occurred on the date stated above, at 11:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis	1938
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. de Lautelle, M. D.

(Address) Baltimore City Hospitals

VS 8 JAN 26 1939 Huntington Williams, M.D.

14287 / 36 27

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54423

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 18-3 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah Smith

(a) Residence: No. 849 Lemon St, Baltimore Md. St, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Smith

6. DATE OF BIRTH (month, day, year) Dec 25, 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46		26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife (031)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME David Henderson

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Nellie ?

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Jan. 27, 1939

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Schroeder St Huntington Williams, W. Va.

20. FILED JAN 26 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1939, to Jan 21, 1939

I last saw her alive on Jan 20, 1939 Death is said to have occurred on the date stated above, at 1.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia - Type I	Dec. 30,
Pericarditis & effusion	Jan. 17.

Other contributory causes of importance:

Anemia - Iron deficiency, Due to Leiomyoma.

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) T. Lanning Mackey, M. D.

(Address) Johns Hopkins Hospital

V6 3

4421

HEALTH DEPARTMENT—CITY OF BALTIMORE

54424

CERTIFICATE OF DEATH

94-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 420 Howell Terrace St., or Ward) 27-12

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Felix Fry

(a) Residence: No. 420 Howell Terrace St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rev. James A. Fry

6. DATE OF BIRTH (month, day, year) 9/5/1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Berkley Va

FATHER

13. NAME Fealing Tibbs

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Lulu

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT James Tibbs
(Address) 1380 N. Calhoun

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 1/27 1939

19. UNDERTAKER Joseph L. Locke, Jr.
(Address) 1924 Pennsylvania Ave

20. FILED 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-24-1939

22. I HEREBY CERTIFY That I attended deceased from 11/13 1938 to 1/24 1939

I last saw h alive on 1/23 1939. Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pleumatic Endo-	12/25
Cardits	
Angina Pectoris	
Other contributory causes of importance:	
Work & Exposure	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Eugene R. Blake M. D.

(Address) 1924 Augusta Ave

54425

HEALTH DEPARTMENT—CITY OF BALTIMORE

54425

CERTIFICATE OF DEATH

95-B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME George Harrison

(a) Residence: No. 600 S. Bond St. St., ...Ward.....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Augustus

6. DATE OF BIRTH (month, day, year) June 24 1858

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
80	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Storekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry Goods

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME George W. Harrison

14. BIRTHPLACE (city or town) Balto (State or country) Md.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) Balto (State or country) Md.

17. INFORMANT Thomas J. Harrison

(Address) 600 S. Bond St.

18. BURIAL, CREMATION, OR REMOVAL. Place Mt. Carmel Date Jan 27 1939

19. UNDERTAKER Lilly & Leiter Inc.

(Address) 407 E. FOLEY ST.

20. FILED JAN 26 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1939 to Jan 24, 1939

I last saw him alive on Jan 24, 1939. Death is said to have occurred on the date stated above, at 1:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1/21/39
1	

Other contributory causes of importance:

Heart disease - Arteriosclerosis

Benign prostatic hypertrophy

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis Lauber, M. D.

(Address) Sinai Hospital

54426

HEALTH DEPARTMENT—CITY OF BALTIMORE

54426

CERTIFICATE OF DEATH

112

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Church Home & Infirmary N. Broadway St. 1 - E Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Charles Freund (FREUND)

If U. S. Veteran specify WAR .....

(a) Residence: No. 221 Fleet Str. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 12, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Market Stall

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Conrad Freund

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Annie Brown

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs A. Dotterweich (friend)
(Address) 402 S. Collington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Trinity Cem. Date Jan. 27 1939

19. UNDERTAKER Fuller & Zeiler Inc.
(Address) 405 S. WOLFE ST.

20. FILED JAN 26 1939 Harrington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/23/39 , 19

22. I HEREBY CERTIFY, That I attended deceased from 1/23/39 , 19 to 1/23/39 , 19

I last saw him alive on 1/23/39 , 19 Death is said to have occurred on the date stated above, at 9.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	
Other contributory causes of importance: Bronchial asthma	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) F. Digne Meltzarth, M. D.

(Address) Church Home Infirmary.

4427

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54427

CERTIFICATE OF DEATH

131

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1725 FLEET ST. St. 2-3 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME GEORGE HOLLE

(a) Residence: No. 1725 FLEET ST St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of MARY HOLLE

6. DATE OF BIRTH (month, day, year) JAN 6/ 1875

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
64		20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. DECK HAND

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ON FERRY BOAT

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) BALTO. MD.

FATHER

13. NAME JOSEPH HOLLE

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME MARY WILMER

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMANT MARY HOLLE (WIFE
(Address) 1725 FLEET ST

18. BURIAL, CREMATION OR REMOVAL
Place Parkwood Date JAN. 28 1939

19. UNDERTAKER Lilly & Zeiler Sons
(Address) 407 S. WOLFE EST

20. FILED ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1939, to Jan 26, 1939. I last saw h.. alive on Jan 25, 1939. Death is said to have occurred on the date stated above, at 4/30 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1/17/39
Chronic nephritis.	6/25/39

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) 437 N. Patterson Pk.

VS 8

54428 E 54428

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 508 Wyeth St. St. 21-7 Ward)

Length of residence in city or town where death occurred 3 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret Jane Griffiths

(a) Residence: No. 508 Wyeth St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William A.

6. DATE OF BIRTH (month, day, year) Aug. 8, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Robert Compton

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Margaret Griffiths

(Address) 508 Wyeth St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 1/26 1939

19. UNDERTAKER Cantrell Inc.

(Address) 701 W. Cross St.

20. FILED JAN 26 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 22 1939 to Jan 24 1939

I last saw her alive on Jan 24 1939 Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Cerebral Hemorrhage	1-22-39

Other contributory causes of importance: —

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward F. Nolan M. D.

(Address) 682 Washington Blvd

F 54429

54429 HEALTH DEPARTMENT—CITY OF BALTIMORE

53-13

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 653 W. Lexington St. St. H-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bertha E. Gilroy

(a) Residence: No. 653 W. Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of James J. Gilroy

6. DATE OF BIRTH (month, day, year) Sept 22. 1879?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sewing Machine Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing 0064

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 4 yrs.

12. BIRTHPLACE (city or town) (State or country) Charlestown W. Va

FATHER

13. NAME Charles Summerfield

14. BIRTHPLACE (city or town) (State or country) Charlestown W. Va

MOTHER

15. MAIDEN NAME — —

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT James J. Gilroy (Address) 76 E. W. Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 1/26/39 19

19. UNDERTAKER Thos. J. Ernst (Address) Sellers & Gilmore

20. FILED ..... 19 ..... Registrar

Huntington Hill

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 23, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardio Respiratory Failure	2 days
Other contributory causes of importance: Carcinoma of Bladder & Surgery	1 yr.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Clinical History Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Michaela A. Shamer, M. D. Coroner

(Address) 2360 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

V S W 1930

HEALTH DEPARTMENT—CITY OF BALTIMORE 54430

54430 23631 JS

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospl. St. 20-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR ...

2. FULL NAME George Wilson

(a) Residence: No. 3041 Stafford St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine

6. DATE OF BIRTH (month, day, year): 11-6-1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Laundry Co.

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: James

14. BIRTHPLACE (city or town) (State or country): Balto.

MOTHER

15. MAIDEN NAME: Catherine ?

16. BIRTHPLACE (city or town) (State or country): N. J.

17. INFORMANT: B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Westview Cem. Date: Jan 24 1939

19. UNDERTAKER: P. B. Hipsley & Son
(Address): 1300 Eastern Ave.

20. FILED ... 19 ... Registrar.

JAN 26 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 24 1939

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1937, to January 24, 1939.

I last saw him alive on January 24, 1939. Death is said to have occurred on the date stated above, at 5:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
	1937
Hypertensive heart disease	~~1925~~
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Clinical

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. A. DeLaudale, M. D.

(Address) Baltimore City Hospitals

54431

HEALTH DEPARTMENT—CITY OF BALTIMORE

54431

CERTIFICATE OF DEATH

117-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen. Hosp St. 20 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. William F. Fritz (Fritz)

(a) Residence: No. 517 South Brunswick St., 20 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lottie E Fritz

6. DATE OF BIRTH (month, day, year) July 18, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45 yrs.		6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Policeman 61

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Southern District

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Andrew Fritz

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Anna Haberkorn

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT E. D. Taylor Md.

(Address) W B & A

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 1/30/39 19...

19. UNDERTAKER C. B. Hilbert & Son

(Address) 300 Eastern Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 23-1939 19... to Jan 25 1939

I last saw h[illegible] alive on Jan 25, 1939. Death is said to have occurred on the date stated above, at 11:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a) Pneumonia	1-24-39
b) Bronchial Pneumonia	

Other contributory causes of importance:

Was an operation performed? yes Date of 1-23-39

For what disease or injury? Ruptured gastric ulcer

Name of operation .....

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify .....

(Signed) D. J. Shea, M. D.

(Address) M. U. H.

V0 8

132

HEALTH DEPARTMENT—CITY OF BALTIMORE

39 P91
ahe/cee
F 544.32

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

Registered No.....

CITY OF BALTIMORE: (No. 1523 S. Charles St. St. 22-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Maggie Weihrauch

If U. S. Veteran specify WAR .....

(a) Residence: No. 1523 S. Charles St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Reinhold Weihrauch

6. DATE OF BIRTH (month, day, year) Sept. 29, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Hofmann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Steinleen

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John F. Weihrauch (Son)

(Address) 1511 N. Patterson Pk. Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date Jan. 27, 1939

19. UNDERTAKER A. Raoul Evans

(Address) 1400-02 S. Charles St. Huntingdon Pennsylvania

20. FILED JAN 26 1939 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 24th, 1939

22. I HEREBY CERTIFY, That I attended deceased (from Jan. 21- 39 to Jan 24 1939

that saw h.. alive on Jan 24 1939 Death is said to have occurred on the date stated above, at 530P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1938
Other contributory causes of importance:	
Senile Dementia	7 Mos

Was an operation performed? No Date of X

For what disease or injury? X

Name of operation X

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) X Ludwig Kline M. D.

(Address) 1340 S. Charles

HEALTH DEPARTMENT—CITY OF BALTIMORE

54433

CERTIFICATE OF DEATH

F 54433

46 D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Augustus G. Bandell

If U. S. Veteran specify WAR

(a) Residence: No. 1307 E. Federal St., Ward. 32

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Dreebsler

6. DATE OF BIRTH (month, day, year) March 8 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	10	17	13

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Officeal

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Company

10. Date deceased last worked at this occupation (month and year) Dec 22, 1938

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Samuel Bandell

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Reese

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs Chas H. Colston

(Address) 2610 Elmora Ave

18. BURIAL, CREMATION, OR REMOVAL. Place Greenmount Date Dec. 28 1938

19. UNDERTAKER Lobar-Underhill Funeral Home

(Address) 1210 Eutaw Place

20. FILED , 19 Registrar.

JAN 26 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1938, to Jan 25, 1939

I last saw him alive on Jan 25, 1939 Death is said to have occurred on the date stated above, at 2 15 m PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma - Rectum	
& Carcinomatosis	
Other contributory causes of importance: Cirrhosis - Liver.	

Was an operation performed? yes Date of Dec 27, 1938

For what disease or injury? Carcinoma - Rectum

Name of operation Colostomy

What test confirmed diagnosis? Biopsy Was there an autopsy? No.

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Raymond L. Ligon, M. D.

(Address) Raymond Ligon Mercy Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

54431

CERTIFICATE OF DEATH

92-aF 54431

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1606 Baker st. St. 15-L Ward)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? ....yrs. ....mos. ....da.

If U. S. Veteran specify WAR .....

2. FULL NAME Irving Chamberlain

(a) Residence: No 1606 Baker st St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 12, 1899.

7. AGE Years	Months	Days	If LESS than 1 day.. hrs. or min.
39.	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Co Md

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) (State or country) Frederick Md

MOTHER

15. MAIDEN NAME Mazie Zastrow

16. BIRTHPLACE (city or town) (State or country) Frederick Md

17. INFORMANT Anna Belle

(Address) 1606 Baker st.

18. BURIAL, CREMATION, OR REMOVAL

Place Frederick Md Date 1/26 39

19. UNDERTAKER M. R. Eschbach

(Address) 214 Market St

Huntington Williams, M.D. Resident Phy.

FILED JAN 26 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 25 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above at 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably, Valvular heart lesion	

Other contributory causes of importance: Bronchial Congestion

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) V. Haun, M. D.

Coroner

(Address) 1215 Hanover

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54435

93-C F 54435

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp St. 4-K Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Dr. Charles E. Wingo

(a) Residence: No. 228 N. Greene St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Marie Wingo

6. DATE OF BIRTH (month, day, year) Feb. 3- 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. dentist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dentistry

10. Date deceased last worked at this occupation (month and year) 1-20 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Samuel Wingo

14. BIRTHPLACE (city or town) (State or country) Fayette Virginia

MOTHER

15. MAIDEN NAME Eliz. Wright

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Marie Wingo

(Address) 228 N. Greene St.

18. BURIAL, CREMATION, OR REMOVAL Place Raymond Cem. Date Jan 28 1939

19. UNDERTAKER Chas. E. Sauer & Son Inc.

(Address) 118 W. Mt. Royal Ave

20. FILED JAN 26 1939 By Huntington Willis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1939 to Jan. 25, 1939

I last saw him alive on Jan. 25, 1939. Death is said to have occurred on the date stated above, at 4:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1937 3 yrs.
Other contributory causes of importance: Acute Cardiac dilatation	Jan. 25 1939

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify.

(Signed) H. Schauer M. D.

(Address) Mercy Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

54436

CERTIFICATE OF DEATH

92-a F 54436

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1703 Virginia Belle Parkway St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. Lifetime mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Daniel Shipley Lester

(a) Residence: No. 1703 Virginia Belle Parkway St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ada Louise Lester

6. DATE OF BIRTH (month, day, year) Feb. 16 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Test

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Room A. T. T.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 1086

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Joseph Lester

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Amanda Greenfield

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Ada Louise Lester

(Address) 1703 Virginia Belle Parkway

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date Jan 27 1934

19. UNDERTAKER Chas. F. Wood Son Inc.

(Address) 11 W. Mt. Royal Ave

20. FILED Huntington Williams M.D.

(REGISTRAR)

JAN 26 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 20/34 to Jan 24/34

I last saw him alive on Jan 23/34 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	Jan 20/34
Chronic Myocarditis	Prev. Yrs.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Scott Mott M. D.

(Address) 1 W. Lexington

54437

F 54437

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St., 9-9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John L. Roy

(a) Residence: No. 1835 Aiken St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Lydia Roy

6. DATE OF BIRTH (month, day, year) May 30 1870

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
68	69	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Automobile Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Lydia R. Roy
(Address) 1835 Aiken St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jan 27 1939

19. UNDERTAKER Wendell Hughes
(Address) 1105 Lafayette Ave

20. FILED ... 19 Huntington Williams M.D.

JAN 26 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 27, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemiplegia	
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation — Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify ...

(Signed) Paul Schreiber, M. D.
Coroner

(Address) Coroner

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

54438

CERTIFICATE OF DEATH

F 54438

34-E-13

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 26 da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Batson

If U. S. Veteran specify WAR

(a) Residence: No. St., Ward. Annapolis, Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Sophie Batson

6. DATE OF BIRTH (month, day, year) 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. pantryboy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ellen Jennings

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Sophia Batson

(Address) 47 Washington St

18. BURIAL, CREMATION, OR REMOVAL

Place Brewerville Cem Date Jan 28 1939

19. UNDERTAKER E. T. Barker

(Address) 47 Washington St

20. FILED JAN 26 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1939 to Jan 26, 1939

I last saw him alive on Jan 26, 1939 Death is said to have occurred on the date stated above, at 2 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Cardio Vascular Renal Disease Uremia	
C. V. S. Syphilis	
Other contributory causes of importance: Cystitis Uremia	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry L. Rigdon, M. D.

(Address) University Hosp.

OCCUPATION IS VERY IMPORTANT.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 F 54439

F 54439 Registered No.

1. PLACE OF DEATH 250 E. Fairmount Ave. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 250 E. Fairmount Ave. St., 6-2 Ward)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Roberts If U. S. Veteran specify WAR

(a) Residence: No. 250 E. Fairmount Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles L. Roberts

6. DATE OF BIRTH (month, day, year) Dec 27, 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	—	28 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Louis Reinisch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara —

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Lily Cofer (Address) 511 N. Linwood Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Oakland Cem Date 1/28, 19 39

19. UNDERTAKER J. C. Nolan (Address) 1300 E. Balto St.

20. FILED JAN 26 1939 Hunting for Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1939, to Jan. 24, 1939

I last saw her alive on Jan. 24, 1939. Death is said to have occurred on the date stated above, at 8:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility, general cachexia, cardiitis, renal aggression	1/21/39
Other contributory causes of importance: Arterio-sclerosis, chr. nephritis, hypertension.	?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Surgical findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) T. Sobiloff M. D.

(Address) 447 N. Linwood Ave.

OCCUPATION is very important. See instructions on back of certificate.

54440

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-12 F 54440

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mildred Upshaff

If U. S. Veteran specify WAR

(a) Residence: No. 3 N. Kenwood Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 30 1923

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	15	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt

FATHER

13. NAME Edward Upshaff

14. BIRTHPLACE (city or town) (State or country) Balt

MOTHER

15. MAIDEN NAME Lillian Lyons

16. BIRTHPLACE (city or town) (State or country) Balt

17. INFORMANT Edward Upshaff

(Address) 3 N. Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date 1/30/ 1939

19. UNDERTAKER John E. Logan

(Address) 300 E. Baltimore Huntington Terrace, Md.

20. FILED JAN 26 1939 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1938, to Jan 25, 1939

I last saw her alive on Jan 25, 1939 Death is said to have occurred on the date stated above, at 4:30 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute + Chronic Rheumatic Heart Disease	3 yrs
Other contributory causes of importance: Ascites	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ...

(Signed) M. R. Trump M. D.

(Address) St. Joseph's Hosp.

OCCUPATION is very important. See instructions on back of certificate.

V S 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

54441

CERTIFICATE OF DEATH

+46 F 54441

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md. Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., 17-76 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Lawrence Sudhausen If U. S. Veteran specify WAR

(a) Residence: No. Ridge Road St., Ward. Fullerton, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Sudhausen

6. DATE OF BIRTH (month, day, year) April ?1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	9	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Florist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

FATHER

13. NAME Clements Sudhausen

14. BIRTHPLACE (city or town) (State or country) ? Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ? Germany

17. INFORMANT Records - U. S. Marine Hospital (Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Place Ho Redeemer Date 1/28 1939

19. UNDERTAKER J. A. Moran (Address) 3000 E. Biddle St. Baltimore, Md.

20. Filed JAN 26 1939 Huntington Whitaker, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 16, 1939, to January 24, 1939

I last saw h in alive on January 24, 1939. Death is said to have occurred on the date stated above, at 8:20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, sigmoid	Unknown
Other contributory causes of importance:	
Arteriosclerosis, general, moderate	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. M. H. Andrews, M. D.

(Address) U. S. Marine Hospital, Baltimore, Maryland.

OCCUPATION is very important. See instructions on back of certificate.

V8 a

54442 HEALTH DEPARTMENT—CITY OF BALTIMORE 54442

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1305 Greenmount Ave 9-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran ... specify WAR ...

2. FULL NAME Sarah Emma Beck

(a) Residence: No. 1305 Greenmount Ave Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
~~Female~~	White	Widowed

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND~~ (or) WIFE of Milton A. Beck

6. DATE OF BIRTH (month, day, year) May 24th 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) York Co. (State or country) Pa.

FATHER

13. NAME Thomas Smith

14. BIRTHPLACE (city or town) ... (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Gosling

16. BIRTHPLACE (city or town) York Co. (State or country) Md

17. INFORMANT Gertrude McMahan

(Address) 1305 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St. Paul's Lutheran Church Cemetery Date Jan 28th 1939

Stone Town Pa

19. UNDERTAKER Wm Bost

(Address) 1217 St Paul St

20. FILED ... 19... Registrar.

JAN 27 1939

Waiting for Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1939, to Jan 26, 1939

I last saw h ~~er~~ alive on Jan 25, 1939 Death is said to have occurred on the date stated above, at 2.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary disease	?
arteriosclerosis	?
chr nephritis	?
Other contributory causes of importance:	
—	

Was an operation performed? — Date of ...

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Samuel Schafer M. D.

(Address) 714 E Preston St

54443 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 54443

CERTIFICATE OF DEATH

Registered No. 192-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1200 Valley St., 10-1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth Edwards

(a) Residence: No. 1200 Valley St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

3a. If married, widowed, or divorced (or) WIFE of Charles Edwards

6. DATE OF BIRTH (month, day, year) Dec 22, 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rodridge Virginia

FATHER

13. NAME Henry Schrader

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Annie ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT William H. Edwards
(Address) 4041 Coldspring Lane

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 1/07 1939

19. UNDERTAKER Leonard A. Covington
(Address) 21 W. 25th St.

20. FILED Jan 9 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1939, to Jan 24, 1939

I last saw her alive on Jan 24, 1939 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Endocarditis	?
Other contributory causes of importance: Asthma	Lot

Was an operation performed? Date of

For what disease or injury?

Name of operation Phlebotomy What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) [illegible] M. D.

(Address) 1114 [illegible]

OCCUPATION is very important. See instructions on back of certificate.

N-27 1939

54444 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 54444

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Mary Abbott If U. S. Veteran specify WAR

(a) Residence: No. 4408 Arabia Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James T. Abbott

6. DATE OF BIRTH (month, day, year) 11-9-1868

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
70	2	17	5

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Hanlon

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Mrs Catherine Abbott

(Address) 4408 Arabia Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 1/30/39

19. UNDERTAKER Geo. W. Rath Co

(Address) 2033 Washington Ave.

20. FILED JAN 27 1939 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-26- 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-17- 1939, to 1-26- 1939

I last saw h 4 alive on 1-25- 1939. Death is said to have occurred on the date stated above, at 4:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Nephritis & Hypertonic Arteriosclerotic Hypertension.	Nov. 38
Cardio-Vascular disease & decompensation	?
	?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. R. Tennyson M. D.

(Address) St. Joseph's Hosp.

OCCUPATION is very important. See instructions on back of certificate.

54445 HEALTH DEPARTMENT—CITY OF BALTIMORE E 54445

Late ✓ × 54-E

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH St. Agnes Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wilkens & Caton Aves St. 25-1 Ward)

Length of residence in city or town where death occurred 46 yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Mrs. Katherine Claus

(a) Residence: No. Leeds & North Aves St., Arbutus, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Edward G. Claus

6. DATE OF BIRTH (month, day, year) 1/28/1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56 5	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Ga.

FATHER

13. NAME John Benisl

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ~~Alberta Davis~~

16. BIRTHPLACE (city or town) (State or country) Wilhelmsing Reichardt Germany Dawes Ga.

17. INFORMANT (Address) Leeds ave & North ave

18. BURIAL, CREMATION, OR REMOVAL Place Patapsco Date 1/30/39

19. UNDERTAKER George J. Kurtz Sons (Address) 2135 Harford Ave.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 25 1939

22. I HEREBY CERTIFY, That I attended deceased from 1/21 1939 to 1/23 1939.

I last saw her alive on Jan 25 1939. Death is said to have occurred on the date stated above, at 4:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	1/23/39
Partial Obstruction	1/20/39
	over

Other contributory causes of importance:

Was an operation performed? Yes Date of 1/23/39

For what disease or injury? Partial Obstruction

Name of operation Resection of Caecum

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Charles J. Seyrich M. D.

(Address) St Agnes Hosp.

OCCUPATION is very important. See instructions on back of certificate.

APR 27 1939

F 54446

F 54446

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1812 Druid Hill Ave St., 14-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR ...

2. FULL NAME Perry Joner

(a) Residence: No. 18 [illegible] Druid Hill Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	C. C.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
91	90			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT John M. Nelson Jr. Executor, M.D.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 1/27 39

19. UNDERTAKER William A. Jackson
(Address) 916 Cadena ave
Huntington, West Virginia

JAN 27 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 26 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 22 1939 to Jan 25 1939
I last saw h— alive on Jan 25 1939 Death is said to have occurred on the date stated above at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart Disease	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of —
For what disease or injury? —
Name of operation — Date of —
What test confirmed diagnosis? Phys. Ex. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If [illegible] specify —

(Signed) P. Garland Chrisfield, M. D.
(Address) 1534 - Druid Hill Ave

OCCUPATION is very important. See instructions on back of certificate.

54447 HEALTH DEPARTMENT—CITY OF BALTIMORE 54447

CERTIFICATE OF DEATH

15

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 24 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Linda Wroten

If U. S. Veteran specify WAR

(a) Residence: No. 1300 Williams St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph E. Wroten

6. DATE OF BIRTH (month, day, year) April 16 - 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Delaware

FATHER

13. NAME David Asbury Williams

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Chas. Fairlove

(Address) 1300 Light St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date January 29 1939

19. UNDERTAKER C. Richard Fleming

(Address) 1426 Light St.

20. FILED 19 Huntington Williams HB Registrar.

JAN 27 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1939 to Jan. 26, 1939

I last saw her alive on Jan. 26, 1939. Death is said to have occurred on the date stated above, at 11 oc a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Erysipelas	11/18/39
Chronic Otitis Media	
Other contributory causes of importance:	
Uraemia	1/24/39
Cardiac Failure	1/26/39

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ernest Shirley M. D.

(Address) Sydenham Hospital

OCCUPATION is very important. See instructions on back of certificate.

SHIRLEY

54448 HEALTH DEPARTMENT—CITY OF BALTIMORE 54448

CERTIFICATE OF DEATH

82a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 329 N Schroeder St., 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Harry M. Caplan

(a) Residence: No. 329 N Schroeder St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced (or) WIFE of: Rose

6. DATE OF BIRTH (month, day, year): May 14 1877

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
61	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: grocery Mgr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Ralph Caplan

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Rachael ?

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Bernard Caplan

(Address) 329 N Schroeder St

18. BURIAL, CREMATION, OR REMOVAL: Date Jan 27, 1939

Loudon Park Cem

19. UNDERTAKER: Lof Levinson & Bro

(Address) 1124-26 W Northwood

20. FILED 19 Registrar.

Hunting on Millers MD

N 27 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1, 1935, to 1-26, 1939

I last saw him alive on 1-26, 1939. Death is said to have occurred on the date stated above, at 11 25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-25-39

Other contributory causes of importance:

Arteriosclerosis	Many years
Cerebral Hemorrhage	1934

Was an operation performed? No Date of

For what disease or injury?

Name of operation No.

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. E. Wice M. D.

(Address) 920 St. Paul St.

OCCUPATION is very important. See instructions on back of certificate.

54449 F 54449

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

173

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hospital 17-3 (Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR .....

2. FULL NAME Frank Smith
(a) Residence: No. 713 Bruine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	9	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER
13. NAME Frank Smith
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER
15. MAIDEN NAME Rosa Bell
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Martha Wilson
(Address) 713 Bruine St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Jan. 28 1939

19. UNDERTAKER Mrs. Travis & Hensley
(Address) 578 N. Bradford St.

FILED JAN 27 1939 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-24 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot wound of abdomen	1/22/39

Other contributory causes of importance:

Was an operation performed? Yes Date of 1/22/39
For what disease or injury Gun shot wound
Name of operator Peter Peterson Date of 1/22/39
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 1/22/39
Where did injury occur? Baltimore Md
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Public Place
Manner of injury Was shot in abdomen
Nature of injury Gun shot wound

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Geo Peele M. D.
(Address) 20 Hospital Coroner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

N 27 1939

VS 6

54450

HEALTH DEPARTMENT—CITY OF BALTIMORE

54450

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1733 N Payson St. 15-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Enos E. Mellott

(a) Residence: No. 1733 N Payson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose A Mellott

6. DATE OF BIRTH (month, day, year) Aug 24 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meat Cutter 6013

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Dennis Mellott

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Harriett Lanehart

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Elwood Mellott

(Address) 1733 N Payson St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Jan 30 1939

19. UNDERTAKER John Ulrich

(Address) 2108 Ocean

20. FILED JAN 27 1939 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26. 1939

22. I HEREBY CERTIFY, That I attended deceased from April 20 1936 to Jan 26 1939

I last saw h/ he alive on Jan 26 1939. Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	unknown
Other contributory causes of importance: Myocardial failure	Nov 1 1938

Was an operation performed? No Date of

For what disease or injury? No

Name of operation Sputum Exam Ray

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Wellington Stewart M. D.

(Address) 1738 E. 28th St

OCCUPATION is very important. See instructions on back of certificate.

V0 8 JAN 27 1939

54451 E 54451

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 94-8

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Katie Ethel Mercer

☐ U. S. Veteran specify WAR .....

(a) Residence: No. Walbrenville, Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of John J. Mercer

6. DATE OF BIRTH (month, day, year) October 7, 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick County Md.

FATHER

13. NAME Daniel Fuller

14. BIRTHPLACE (city or town) (State or country) Frederick County Md.

MOTHER

15. MAIDEN NAME Virginia Snyder

16. BIRTHPLACE (city or town) (State or country) Frederick County Md.

17. INFORMANT Mary Mercer

(Address) Walbrenville, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Union Chapel Jan 28. 1939

19. UNDERTAKER G. L. Barton

(Address) Walbrenville Md

20. FILED JAN 27 1939 19 Huntington Williams Recorder

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 25. 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest Autopsy or Inquiry thereon and from the evidence obtained by said Inquest Autopsy or Inquiry died that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Wheeler Coroner, M. D.

(Address) Coroner

V S 6

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Name of disease alone not sufficient. OCCUPATION is very important. See instructions on back of certificate.

54452 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54452

CERTIFICATE OF DEATH

41194-FS

1. PLACE OF DEATH — Registered No. 53-F

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 21-E Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Braun — If U. S. Veteran specify WAR

(a) Residence: No. 1156 Ward St. St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Regina

6. DATE OF BIRTH (month, day, year) 10-29-1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Paul Braun

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah Shidding

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT B. C. H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem. Date 1/28/39

19. UNDERTAKER John F. Cowan & Son (Address) 601 Gilmor St.

20. FILED JAN 27 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-25, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-22, 1939 to 1-25, 1939

I last saw h[illegible] alive on 1-25, 1939 Death is said to have occurred on the date stated above, at 12:45 P. m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Carcinoma of undetermined origin ?

Bronchopneumonia terminal

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Unknown If so, specify

(Signed) [illegible] M. D.

(Address) Balto City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

453

HEALTH DEPARTMENT—CITY OF BALTIMORE

54453

CERTIFICATE OF DEATH

95-3

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Church Home & Infirmary N. Broadway St. 9-b Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Julia Jacobs

If U. S. Veteran specify WAR

(a) Residence: No. 1811 East 33rd St., Ward.
(Usual place of abode)
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mr. George Jacobs

6. DATE OF BIRTH (month, day, year) May 25, 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Louis Brandt

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Sophie C. Tiehmyer

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mr. George Jacobs
(Address) 1811 E. 33rd St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Ceme. Date Jan. 27 1939

19. UNDERTAKER H. Sander & Son, Inc. Geo. F. Sander
(Address) Baltimore St. & Broadway

20. FILED JAN 27 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-24-1939

22. I HEREBY CERTIFY, That I attended deceased from 1/10/39, 19... to 1/24/39, 19...

I last saw h[illegible] alive on 1/21/39, 19... Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage ?	1/10/39
Arteriosclerosis, hypertension	?
cardio-vascular disease	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) F. Lloyd Whitworth, M. D.
(Address) Church Home & Hosp.

OCCUPATION is very important. See instructions on back of certificate.

4451

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 54451

CERTIFICATE OF DEATH

186-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 503 CHAPEL GATE LANE St., 28-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME SARAH ELIZABETH KIEFFER

If U. S. Veteran specify WAR

(a) Residence: No. 503 CHAPEL GATE LANE St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	WIDOWED

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of GEORGE S. KIEFFER

6. DATE OF BIRTH (month, day, year) MARCH 28, 1848

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	90	9	29?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H.W.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) BALTIMORE, MARYLAND

FATHER

13. NAME SAMUEL B. SEXTON

14. BIRTHPLACE (city or town) (State or country) NEW JERSEY

MOTHER

15. MAIDEN NAME ELIZABETH ELBERT

16. BIRTHPLACE (city or town) (State or country) MARYLAND

17. INFORMANT DR. GEORGE S. M. KIEFFER

(Address) 1010 LEEDS AVENUE

18. BURIAL, CREMATION, OR REMOVAL

Place LOUDON PARK Date 1/28 19 39

19. UNDERTAKER Raymond Kaufmann

(Address) 927 LEEDS AVENUE

20. FILED JAN 27 1939 19 ..... Huntington Mills, Registrar

Gpc

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26 1939

22. I HEREBY CERTIFY, That I attended deceased from NOV. 15 1938 to Jan 26 1939

I last saw h[illegible] alive on Jan 24 1939. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	Jan 20 1939
Other contributory causes of importance: Fracture of hip	Nov. 15 Dec 1938

Was an operation performed? No Date of .....

For what disease or injury? .....

Nature of operation .....

What test confirmed diagnosis? Clinical examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in the following:

Accident, suicide, or homicide Accident Date of injury Nov. 15 1938

Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Fell on floor.

Nature of injury Fractured right hip

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George M. Settle M. D.

(Address) 2435 Maryland Ave

OCCUPATION is very important. See instructions on back of certificate.

V6 9

F 54455

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8404 (18) 54455

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Samuel S. Boggs

(a) Residence: No. 2825 St. Paul St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jane (d)

6. DATE OF BIRTH (month, day, year) 3/15/1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Samuel S. Boggs

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Sarah Brigley

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem Date Jan 27th 1939

19. UNDERTAKER Levy Bros & Co
(Address) Orchard & Pulaski Sts

20. FILED JAN 27 1939 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1935 to January 27, 1939

I last saw him alive on January 27, 1939 Death is said to have occurred on the date stated above, at 1:55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-26-39
Arteriosclerosis	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Santalle, M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

39 P92

54456

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54456

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2 Abington Ave. St. 20-6 Ward)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? 55 yrs. mos. ds.

2. FULL NAME Katherine Henry

If U. S. Veteran specify WAR

(a) Residence: No. 2 Abington Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hugh Albert Henry

6. DATE OF BIRTH (month, day, year) Aug. 2, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maide County, (State or country) Ireland

FATHER

13. NAME John Carroll

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Katherine Morgan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Katherine Garrity

(Address) 30 Abington Ave. (Daughter)

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date Jan. 28, 1939

19. UNDERTAKER J. Holland Evans

(Address) 1400-02 S. Charles St.

20. FILED Jan 27 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 25th, 1939

22. I HEREBY CERTIFY, That I attended deceased from 12/15, 1938 to 1/25, 1939

I last saw her alive on 1/25, 1939 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension under-	
ryting renal disease	1933?
Cerebral hemorrhage	1939 (1/25)

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 3332 Edmondson Ave

Battle Creek

OCCUPATION is very important. See instructions on back of certificate.

V8 8

54457

HEALTH DEPARTMENT—CITY OF BALTIMORE

54457

CERTIFICATE OF DEATH

X / 95-B ✓

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. 2 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Leona Klein If U. S. Veteran specify WAR

(a) Residence: No. 700 York Road St., Ward. Balto Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Geo Klein

6. DATE OF BIRTH (month, day, year) Nov 20 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME — Moyston

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Annie Lutz

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT George Klein (Address) 700 York Rd

18. BURIAL, CREMATION, OR REMOVAL Rosedale Hall Cem Rosedale Md Date Jan 30/39 19

19. UNDERTAKER Philip Henrig Sons (Address) 2016 Eastern Ave

20. FILED 19 Registrar.

Hunter's Lane Philadelphia, Pa.

JAN 27 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-26-39 19

22. I HEREBY CERTIFY, That I attended deceased from 1-24-39 19 to 1-26-39 19

I last saw her alive on 1-26-39 19 Death is said to have occurred on the date stated above, at 5:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	1-24-39
Other contributory causes of importance: Arteriosclerotic Hypertensive Card.	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. R. Tennyst M. D.

(Address) St. Josephs Hosp.

INSTRUCTIONS.—Fill in all items. If unknown, say so. Cause of death and OCCUPATION is very important. See instructions on back of certificate.

54458

HEALTH DEPARTMENT—CITY OF BALTIMORE

54458

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Volunteer of America Home (St.) 15

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Fannie McNally

If U. S. Veteran specify WAR .....

(a) Residence: No. 1709 McKean Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William T. Mc Nally

6. DATE OF BIRTH (month, day, year) April 24 1832

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

FATHER

13. NAME Andrew Shaeffer

14. BIRTHPLACE (city or town) (State or country) Carroll Co Md.

MOTHER

15. MAIDEN NAME Mary Evans

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Md

17. INFORMANT (Address) Mr. William T. Mc Nally 1709 Mc. Kean Ave

18. BURIAL, CREMATION, OR REMOVAL. Place Western Cemetery Date Jan. 30 1939

19. UNDERTAKER (Address) William J. Tickner & Sons North & Pennsylvania Aves

20. FILED JAN 27 1939 Huntington Williams, M.P. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1939 to Jan 26, 1939

I last saw him alive on Jan 26 1939 Death is said to have occurred on the date stated above, at 9:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	?
Coronary Thrombosis	1/26/39
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Lenal M. Thompson M. D.

(Address) 418 N Lexington St

Volunteers of America Hosp

State CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

54459 HEALTH DEPARTMENT—CITY OF BALTIMORE 54459

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Good Shepherd General Hospital (Ward) 233

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Jones
If U. S. Veteran specify WAR

(a) Residence No. 1205 Park Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Margaret Jones

6. DATE OF BIRTH (month, day, year): Jan 29 1887

7. AGE: Years 51 52; Months 11; Days 1 27; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own Farm
10. Date deceased last worked at this occupation (month and year): Dec 28 1938
11. Total time (years) spent in this occupation: 38

12. BIRTHPLACE (city or town) (State or country): Gloucester Va

FATHER
13. NAME: Robert Jones
14. BIRTHPLACE (city or town) (State or country): Va

MOTHER
15. MAIDEN NAME: Not known
16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): Wm. Jones 1205 Park Av

18. BURIAL, CREMATION, OR REMOVAL
Place: Colds Va Date: 1/27 1939

19. UNDERTAKER (Address): Walter R. Sugg 134 W. Hamilton St

20. FILED: Jan 28 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 26 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1939 to Jan 26 1939
That I last saw him alive on Jan 26 1939 Death is said to have occurred on the date stated above, at 1030 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystitis	9
Cystitis	

Other contributory causes of importance:

Was an operation performed? None Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. B. Stephens M.D.
(Address) 1413 Eutaw Pl

STATE CAUSE OF DEATH in plain words. Do not use abbreviations or symbols. OCCUPATION is very important. See instructions on back of certificate.

VS 3

JAN 27 1939

F 54460

F 54460

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3560 — 54-B

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 7-3 Ward)

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Theresa Bigger

(a) Residence: No. 605 N. Bond St. Balto Md. Ward .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Jerry Bigger

6. DATE OF BIRTH (month, day, year) Oct 9, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	31	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Thomas Bruce

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mattie Spencer

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Meherrin Va Date Jan. 27, 1939

19. UNDERTAKER Mrs. R. C. Elliott-Slaughter

(Address) 1129 N. Eden St

20. FILED ..... 19 ..... Registrar.

JAN 27 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 1939 to Jan 24 1939

I last saw her alive on Jan 24 1939. Death is said to have occurred on the date stated above, at 4:35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	1/24/39
Other contributory causes of importance:	

Was an operation performed? Yes Date of 1-10-39

For what disease or injury? Myomata uteri, hydrocele of cord & testis.

Name of operation Hysterectomy, excision of hydrocele of cord & testis, appendectomy & [illegible]

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William T. Sturgis Jr. M. D.

(Address) Johns Hopkins Hospital

THE CAUSE OF DEATH is to be stated so that a definite opinion may be formed as to the OCCUPATION is very important. See instructions on back of certificate.

54461 F 54461

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 232 N. Caroline St. 5-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Robert Baker

(a) Residence: No. 232 N. Caroline St St., ... Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 5, 1918

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	20		19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Robert Baker

14. BIRTHPLACE (city or town) (State or country) N. Carolina

MOTHER

15. MAIDEN NAME Mattie Spencer

16. BIRTHPLACE (city or town) (State or country) N. Carolina

17. INFORMANT Mattie Baker
(Address) 1225 N. Caroline St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date Jan 28 1939

19. UNDERTAKER Mrs. R. A. Elliott & Vaughtte
(Address) 1129 N. Caroline St.

JAN 27 1939 ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-24 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-20 1939 to 1-24 1939

I last saw h.. alive on 1-23 1939 Death is said to have occurred on the date stated above, at 2:01 m. A.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1937
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? bacteriological clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) R. E. Lound M. D.

(Address) 1500 E. Madison St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V0 8

54462

HEALTH DEPARTMENT—CITY OF BALTIMORE

54462

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 S Madeira St. 1-4 Ward)

Registered No. .....

(If death occucced in a hospital or institution, give its NAME instead of street and numbec.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Thomas Napora

If U. S. Vetecan specify WAR .....

(a) Residence: No. 520 S Madeira st St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (oc) WIFE of —

6. DATE OF BIRTH (month, day, year) April 24-1938

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
—	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Ignacy Napora

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Rozalia Zachowski

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Mrs Rozalia Napora

(Address) 520 S Madeira st.

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Date Jan 28 1939

19. UNDERTAKER George A. Weber.

(Address) 705 S Exeter st

20. FILED JAN 27 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 27 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1939 to Jan 26 39

I last saw him alive on Jan 25 1939 Death is said to have occurred on the date stated above, at 1 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	1/25/39
Other contributory causes of importance: Measles	1/20/39

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Natuce of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) William J. Rydzewski M. D.

(Address) 801 N Kenwood Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 54463 ✓ 82-a F 54463

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 902 Mrs Morris St. 11-4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ora Life Brown

If U. S. Veteran specify WAR .....

(a) Residence: No. 902 Morris St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year): 1898

7. AGE: Years 41 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Johnnie Hutchins

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Elizabeth West

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Estella Grace Hutchins

(Address) 710 Morris St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Date Jan 30th 1939

19. UNDERTAKER: Chas O Wilson

(Address) 1000 Brantley ave

Huntington Williams Mgr

20. FILED JAN 27 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 26, 39

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) hw and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Apoplexy — Date of onset Jan 25 1939

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so specify .....

(Signed) Jesse Sallee M. D.

Address 50 Courtland St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

54461

CERTIFICATE OF DEATH

23 F 54464

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 5-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME John Perry (17874)

If U. S. Veteran specify WAR

(a) Residence: No. 110 Aisquith St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1883

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
56	55			

(OCCUPATION)

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greece

(FATHER)

13. NAME Mike Perry

14. BIRTHPLACE (city or town) (State or country) Greece

(MOTHER)

15. MAIDEN NAME ??

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date JAN 27 1939 19...

19. UNDERTAKER Commissioner of Health
(Address) Per H. L. Moore

20. Date JAN 27 1939 19... Registrar Hastings S. Wilson M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from November 18, 1938 to January 22, 1939.

I last saw him alive on January 22, 1939 Death is said to have occurred on the date stated above, at 6:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous empyema right	Nov. 1933
Tuberculosis of lungs	1923

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

54465

CERTIFICATE OF DEATH

10968 (MB) 107 a F 54465

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 12-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David Wilson

If U. S. Veteran specify WAR

(a) Residence: No. 417-23rd St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 3/12/1878

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
60	60	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME Almeron Wilson

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Emma Wiltse

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date JAN 27 1939 19

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. FILED JAN 27 1939 19 Hubert Wilson Registrar

4561

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 2, 1938, to January 21, 1939

I last saw him alive on January 21, 1939. Death is said to have occurred on the date stated above, at 10:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-17-39
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Lamballe M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 8

54466

HEALTH DEPARTMENT—CITY OF BALTIMORE

54466

CERTIFICATE OF DEATH

46-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3917 (St.) N Garrison Ave (Ward) 18

Length of residence in city or town where death occurred 30? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margret Elizabeth Pyle

If U. S. Veteran specify WAR

(a) Residence: No. 3917 N Garrison Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Lewis Pyle

6. DATE OF BIRTH (month, day, year) Sept 5-1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
18	79	4	22 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6039

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pleasantville Harford Co Md

FATHER

13. NAME David Ely

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Sarah Burnett

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Mrs Young

(Address) 3917 N Garrison Ave

18. BURIAL, CREMATION, OR REMOVAL Harford Co Md

Place Central M.E. Church Cem Date 1/28/1939

19. UNDERTAKER Agnes L. Late

(Address) 1205 N Broadway

20. FILED JAN 27 1939 Hunting for Williams Registrar

D P Lee

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26 1939

22. I HEREBY CERTIFY, That I last saw the deceased alive on

Jan 26 1939

and that I have viewed the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) I find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	1/26/39

Other contributory causes of importance: Intestinal Hemorrhage

Was an operation performed? Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Craig, M. D.

Coroner

(Address)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54467

CERTIFICATE OF DEATH

✓ 18 F 54467

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur Wilkins

If U. S. Veteran specify WAR

(a) Residence: No. 3433 Guilford Terrace, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) January 27, 1918

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk - Commercial Credit Co

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1-25-39

11. Total time (years) spent in this occupation 1 YR 11 MO

12. BIRTHPLACE (city or town) (State or country) Rehobeth, Maryland

FATHER

13. NAME Herbert Frank Wilkins

14. BIRTHPLACE (city or town) (State or country) Rehobeth, Md.

MOTHER

15. MAIDEN NAME Caroline Langford

16. BIRTHPLACE (city or town) (State or country) Rehobeth, Maryland.

17. INFORMANT Friend

(Address) 3433 Guilford Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place REHOBETH CEM Date 1-28- 1939

19. UNDERTAKER BRADSHAW Funeral Home

(Address) Rehobeth Md

20. FILED 19 Huntington Williams M.D. Registrar.

JAN 27 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 26 1939 to January 27 1939

I last saw him alive on January 22, 1939 Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia Meningitis	1/22/39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry S. Gimbel M.D.

(Address) Sydenham Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54468

CERTIFICATE OF DEATH

1939

F 54468

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto. Gen. Hospital St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Walter Jos. Branigan

(a) Residence: No. 225 E. Churchill St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie A. Branigan

6. DATE OF BIRTH (month, day, year) Sept. 20, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	4	6 5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W. P. A.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

FATHER

13. NAME Michel Branigan

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Estelle G. Meyers

(Address) 108 E. Monument St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Jan 28th 1939

19. UNDERTAKER William Cook

(Address) 1217 St. Paul St

FILED JAN 28 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/25/ , 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry) his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1st. 2nd. and 3rd. degree burns of almost the entire body.	1/25/ 1939

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 1/25/ 1939

Where did injury occur? 225 Churchill St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Went to bed with burning cigarette in hand causing fire and burning himself.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. Littman, Coroner, M. D.

(Address) 1304 E. Chase St.

Information should be carefully supplied. Age should be stated in years and months. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54469

CERTIFICATE OF DEATH

F 54469

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton Ave. St. 16-5 Ward) 87-B

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran, specify WAR

2. FULL NAME Lillie Solomon

(a) Residence: No. 2526 W. Mosher St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 20th 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
57 (55)		4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) 2

11. Total time (years) spent in this occupation 5y.

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Servious F. Wantz

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ellen Houck

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. Charles Solomon

(Address) 2518 Mosher St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Jan 30th 1939

19. UNDERTAKER William Cook

(Address) 1217 St. Paul St

20. FILED JAN 28 1939 Harry Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-27 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-24 1938 to 1-27 1939.

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 9:35 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Sclerosis	3yrs
Other contributory causes of importance: Marked Secondary Anemia	1 mo

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Joseph E. Muse Jr. M. D.

(Address) St Agnes' Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

#16170
SF
F 54470

CERTIFICATE OF DEATH

54470

Registered No. 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 7-18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1910 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Jennie S. Turner

(a) Residence: No. 5223 St. Charles Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	divorced

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William Turner

6. DATE OF BIRTH (month, day, year): 6/19/1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Va.

FATHER

13. NAME: John Crim

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Catherine Carnes

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Leesburg Va Date Jan 30th 1939

19. UNDERTAKER: Wm Cook
(Address) 1217 E. Pavl st

20. FILED JAN 28 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 26. 1939

22. I HEREBY CERTIFY, That I attended deceased from June 14 1938 to January 26 1939

I last saw her alive on January 26 1939. Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-20-39
Other contributory causes of importance: Arteriosclerosis Unknown	

Was an operation performed? No Date of

For what disease or injury?

Name of operation clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact residence must be given. OCCUPATION is very important. See instructions on back of certificate.

35-7503 BURBOL

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54471

CERTIFICATE OF DEATH

3 | F 54471

Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ... St. 725 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Burbol

If U. S. Veteran specify WAR ...

(a) Residence: No. Toms River St. ... Ward. New Jersey
(Usual place of abode) Toms River (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Joseph

6. DATE OF BIRTH (month, day, year) 8/18/09

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
29	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) New Jersey

FATHER

13. NAME Charles Groves

14. BIRTHPLACE (city or town) (State or country) N. J.

MOTHER

15. MAIDEN NAME Lillian Adams

16. BIRTHPLACE (city or town) (State or country) N. J.

17. INFORMANT Friend

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL Place Toms River, N.J. Date 1/28 1939

19. UNDERTAKER Mr. Cobb

(Address) 1219 E. Fayette St.

20. FILED JAN 28 1939 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1939 to Jan 27, 1939

I last saw her alive on Jan 27, 1939. Death is said to have occurred on the date stated above, at 1450 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Hypertension & Uremia	Nov. '38
	recd
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Logan B. Scott, M. D.

(Address) Johns Hopkins Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

Laura V. Reeve

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54472

CERTIFICATE OF DEATH

59 F 54472

Registered No.

1. PLACE OF DEATH Woman's Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... St. 14 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Laura V. Reeves — If U.S. Veteran specify WAR ...

(a) Residence: No. Woodlawn, Md. St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter L. Reeves

6. DATE OF BIRTH (month, day, year) Aug. 21, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Harry P. Hughes

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Hester Bayloden

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mildred Instrick

(Address) 1901 Edgewood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodland Park Date Jan 28 1939

19. UNDERTAKER H. Kenworthy & Son

(Address) 2615-17 Wheatsheaf Lane

20. FILED JAN 28 1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1939 to Jan. 26, 1939.

I last saw h.s.c. alive on Jan. 26, 1939. Death is said to have occurred on the date stated above, at. 2:25 A.M.

The principal cause of death and related causes of importance were as follows:

Diabetis, Ulceration of R. ischium, cellulitis of left gluteal region, cardiac failure, myocardial insufficiency — Date of onset Dec. 30

Other contributory causes of importance:

Was an operation performed? Yes Date of Jan. 25, 1939.

For what disease or injury? Abscess of left gluteus

What test confirmed diagnosis? Clinic Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. P. Sellers, M. D.

(Address) Woman's Hosp.

INFORMATION: AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54473

CERTIFICATE OF DEATH

11-B

F 54473

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 21-25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. 8 mos. 29 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Rose M Szymanski

If U. S. Veteran specify WAR

(a) Residence: No. 1146 N. Cross St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 28-1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Walter M Szymanski

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Lucille V Bibb

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mother

(Address) 1146 N. Cross St

18. BURIAL, CREMATION, OR REMOVAL Cathedral Cem. Date JAN 28th 1939

19. UNDERTAKER Bernard C Harle

(Address) 121 E West St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 26 1939

22. I HEREBY CERTIFY, That I attended deceased from December 21, 1938 to January 26, 1939

I last saw h.. alive on January 26 1939. Death is said to have occurred on the date stated above, at 5:20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenzal meningitis	12/17/38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Lumbar puncture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry J. Zimbel M. D.

(Address) Sydenham Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 20 1939

Mrs C

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54474

CERTIFICATE OF DEATH

82-a

F 54474

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1128 RIDGELY St. 21-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME FANNIE B. MOYER

If U. S. Veteran specify WAR

(a) Residence: No. 1128 Ridgely St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEM.	WHITE	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of FRANK. J MOYER

6. DATE OF BIRTH (month, day, year) JULY. 5 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	46	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) BALTO MD

FATHER

13. NAME EDWARD SHELDON

14. BIRTHPLACE (city or town) (State or country) BALTO MD

MOTHER

15. MAIDEN NAME EMMA BURKHEAD

16. BIRTHPLACE (city or town) (State or country) BALTO MD

17. INFORMANT FRANK J MOYER
(Address) 1128 RIDGELY ST.

18. BURIAL, CREMATION, OR REMOVAL
LOUDON PARK Date JAN. 30th 39

19. UNDERTAKER BERNARD C HARRE
(Address) 121 E WEST ST

20. FILED ... 19 ... Registrar.

JAN 28 1939

Huntington Williams Mgr
Inc

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JANUARY 26. 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr 24 1938 to January 26. 1939

I last saw her alive on Jan 26 1939 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/26/39
Other contributory causes of importance: Arteriosclerosis	1/24/39

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Arthur Dunn M. D.

Address 1 Mayfield Bay

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

54475

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54475

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3018 Northern Parkway) (Ward) 27-5-50

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Katherine Metz

If U. S. Veteran specify WAR

(a) Residence: No. 3018 Northern Parkway Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John J Metz

6. DATE OF BIRTH (month, day, year) 1-14-1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	-	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George Yoter

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT John J Metz

(Address) 3018 Northern Parkway

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 1-30-39 19

19. UNDERTAKER Thomas J Rock

(Address) 5305 Harford Road

20. FILED ... 19 ... Registrar.

JAN 28 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-26-39 19

22. I HEREBY CERTIFY, That I attended deceased from January 38 to Jan. 26 1939

I last saw her alive Jan. 25, 1939 Death is said to have occurred on the date stated above, at 7.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis -	
Paralysis - R. side	Sept. 1938
after apoplexy.	
Other contributory causes of importance:	
Myocardial insufficiency.	
Pneumonia.	

Was an operation performed? Yes Date of 1936

For what disease or injury? Carcinoma right breast.

Name of operation Radical amputation right breast

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) H. H. Mowbray M. D.

(Address) 31 E. North Ave

Information should be carefully supplied. ... Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. ... OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54476

CERTIFICATE OF DEATH

117-F 54476

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen Hosp St. 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward T. Kavanaugh

If U. S. Veteran specify WAR

(a) Residence: No. 304 W Monument St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Loretta Kavanaugh

6. DATE OF BIRTH (month, day, year) April 5, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tavern

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Detroit Michigan

FATHER

13. NAME Thomas Patrick Kavanaugh

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Walsh

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Loretta Kavanaugh

(Address) 304 W Monument St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan 30 1939

19. UNDERTAKER Jos J Deegan & Bro

(Address) Baltimore Md

JAN 28 1939

20. FILED Huntingtown Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-12-39, 19.., to 1-27, 1939

I last saw him alive on 1-27, 1939. Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated gastric ulcer	1-12-39
Peritonitis	1-12-39
Adynamia ileus	1-16-39

Other contributory causes of importance:

Was an operation performed? Yes Date 1-12-39

For what disease or injury Perforated gastric ulcer

Name of operation Closure of ulcer

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W K Maguire M. D.

(Address) Md Gen Hosp

Information should be carefully supplied. And should be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

VS 5

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54477

CERTIFICATE OF DEATH

107-a F 54477

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 20-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Emma Davis

If U. S. Veteran specify WAR

(a) Residence: No. 2000 Wilhelm St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles

6. DATE OF BIRTH (month, day, year) 11-15-1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME George Wemback

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louisa Stiffein

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address) B. C. H. Records

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 1-28-39

19. UNDERTAKER Dec. F. D. Pickard & Son
(Address) 1200 Eutaw Place

Hearing by Wm. Williams M.D.

20. FILED ... 19... Registrar.

JAN 28 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 12, 1938, to January 24, 1939

I last saw her alive on January 24, 1939. Death is said to have occurred on the date stated above, at 8:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-14-39
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Lautelle M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V0 2

HEALTH DEPARTMENT—CITY OF BALTIMORE

41275-PS

CERTIFICATE OF DEATH

54478 108 F 54478

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 20-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. 100% ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry E. Otto

(a) Residence: No. 2017 Eagle St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes

6. DATE OF BIRTH (month, day, year) 10-8-1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Richard Otto

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ogle

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn K Date 1-31-39 19

19. UNDERTAKER F. B. Siebert & Son

(Address) East Fayette St.

20. FILED JAN 28 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 25, 1939, to January 27, 1939

I last saw him alive on January 27, 1939 Death is said to have occurred on the date stated above, at 5:12 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	1-17-39
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. de Lautelle M. D.

(Address) Baltimore City Hospitals

Exact statement of information should be carefully supplied. Use ditto marks only when they will be properly classified. Write plainly in ink. Do not abbreviate, so that it may be properly classified. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

54479

CERTIFICATE OF DEATH

131 F 54479

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2319 E. Federal Street St. 8 Ward)

Length of residence in city or town where death occurred 28 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME TILDEN G. ZEPP

If U. S. Veteran specify WAR

(a) Residence: No. 2319 E. Federal Street St., 8 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura R. Zepp

6. DATE OF BIRTH (month, day, year) Sept. 5, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Balto.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Transit co. Motorman

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Manchester Md. Maryland

FATHER

13. NAME William S. Zepp

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Amanda Gernmule

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Laura R. Zepp

(Address) 2319 E. Federal Street

18. BURIAL, CREMATION, OR REMOVAL

Place Union Cem. Manch. Md. Date 1/28/39

19. UNDERTAKER [illegible]

(Address) [illegible]

20. Filed JAN 28 1939 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 13, 1938 to Jan. 23, 1939.

I last saw him alive on Jan. 23, 1939. Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

myocardial [illegible]
Arteriosclerosis
[illegible]
[illegible]

Other contributory causes of importance:

[illegible]
[illegible]

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. W. KOUREY, M. D.

(Address) 121 S. Broadway

Information should be carefully supplied. Write it that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54480

CERTIFICATE OF DEATH

72-a F 54480

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Gen. Hosp. 22-1 Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME John C. Gronwalt

(a) Residence: No. 18 W. Lee St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Addie Gronwalt

6. DATE OF BIRTH (month, day, year) Jan. 1, 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	0	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Johnstown, Pa.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs. Addie Gronwalt
(Address) 18 W. Lee St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Jan. 28, 1939

19. UNDERTAKER J. Howard Strong
(Address) 705 Light St.

20. FILED Huntington Williams, M.D. Registrar.

JAN 28 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1939, to Jan. 26, 1939.

I last saw him alive on Jan. 25, 1939. Death is said to have occurred on the date stated above, at 7:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Lymphoid Leukemia, Aleukemic	1938
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Arnold N. Eichert, M. D.

(Address) South Baltimore Gen. Hosp.

X. B.—WRITE PLAINLY. WITH EXCEPTION [illegible] should be stated EXACTLY. PHYSICIANS should be careful to report the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 6 3

F 54481

HEALTH DEPARTMENT—CITY OF BALTIMORE

54481

CERTIFICATE OF DEATH

82a

1472 JS

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ira Cole

(a) Residence: No. 718 Druid Hill Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche

6. DATE OF BIRTH (month, day, year) 3-30-1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) D. C.

FATHER

13. NAME George

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Anna Bradshaw

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 1-28 1939

19. UNDERTAKER Chas Alexander

(Address) 12 N. Carrollton

20. FILED JAN 28 1939 Interim for Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 24 1939

22. I HEREBY CERTIFY, That I attended deceased from December 9 1938 to January 24 1939

I last saw him alive January 24, 1939 Death is said to have occurred on the date stated above, at 6.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumania	1-17-39
Other contributory causes of importance: Cerebral Hemorrhage	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Lautelle M. D.

(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 B

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54482

CERTIFICATE OF DEATH

F 54482

210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hospital St. 19-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John W. Jacobs

If U. S. Veteran specify WAR .....

(a) Residence: No. Ogunquit (Usual place of abode), Maine St., ... Ward. .....

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise M. Jacobs

6. DATE OF BIRTH (month, day, year) Oct. 15, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ogunquit Maine

FATHER

13. NAME ? Jacobs

14. BIRTHPLACE (city or town) (State or country) Maine

MOTHER

15. MAIDEN NAME UnKnown

16. BIRTHPLACE (city or town) (State or country) Maine

17. INFORMANT Reginald F. Jacobs

(Address) Ogunquit Maine

18. BURIAL, CREMATION, OR REMOVAL

Place Ogunquit Maine Date Jan 28 1939

19. UNDERTAKER Everett Littlefield

(Address) [illegible]

20. FILED JAN 28 1939 Huntington Williams, M.D. Registrar

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL DOCUMENT. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 2o, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above:

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of R. Femur	
Fracture of Pelvis	
Broncho Pneumonia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, Suicide or Homicide? Accident Date of injury Jan. 1o, 1939, 19...

Where did injury occur? Belair Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Road

Manner of injury Skided off road upset Auto.

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, [illegible]

(Signed) [signature] M. D.

(Address) [illegible] Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54483

CERTIFICATE OF DEATH

✓108 F 54483

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 441 North Montford Ave. St. 6-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas Truss

(a) Residence: No. 441 N. Montford Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Helen Truss

6. DATE OF BIRTH (month, day, year) March 4 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Longin Truss

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Tofia Dorosza

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Miss Nettie Truss (Daughter)
(Address) 441 N. Montford Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Memorial Jan 30 1939

19. UNDERTAKER John H. Weber
(Address) 401 S. Chester St

20. FILED JAN 28 1939 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 27 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 23 1939 to Jan 27 1939

last saw him alive on Jan 27 1939. Death is said to have occurred on the date stated above, at 3:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	1-22-39
Other contributory causes of importance:	
myocarditis;	?
pulmonary oedema	1 dy.

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Benjamin Pushkin M. D.
(Address) 2338 Eutaw Pl.

Lot 1150

HEALTH DEPARTMENT—CITY OF BALTIMORE

54481

CERTIFICATE OF DEATH

✓ 161 F 54484

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St. Nurse Ward) 1

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Baby Harris

If U.S. Veteran specify WAR .....

(a) Residence: No. 1004 Edmondson Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE: Years: 3 days; Months; Days; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: James A Harris

14. BIRTHPLACE (city or town) (State or country): Nordina North Carolina

MOTHER

15. MAIDEN NAME: Laura Elizabeth Jackson

16. BIRTHPLACE (city or town) (State or country): Philadelphia Penna

17. INFORMANT (Address): Jane Lee Harris 1004 Edmonson ave

18. BURIAL, CREMATION, OR REMOVAL. Place: Mt Auburn. Date: Jan. 28th 39

19. UNDERTAKER (Address): Elroy Wilson 1000 Brandywine

FILED: JAN 28 1939

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1939 to Jan 27, 1939

I last saw him alive on Jan 27, 1939 Death is said to have occurred on the date stated above, at 4,00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital ate-lectasis	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

(Signed) W. P. Harrell M.D.

(Address) 624 W Lexington St Balto

N. B.—WRITE PLAINLY, WITH UNFADING INK. THE INFORMATION should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54485 CERTIFICATE OF DEATH 349-23 F 54485

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 03-1 Ward)

Length of residence in city or town where death occurred 38 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Levi Robinson (40359)

(a) Residence: No. 39 W. West St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie

6. DATE OF BIRTH (month, day, year) June 7, 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Elijah

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME XXX ??

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Not Available Date 1/30, 1939

19. UNDERTAKER Isaac A. L. Brown Sons
(Address) 1050 Penna. Ave. Huntingtown Williamsport, Md.

JAN 28 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 28, 1938 to January 25, 1939.

I last saw him alive on January 25, 1939. Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	Oct 1938
Other contributory causes of importance: Arteriosclerosis, general	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

N. B.—WRITE PLAINLY with pen and ink. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

54486

CERTIFICATE OF DEATH

✓ 95-B F 54486

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 W. Conway St 22-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Malachia Hamlin

U. S. Veteran specify WAR

(a) Residence: No. 524 W. Conway St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Victoria Hamlin

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME William Hamlin

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Virginia Hamlin
(Address) 524 Conway St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudenslot Va Date 1/28, 1939

19. UNDERTAKER Donald L. Brown
(Address) 1014 Montgomery St

JAN 28 1939 Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2 hrs.
Other contributory causes of importance: Hypertension Cardio Vascular Dis.	6 mos.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A Abrams M. D.
Coroner

(Address) 238 Eastern Place

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 56

F 54487

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54487

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4-Ward)

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Rawlings

If U. S. Veteran specify WAR ....

(a) Residence: No. Prince Frederick, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Elizabeth Bowen Rawlings

6. DATE OF BIRTH (month, day, year) Nov. 17, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Calvert County
(State or country) Md

FATHER

13. NAME James W. Rawlings
14. BIRTHPLACE (city or town) Calvert Co
(State or country) Md

MOTHER

15. MAIDEN NAME Dorcilla Buckler
16. BIRTHPLACE (city or town) Calvert Co
(State or country) Md

17. INFORMANT Mrs. Elizabeth Rawlings
(Address) Barstow, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury-Calvert Co. Date Jan 30, 1939

19. UNDERTAKER E. A. Hutchens & Son
(Address) Prince Frederick, Md

20. FILED JAN 29 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-28, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-20-39, 1939, to 1-28, 1939

I last saw him alive on 1-28, 1939. Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Abscess (Metastatic)	1-12-39
Lung Abscess, Left	
Empyema, Left	Sept. '39

Other contributory causes of importance: none

Was an operation performed? No Date of ....

For what disease or injury? ....

Name of operation ....

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) [illegible] Lawrence, M. D.

(Address) University Hospital

V.S.

N. B.—WRITE PLAINLY with pen and ink. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

54488 HEALTH DEPARTMENT—CITY OF BALTIMORE 54488

CERTIFICATE OF DEATH

39285 JS

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME William Watts

(a) Residence: No. 801 Mangold St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Eleanor

6. DATE OF BIRTH (month, day, year) 2-12-1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	87	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ditto

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Annie ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) B. C. H. Records

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cemetery Date 1/30 1939

19. UNDERTAKER Armbrust, Inc. (Address) 1011 W. Cross St.

20. FILED ... 19... Registrar.

JAN 29 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-26-1939

22. I HEREBY CERTIFY, That I attended deceased from 11-23 1938 to 1-26 1939.

I last saw him alive on 1-26 1939. Death is said to have occurred on the date stated above, at 7:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Prostate with metastasis	?
Bronchopneumonia	few days

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? none If so, specify

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto. City Hosp.

54489

HEALTH DEPARTMENT—CITY OF BALTIMORE

54489

CERTIFICATE OF DEATH 39520 (MB)

46-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 30-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Paul Smith

If U. S. Veteran specify WAR

(a) Residence: No. 424 N. Payson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/2/1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
56	56	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) France

FATHER

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Frederica Welsh

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mechanicsville Cemetery Date 1/30 19 39

19. UNDERTAKER Ambrose, Inc.
(Address) 1017 W. Cross St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-27 19 39

22. I HEREBY CERTIFY, That I attended deceased from 11-30 19 38 to 1-27 19 39

I last saw h alive on 1-26 19 39 Death is said to have occurred on the date stated above, at 3 1 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Rectum with metastasis	?
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Unknown If so, specify

(Signed) Edward H. M. D.

(Address) Health Commissioner

NOTE—WRITE PLAINLY. Items must be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 54490

HEALTH DEPARTMENT—CITY OF BALTIMORE

54490

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd Gen'l Hospital — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1512 N. Gilmor St. 15 Ward)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Geo Millbeary — If U. S. Veteran specify WAR .....

(a) Residence: No. Union Bridge Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Millbeary

6. DATE OF BIRTH (month, day, year) Carroll Co

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Carroll Co

FATHER

13. NAME William Millbeary

14. BIRTHPLACE (city or town) (State or country) Carroll Co Md

MOTHER

15. MAIDEN NAME Eliza Gobes

16. BIRTHPLACE (city or town) (State or country) Carroll Co Md

17. INFORMANT Anna Millbeary (Address) Union Bridge Md

18. BURIAL, CREMATION, OR REMOVAL Place Old Guld Date Jan 31 1939

19. UNDERTAKER Raymond R Wright (Address) Union Bridge Md

20. FILED JAN 29 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-28- 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 3 1935 to 1-28-39

I last saw him alive on 1-28-39. Death is said to have occurred on the date stated above, at 9:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene of both feet (Moist)	Nov 1935
	over
Other contributory causes of importance: Chron. Myocarditis Arteriosclerosis	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Mrs R Boyer M. D.

(Address) 1512 N Gilmor

N. B.—WHITE PLAINLY, with ink. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 54491

Bessie E Tinsman

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54491

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4616 Falls Rd St., 27-15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Walter Tinsman

If U. S. Veteran specify WAR

(a) Residence: No. 4616 Falls Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Tinsman

6. DATE OF BIRTH (month, day, year)	July 11, 1890			
7. AGE	Years 48	Months 6 11	Days 14 15	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Loudon Co Va.

FATHER

13. NAME Edward Hawes

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Margaret Jackson

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT (Address) 3617 Wilfred Thompsury 3617 Ash St

18. BURIAL, CREMATION, OR REMOVAL Place Hillsboro, Va Date 1/29 39

19. UNDERTAKER (Address) Howard L Quinnington 21 W. 25 St

20. FILED 1939 Registrar.

JAN 29 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 25, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest and saw the body (Inquest, Autopsy or Inquiry) obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	1/25/39

Other contributory causes of importance: Hypertension

Was an operation performed? Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John H Crans M. D.

Coroner

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54492

54492

CERTIFICATE OF DEATH.

93-c

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.) No Record

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 847 N. Bentalou ST. 16-5 WARD)

2-FULL NAME Mrs. Maria Louisa Snowell

(a) RESIDENCE NO. 847 N. Bentalou ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (of) HUSBAND (or) WIFE of James D.

6 DATE OF BIRTH (month, day, and year) Sept 13, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	71	4	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Mt St Marys Maryland

PARENTS

10 NAME OF FATHER: Joseph Rosenstiel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Mary Dukehart

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): James D Snowell 547 N. Bentalow St

15 Filed JAN 29 1939, 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 1939

17 I HEREBY CERTIFY, That I attended deceased (from) Dec 5, 1938, to Jan 28, 1939

that I last saw h[illegible] alive on Jan 27, 1939

and that death occurred, on the date stated above, at 2 45 A. m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos. d

CONTRIBUTORY (Secondary) Chr. Myocarditis

(duration) yrs. mos.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) Geo E. Shannon, M.

, 19 (Address) 2007 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Cemetery

DATE OF BURIAL: Jan 31 19[illegible]

20 UNDERTAKER: William Coale

ADDRESS: 1217 St Paul

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

54493

HEALTH DEPARTMENT—CITY OF BALTIMORE

54493

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Home for Aged of M.E Church (St.) 27-15 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. about mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Evans

If U. S. Veteran specify WAR .....

(a) Residence: No. 2211 Rogers Ave St., Ward.

(Usual place of abode) 66 yrs About (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR or RACE: Mute

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): April 3. 1858

7. AGE: Years 80 | Months 9 | Days 25 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At The Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Bermuda

FATHER

13. NAME: James Evans

14. BIRTHPLACE (city or town) (State or country): Bermuda

MOTHER

15. MAIDEN NAME: Sarah Gauntlett

16. BIRTHPLACE (city or town) (State or country): Bermuda

17. INFORMANT: Etta Cuddy

(Address) 2211 Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date Jan 30 '39

19. UNDERTAKER: William Cook

(Address) 1217 St Paul Street

20. FILED ..... 19.....

Registrar.

JAN 29 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jany 28. 1939

22. I HEREBY CERTIFY, That I attended deceased from Jany 20 1939 to Jany 28 1939

I last saw her alive on Jany 27, 1939 Death is said to have occurred on the date stated above, at 7:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Acute	
Other contributory causes of importance: Arteriosclerosis	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George C. Shannon M. D.

(Address) 700 N. Fulton Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, AND ALL information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 54494

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54494

CERTIFICATE OF DEATH

186-a CC

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 1872

CITY OF BALTIMORE: (No. Bay View St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah L Wright

(a) Residence: No. 28 West 20th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 12 - 846

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
92	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dressmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 5 yrs past

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

FATHER

13. NAME Joshua H. Wright

14. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. Rena Rotier

(Address) Woodstock Md.

18. BURIAL, CREMATION or REMOVAL Hillsboro Co. Md.

Place Mt Kendrie Cem. Date Jan 30 39

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

20. FILED JAN 29 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	Jan.
Fracture neck right femur,	Jan. 4
Other contributory causes of importance: Arterio-sclerosis [illegible] debility	some time

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury Jan 4, 1939

Where did injury occur? Infirmary
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Balto. City Hospitals

Manner of injury Fell on floor

Nature of injury Fracture as above

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood M. D.
Coroner

(Address) 1712 E. Broad St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 54495 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54495

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 734 N. Gay St. 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mollie Wray

(a) Residence: No. 734 N. Gay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed, or Divorced~~ (write the word)
Female	White	Widowed

3a. If ~~married, widowed, or divorced~~ ~~HUSBAND~~ (or) WIFE of George L. Wray

6. DATE OF BIRTH (month, day, year) Nov 7th 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 37

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Brunswick Co. Va.

FATHER

13. NAME George W. Johnson

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Frances Johnson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Carrie Paschall

(Address) 734 N. Gay st

18. BURIAL, CREMATION, OR REMOVAL

Family Burying Ground Place Brunswick Co. Va. Date Jan 31st 1939

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28th 1939

22. I HEREBY CERTIFY, That I attended deceased from July 23 1938 to Jan 28 1939

I last saw h alive on Jan 27th 1939 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	July 1935
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical history Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. Peckard M. D.

(Address) 1201 St. Paul St

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 29 1939

F 54496 F 54496

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 186-a OC

1. PLACE OF DEATH Balto. City Hospitals Registered No. 1877

CITY OF BALTIMORE: (No.) Bay View St. 13-6 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Edward Atkinson If U. S. Veteran specify WAR

(a) Residence: No. 3543 Roland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Atkinson

6. DATE OF BIRTH (month, day, year) July 29-1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lineman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C & P. Tel. Co. 9

10. Date deceased last worked at this occupation (month and year) 5 Years ago

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Edward Atkinson

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Laura Young

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Nellie Stevens daughter

(Address) 624 Dover St.

18. BURIAL, CREMATION, OR REMOVAL

Place Salem Baltimore Date Jan 31, 1939

19. UNDERTAKER Eckenrode's Son

(Address) 962 W. Lombard St.

20. FILED JAN 30 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	1 Wk.
Fracture Neck Left femur	15 Days
Other contributory causes of importance: Senile Heart disease	Years.

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of Injury Jan 15, 1939

Where did Injury occur? 3543 Roland Ave. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of Injury Fell down stairsteps

Nature of injury Fracture as above

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood M. D. Coroner

(Address) 1717 N. Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 54497

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54497

95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3712 Fleetstertown Rd. Ward) 45-12

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth 79 yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Abraham Davison

(a) Residence: No. 3712 Fleetstertown Rd. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Sarah Olson

(Address) 3712 Fleetst. Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Herring Run Date 1-29-39

19. UNDERTAKER Jack Louis Lowe

(Address) 1439 E. Baltimore St.

20. FILED 1-29-1939 H. L. Williams, Registrar.

JAN 29 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-28-39, 19

22. I HEREBY CERTIFY, That I attended deceased from 1-28, 1939, to 1-28, 1939

I last saw h[illegible] alive on 1-28-39, 19. Death is said to have occurred on the date stated above, at 12 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure / Coma	
Other contributory causes of importance:	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel Levenson, M. D.

(Address) 3804 Park Ht. Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

O.K. Paul Schwartz M.D.

54498

HEALTH DEPARTMENT—CITY OF BALTIMORE

54498

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4514 Arabia Ave., St. 27-F Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Wm. Fuchs

(a) Residence: No. 4514 Arabia Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 10-1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ins. Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Turner & Thomas

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Henry Fuchs

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Bertha Steil

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Bertha Scherer
(Address) 4514 Arabia Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Jan. 30/39

19. UNDERTAKER John F. Miller
(Address) 2334 Jefferson St.

20. FILED ... Registrar.

JAN 29 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 27-39, 1939, to Jan 27-39, 1939

I last saw him alive on Dead 1-27-39. Death is said to have occurred on the date stated above, at 4 ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1-27-39
Other contributory causes of importance: none	

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? none
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) L. K. Gordy, M. D.

(Address) 5706 Harford Road

N. B.—[illegible] ONLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

ARGIN RESERVED FOR BINDING

F 54499

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54499

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2809 Elsinor Ave. St., 15-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. 3 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Marshall Tickner

(a) Residence: No. 2809 Elsinor Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of L. Katherine Tickner

6. DATE OF BIRTH (month, day, year) October 26, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Funeral Director
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wm. J. Tickner & Sons
10. Date deceased last worked at this occupation (month and year) Oct. 1938
11. Total time (years) spent in this occupation 51

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William J. Tickner
14. BIRTHPLACE (city or town) (State or country) New York City N. Y.

MOTHER

15. MAIDEN NAME Margaret A. Pumphrey
16. BIRTHPLACE (city or town) (State or country) Natchez Miss.

17. INFORMANT Mrs. L. Katherine Tickner
(Address) 2809 Elsinor Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date Jan. 30 1939

19. UNDERTAKER Wm. J. Tickner and Sons
(Address) North and Penna. Aves.

20. FILED JAN 29 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from 11/22, 1938 to 1/27, 1939
I last saw him alive on 1/27, 1939 Death is said to have occurred on the date stated above, at 6.50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	1937
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Robert A. Reiter M. D.
(Address) 3408 Windsor Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 54500 HEALTH DEPARTMENT—CITY OF BALTIMORE F 54500

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2428 Edmondson Avenue St. 16-5 Ward)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Clarence D. Parker

(a) Residence: No. 2428 Edmondson Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~XXXXXXXX~~ Maria L. Parker

6. DATE OF BIRTH (month, day, year) June 3rd 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pullman Company

10. Date deceased last worked at this occupation (month and year) 1908

11. Total time (years) spent in this occupation 60 73

12. BIRTHPLACE (city or town) (State or country) Delaware

FATHER

13. NAME Daniel Parker

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Maria L. Parker
(Address) 2428 Edmondson Avenue.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cemetery Date Jan 31st 1939

19. UNDERTAKER Wm. J. Tickner & Sons.
(Address) North & Penna. Aves.

20. FILED ..... 19 ..... Registrar.

JAN 29 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 28th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1938, to Jan 28, 1939

I last saw h[illegible] alive on Jan 27, 1939. Death is said to have occurred on the date stated above, at 830A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1937
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation No

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) W. E. Jones, M. D.

(Address) 2818 St. Paul St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

54501 E 54501

HEALTH DEPARTMENT—CITY OF BALTIMORE

54501

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2547 Woodbrook Ave St., 13-3 Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles R. Bayer

(a) Residence: No. 2547 Woodbrook Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katie M. Bayer

6. DATE OF BIRTH (month, day, year) Nov 10 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Blacksmith Retired

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Co.

FATHER

13. NAME John Bayer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Katie M. Bayer

(Address) 2547 Woodbrook Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Jan 30 1939

19. UNDERTAKER Wm. J. Luckett & Son

(Address) North & Pa. Ave.

20. FILED Jan 29 1939 Huntington Williams Registrar.

JAN 29 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from August, 1938, to Jan 27, 1939.

I last saw h... alive on Jan 24, 1939. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Hypertension Cardio-Vascular Disease	Prior to 1932
Other contributory causes of importance: Coronary Thrombosis	1/27/39

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Herbert E. Magee M. D.

(Address) 1716 E. Pratt St.

E 54502

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 54502

CERTIFICATE OF DEATH

× 93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 Bonthway St. 12-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Elizabeth Parker

If U. S. Veteran specify WAR .....

(a) Residence: No. 207 Bonthway St., ... Ward. .....

(Usual place of above) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Harry Parker

6. DATE OF BIRTH (month, day, year): June 20, 1855

7. AGE: Years 83 | Months 7 | Days 8 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0000

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Wm. T. Henderson

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Sarah Mitchell

16. BIRTHPLACE (city or town) (State or country): D/C Md.

17. INFORMANT: Mrs. Sadie R. Henderson

(Address) 207 Bonthway

18. BURIAL, CREMATION, OR REMOVAL: Place Greenmount Cem. Date Jan. 31 1939

19. UNDERTAKER: Wm. Hitchcock Sons

(Address) North & Pa aves.

20. FILED ..... 19.... Registrar.

JAN 29 1939

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1938 to Jan 28, 1939

I last saw h[illegible] alive on Jan 28, 1939 Death is said to have occurred on the date stated above, at 6.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Gradual
Arteriosclerosis	
Other contributory causes of importance: Hypostatic Pneumonia	3 days

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W. H. Worthington M. D.

(Address) 1403 Park ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

54503 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54503

CERTIFICATE OF DEATH

46-8

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jno. Clifton Lee Bailey

If U. S. Veteran specify WAR .....

(a) Residence: No. Hyde, Maryland St., ... Ward. Hyde Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 12, 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Jno. Tesley Bailey

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Elizabeth Holland Britt

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address) Un Mem. Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Arlington Meth. Cem. Date Jan 31, 1939

19. UNDERTAKER Wm. J. Tiefenthaler & Sons
(Address) North & Fulton Aves

20. FILED ....., 19..... .....
Registrar.

V 0 8

JAN 29 1939

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-31, 1938 to 1-28, 1939

I last saw him alive on 1-28, 1939. Death is said to have occurred on the date stated above, at 9.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of head of Pancreas	1936 ?
duodenal obstruction	June 1938 ?

Other contributory causes of importance:

Was an operation performed? Yes Date of 1-13-39

For what disease or injury? Carcinoma

Name of operation Gastroenterostomy

What test confirmed diagnosis? Microscopic examination Was there an autopsy? ND

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) S. D. Sussman M. D.

(Address) Union Memorial Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

54504 F

CERTIFICATE OF DEATH

F 54504

89-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Lyden House Hospital St. 27-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 4 mos. 25 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Caroline Diem

If U. S. Veteran specify WAR

(a) Residence: No. 3714 Northern Parkway Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) September 2, 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant 0 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Albert Diem

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Ruth Stark

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Parents

(Address) 3714 Northern Parkway

18. BURIAL, CREMATION, OR REMOVAL

Holy Redeemer Jan 30-39

19. UNDERTAKER Jos. J. Stein & Son

(Address) 3001 Eastern Ave

20. FILED 19

Registrar.

Harry J. Tuttle M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 11, 1939 to January 27, 1939

I last saw her alive on January 27, 1939 Death is said to have occurred on the date stated above, at 12:50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain abscess -	1/20/39
Other contributory causes of importance:	
otitis media - right	1/11/29

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry J. Tuttle M. D.

(Address) Lyden House Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 3

JAN 29 1939

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54505

54505

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1942 Druid Hill Ave Ward 3)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daisy D. Gross

If U. S. Veteran specify WAR

(a) Residence: No. 1942 Druid Hill Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced (or) WIFE of: Betty B. Gross

6. DATE OF BIRTH (month, day, year): March 22, 887

7. AGE	Years	Months	Days	If LESS, than 1 day, hrs. or min
	51	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 0

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: John H. Maddox

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Annie J. Webb

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Betty B. Gross
(Address) 1942 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Arbutus Mem. Park Jan 29, 1939

19. UNDERTAKER: Mrs. Peyton H. Hall
(Address) 1681 Druid Hill Ave.

20. FILED JAN 29 1939 Hunter H. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jany 26. 1939

22. I HEREBY CERTIFY, That I attended deceased from Jany 3. 1939 to Jany 26. 1939

I last saw h[illegible] alive on Jany 26 1939 Death is said to have occurred on the date stated above, at 7:02 PM

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardio Vascular Renal Disease
Cerebral Hemorrhage

Other contributory causes of importance:

Date of onset

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Reg Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Howell M. D.

(Address) 601 Carrollton Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 54506 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54506

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Providence Hospital St. 16 Ward)

Length of residence in city or town where death occurred 59 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mary L. Scott — If U. S. Veteran specify WAR .....

(a) Residence: No. 1129 Mosher St. St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Augustus Scott

6. DATE OF BIRTH (month, day, year) 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60 59			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9037
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Denton Md.
(State or country)

FATHER
13. NAME Tom Lankford
14. BIRTHPLACE (city or town) Denton Md
(State or country)

MOTHER
15. MAIDEN NAME Ann Tilpin
16. BIRTHPLACE (city or town) Denton Md
(State or country)

17. INFORMANT Lavinia Lankford
(Address) 521 Robert St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Jan. 30 1939

19. UNDERTAKER Mrs. Scott Holland
(Address) 1631 Druid Hill Ave.

20. FILED JAN 29 1939 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-27-1939

22. I HEREBY CERTIFY, That I attended deceased from 1-26-39, 19... to 1-27-39, 19...
I last saw h~~e~~ alive on 1-27-39, 19... Death is said to have occurred on the date stated above, at 11.35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	?
Other contributory causes of importance: Broncho-pneumonia	?

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) C. F. Maloney M. D.
(Address) Provident Hospital Baltimore Md

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 54507

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54507

CERTIFICATE OF DEATH

1. PLACE OF DEATH Hebrew Home for Aged & Infirm 186-a
CITY OF BALTIMORE: (No. Belvedere & Greenspring Ave.) Registered No. 29-19
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 28 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Risha Stein
If U. S. Veteran specify WAR
(a) Residence: No. Levindale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of U.

6. DATE OF BIRTH (month, day, year) 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sigmund Feinblatt
(Address) Belvedere & Greenspring Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Washington Road Date Jan 29. 1939

19. UNDERTAKER Sol Levinson & Bros
(Address) 1124-26 N. North ave

20. FILED 19 Registrar.

JAN 29 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 28. 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-26-34, 19—, to 1-28-39, 19—.

I last saw her alive on 1-28 19 39 Death is said to have occurred on the date stated above, at 12 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	1-25-39

Other contributory causes and importance: Fracture Right Femur (arm)

Was an operation performed? Yes Date of 1-9-39

For what disease or injury? Fractured femur

Name of operation Intramedullary pin in femur

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1-9-39 19—
Where did injury occur? Home of Aged Women
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home.
Manner of injury Fell while walking in her room.
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Edmund Kevin, M. D.
(Address) Levindale

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain term, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 54508

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54508

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH Church Home & Infirmary

Registered No.

CITY OF BALTIMORE: (No. N. Broadway St. 6-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John J. Carr

If U. S. Veteran specify WAR

(a) Residence: No. 416 N Broadway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 28 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laboratory Asst. Dr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year) Jan. 39

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME James Carr

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Dane

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Church Home Hosp. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Jan. 31 1939

19. UNDERTAKER Chas. H. Black

(Address) 742 W. North Ave.

20. FILED JAN 29 1939

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1939 to Jan. 28, 1939.

I last saw him alive on Jan. 28, 1939. Death is said to have occurred on the date stated above, at 6:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset?
Coronary Heart Disease	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Dyrad Mitchell M.D. : M. D.

(Address) Church Home & Infirmary

S. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 54509

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54509

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH University Hospital — Registered No. .....

CITY OF BALTIMORE: (No. ..... St. 22 ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Michael Justinus. If U. S. Veteran specify WAR .....

(a) Residence: No. 125 N. Port St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Justinis

6. DATE OF BIRTH (month, day, year) Sept 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Hungary

FATHER

13. NAME Joseph Justinis

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME Anna Simon

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Anna Justinus

(Address) 125 N. Port St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer 1/31 1939

19. UNDERTAKER J. A. Nolan

(Address) 3866 Ballard

20. FILED ..... 19..... By ..... Registrar.

JAN 29 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/27/1939

22. I HEREBY CERTIFY, That I attended deceased from 1-18-39, 19..., to 1-27-39, 19...

I last saw him alive on 1/27/39, 19... Death is said to have occurred on the date stated above, at 7:10 A.m.

The principal cause of death and related causes of importance were as follows: (Date of onset)

Disorder Mentis Terminal Coronary Thrombosis

Generalized Arteriosclerosis

Uremia;

Bronchial pneumonia Right Lung

Pleural Effusion Right

Other contributory causes of importance:

Fibroid Tbc Left Upper

Recent Cataract Extraction Right Eye

Indirect Inguinal Complete Hernia Left Right

Was an operation performed? Yes Date of Previous Admission

For what disease or injury? .....

Name of operation Extraction Cataract

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, how? .....

(Signed) H. Murray Waller M. D.

(Address) Univ. Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 54510

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 54510

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 8-6 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Richard C. Barranger

If U. S. Veteran specify WAR .....

(a) Residence: No. 1705 E. Federal St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Owner & Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. of confectionary

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 5 mos.

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Louis Barranger

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Delia Tubbens

16. BIRTHPLACE (city or town) (State or country) New York.

17. INFORMANT Isabel Barranger

(Address) 1705 Federal St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Peters Cem. Date Jan 30. 1939

19. UNDERTAKER Henry W. Weidefeld

(Address) 501 E. Fayette St.

FILED JAN 29 1939

[illegible] Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 26, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance: .....

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schenken Coroner, M. D.

(Address) Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

H. D. B. 1268-9

F 54511

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH, Franklin Square Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 26-3 Ward)

Length of residence in city or town where death occurred 34 yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Kelly, Elizabeth

(a) Residence: No. 3109 Pelham Ave St., Balto Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Geo. V. Kelly

6. DATE OF BIRTH (month, day, year) Nov 26- 1904

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
34 yr.	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (1939)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto County

FATHER

13. NAME Harry A Knoedel

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Beatrice Finnesy

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Geo. V. Kelly

(Address) 3109 Pelham Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Cemetery Date 1/31/39

19. UNDERTAKER Geo. H. Kerkbach

(Address) 524 N. Longwood St.

Received JAN 29 1939 How Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1939 19..... to Jan 28, 1939 19.....

I last saw her alive on Jan 28 19 39 Death is said to have occurred on the date stated above, at 1.10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Carcinoma of Sigmoid & colon with metastases	
Secondary stroke	
Acute myocarditis with decompensation	

Other contributory causes of importance:

Name of operation Resection of rectum + Sigmoid Date of 1/24/39

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Nathan Wolf M. D.

(Address) Franklin Sq Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Fannie Rebert

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54512 F 54512

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH Hebrew Home for Aged & Infirm
CITY OF BALTIMORE: (No. Belvedere & Greenspring Ave Ward 27-17

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Fannie Rebert
If U. S. Veteran specify WAR

(a) Residence: No. Belvedere & Greenspring St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of Isaac Rebert

6. DATE OF BIRTH (month, day, year) 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Hyman Frantz

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Celia

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Sig. Feinblatt
(Address) Belvedere & Greenspring

18. BURIAL, CREMATION, OR REMOVAL
Place Rosedale Date 1-29-39 19

19. UNDERTAKER Carl Lewis Inc.
(Address) 432 E. Balto. St.

20. FILED JAN 29 1939 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-29-39. 19

22. I HEREBY CERTIFY, That I attended deceased from 3-26 19 37 to 1-29 19 39

I last saw h[illegible] alive on 1-28 19 39 Death is said to have occurred on the date stated above, at 430A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage, right	
Chr. cardio-vascular Disease	
Hypertension	
Mitral Stenosis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Edmund Kern M. D.
(Address) Rosedale

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 29 1939

F 54513 Edna Stahler F 54513

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Square Hospital Registered No. 108

CITY OF BALTIMORE: (No. Fayette E Calhoun St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Edna Stahler

(a) Residence: No. Parkton Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Edward Stahler

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Hall

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Ralph Stahler (Address) Parkton Md

18. BURIAL, CREMATION, OR REMOVAL Place Pine Grove Date Jan 21 1939

19. UNDERTAKER P. Macgill & Sons (Address) White Hall Md

20. FILED ..... 19 ..... Registrar

JAN 30 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/29/1939

22. I HEREBY CERTIFY, That I attended deceased from 1/26/1939 to 1/29/1939

I last saw her alive on 1/29/1939. Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance:

none.	

Name of operation ..... Date of .....

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D. T. Battaglia M. D.

(Address) Franklin Sq. Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

54514 HEALTH DEPARTMENT—CITY OF BALTIMORE 54514

CERTIFICATE OF DEATH

131

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 23 N. Fulton Ave St., 14-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert M. Haigley

If U. S. Veteran specify WAR

(a) Residence: No. 23 N. Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. (If married, widowed, or divorced) HUSBAND of (or) WIFE of Pauline Fischer Haigley

6. DATE OF BIRTH (month, day, year) Oct. 2-1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jr. Fitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O. R. R. Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Alphonzo Haigley

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Margaret Reis

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Pauline F. Haigley
(Address) 23 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan. 30 1939

19. UNDERTAKER Geo L. Bolgiano & Sons
(Address) 1512 Hollins St

20. FILED JAN 30 1939 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/27 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1938, to Jan 29 1939

I last saw him alive on Jan 26, 1939. Death is said to have occurred on the date stated above, at 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation	

Other contributory causes of importance:
Chronic myocarditis & hypertension
Chronic nephritis.

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. Walgar M. D.

(Address) 4 N. Fulton.

F 54515

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54515

CERTIFICATE OF DEATH

107-a

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 221 S. Hilton St. 20-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charlotte R. Knoop

If U. S. Veteran specify WAR .....

(a) Residence: No. 221 S. Hilton St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 22-1930

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	8	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Charles T. Knoop.

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rosalie Creamer

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Rosalie Knoop

(Address) 221 S Hilton St

18. BURIAL, CREMATION, OR REMOVAL

Place Fondow Pk. Date Jan. 30 39

19. UNDERTAKER Geo. L. Beyer Jr

(Address) 1512 Eutaw St

20. FILED ..... 19 .....

Registrar.

Huntington Williams, M.D.

JAN 30 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 27 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 23, 1939 to Jan. 27 1939

I last saw her ER alive on Jan. 26 1939 Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	1/23/39
Exhaustion	1/26/39

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

1/28/39 (Signed) R. C. Campbell M. D.

(Address) 1444 Hanover St.

F 54516

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54516

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2023 N Wolfe St., 8-5 Ward)

Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E Frese

If U. S. Veteran specify WAR

(a) Residence: No. 2019 N Wolfe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 3 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	6	16 7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~HAUSFRAU~~

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Butter & egg merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 45

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Christian L Frese

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Philppina Koch

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Elizabeth McConnell

(Address) 2023 N Wolfe St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Jan 30 19 39

19. UNDERTAKER John J Cullen

(Address) 2008 Orleans

20. FILED JAN 30 1939 21. Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 27 , 1939

22. I HEREBY CERTIFY, That I attended deceased from February 11 1937 to January 27 , 1939

I last saw her alive on January 26 1939 Death is said to have occurred on the date stated above at 650A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
General Arteriosclerosis	3/11/37
Intestinal Nephritis	
Other contributory causes of importance	
Cerebral Thrombosis	1-21-39

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Physical Examination + Urinalysis

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert Eisenberg M. D.

(Address) 1025 E North Ave

Spec.--9-30--A. & Co.--250 Bks.

54517 F 54517

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 414 S Ann St 2-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Peter F. Lowinski jr

(a) RESIDENCE NO. 414 S Ann St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 4th 38

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER P Lowinski sr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt Md

12 MAIDEN NAME OF MOTHER J Markiewicz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt Md

14 Informant Mrs Josephine Markiewicz

(Address) 414 S Ann St

15 Filed JAN 30 1939, 19 Registrar

MEDICAL CERTIFICATE OF DEATH X

16 DATE OF DEATH (month, day, and year) Jan 28th 39

17

I HEREBY CERTIFY, That I attended deceased from Jan 28th, 19 to Jan 28th, 19

that I last saw him alive on Jan 28th 39, 19

and that death occurred, on the date stated above, at 1.00P m.

The CAUSE OF DEATH* was as follows:

fulminating measles rash

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) broncho neumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) [illegible] M. D.

1/28/39 (Address) 2214 E Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cemetery — DATE OF BURIAL: Jan 30 1939

20 UNDERTAKER: George A. Weber — ADDRESS: 705 S Ann

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

54518

HEALTH DEPARTMENT—CITY OF BALTIMORE 54518

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 3417 Greenmount Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary L. Willie

If U. S. Veteran specify WAR

(a) Residence: No. 3417 Greenmount ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles F. Willie

6. DATE OF BIRTH (month, day, year) March 3-1888

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	50	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Mary's Co Maryland

FATHER

13. NAME Hellum Chesseldine

14. BIRTHPLACE (city or town) (State or country) St. Marys Co Maryland

MOTHER

15. MAIDEN NAME Mary Bailey

16. BIRTHPLACE (city or town) (State or country) St. Marys Co Maryland

17. INFORMANT Mrs. Charles F. Willie
(Address) 3417 Greenmount ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Lawn Date Jan 31 1939

19. UNDERTAKER Mamie E. Dyer
(Address) 1600 N. Forth Ave

20. FILED JAN 30 1939 Hilton Williams U.S. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1939 to Jan 29, 1939

I last saw alive on Jan 29, 1939. Death is said to have occurred on the date stated above, at 12-12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1935
Cerebral Hemorrage	1939

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. E. Long, M. D.

(Address) 416 Southway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

54519 54519

CERTIFICATE OF DEATH

108

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 638 W Lee St. 27-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Laura Chew

If U. S. Veteran specify WAR

(a) Residence: No. 638 W. Lee St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	Col	Widow

5a. If married, widowed, or divorced WIFE of: John H. Chew

6. DATE OF BIRTH (month, day, year): 1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46 45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: L

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: unknown

14. BIRTHPLACE (city or town) (State or country): "

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMANT: Edmonia Wells

(Address): 638 W Lee St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Auburn Date: 2/1 1939

19. UNDERTAKER: Saml. W. Crane & Son

(Address): 638 W. Gilmor St.

20. FILED ... 19... Registrar.

JAN 30 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 26th, 1939 to Jan 28, 1939

I last saw h[illegible] alive on Jan 28, 1939. Death is said to have occurred on the date stated above, at 4.36P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1/26/39
Other contributory causes of importance: L	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? L Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) B. H. Carroll M. D.

(Address) 911 Warner St

F 54520 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54520

CERTIFICATE OF DEATH

√23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1703 Harlem Ave St., 16-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thelma Louise Savage

If U. S. Veteran specify WAR .....

(a) Residence: No. 1703 Harlem Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 23 - 1914

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24	9	35	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher 668

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Hezekiah Savage

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Edith Morris

16. BIRTHPLACE (city or town) (State or country) Wash. D. C.

17. INFORMANT Edith Savage
(Address) 1703 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL
Place W. Lawn Date 1-31 1939

19. UNDERTAKER Saml. W. Brad Fuller
(Address) 638 N. Eutaw St

20. FILED ..... 19 ..... Registrar.

JAN 30 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 / 28 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 10, 1937 to Jan 28, 1937

I last saw her alive on Jan 27, 1939 Death is said to have occurred on the date stated above, at 12 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pulmonary Tuberculosis	3/37
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) [illegible] M. D.

(Address) 1202 [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

54521

356657

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54521

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 16-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eugene D. Eley

If U. S. Veteran specify WAR .....

(a) Residence: No. 602 N Gilmore St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pearl

6. DATE OF BIRTH (month, day, year) 7-6-03

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Presser

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Mich.

FATHER

13. NAME David Eley

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Rosa Outland

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Gr. Date 1-30 1939

19. UNDERTAKER Saml. W. Crane & Son (Address) 638 N. Gilmor

20. FILED ..... 19..... Registrar.

JAN 30 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27. 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 1939 to Jan 27 1939

I last saw h. im alive on Jan 27 1939. Death is said to have occurred on the date stated above, at 6:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	1/13/39
Tuberculosis, left kidney, prostate etc	7/1/38

Other contributory causes of importance:

Was an operation performed? yes Date of 1/19/39

For what disease or injury? abscess 2 sectum

Name of operation Incision and drainage

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Jerome Mark M. D.

(Address) Johns Hopkins Hosp

Washington Avenue, M.D.

VS 3

INFORMATION. WRITE PLAINLY—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 54522

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 54522

CERTIFICATE OF DEATH

192-a cc

1. PLACE OF DEATH Balto. City Hospital Registered No. 1872

CITY OF BALTIMORE: (No. Bay View St., 17-K Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Murray Keene

If U. S. Veteran specify WAR

(a) Residence: No. 131 Myrtle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Keene

6. DATE OF BIRTH (month, day, year) Jan. 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Md

FATHER

13. NAME Murray Keene Sr.

14. BIRTHPLACE (city or town) (State or country) Cambridge Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Beatrice Fowler

(Address) 424 N. Bond St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Feb 2 1939

19. UNDERTAKER Robert W. Wilson

(Address) 1525 McCulloh St

20. FILED JAN 30 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	1 yr
Other contributory causes of importance: Valvular Heart Disease	Years

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood Coroner M. D.

(Address) 1712 N. Bond St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

54523 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 54523

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Sq. Hosp. Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 19-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Stanley Lomax

(a) Residence: No. Edgemere, P. O. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	B.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) March 10 1938

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	X	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bath City

FATHER

13. NAME William Lomax

14. BIRTHPLACE (city or town) (State or country) Bath Co Md

MOTHER

15. MAIDEN NAME Margaret Richmond

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT William Lomax

(Address) Wife Ave Bath Co Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Jan 30, 1939

19. UNDERTAKER Robert F. Wilson

(Address) 1615 McElderry St

20. FILED JAN 30 1939 Huntington Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-27, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-22, 1939, to 1-27, 1939

I last saw h... alive on 1-27, 1939. Death is said to have occurred on the date stated above, at 1:00 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar pneumonia (Rt. & Left lower (Rt. upper lobe)	
	days

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H R Findman, M. D.

(Address) Franklin Sq Hosp.

V S 3

WRITE PLAINLY, WITH CARBON INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

54524 HEALTH DEPARTMENT—CITY OF BALTIMORE F 54524

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 5-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edith Dean
If U. S. Veteran specify WAR

(a) Residence: No. 417 N. Eden St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Dean

6. DATE OF BIRTH (month, day, year) Jan 5 82

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57		24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 070
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harrisburgh Pa

FATHER
13. NAME William Howard
14. BIRTHPLACE (city or town) (State or country) Harrisburgh Pa

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT William Dean
(Address) 417 N. Bond St

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Memorial Pk Jan 31 1939

19. UNDERTAKER Robert H. William
(Address) 16-18 N. Eden St

20. FILED 19 Registrar.

Huntington Williamsport

JAN 30 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27. 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 24. 1939 to Jan 27. 1939
I last saw her alive on Jan 27. 1939. Death is said to have occurred on the date stated above, at 10 A.M. P

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	2
Bronchial Pneumonia	
Diabetic Coma	1-23-39
Other contributory causes of importance:	
Cardiac	1-23-39
Nephritis	

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) M. R. Tennyt M. D.
(Address) St. Joseph's Hosp.

VR 3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

54525

HEALTH DEPARTMENT—CITY OF BALTIMORE

54525

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2420 E. North Ave St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME EMMA KIRSCHENHOFFER MILLER

If U. S. Veteran specify WAR

(a) Residence: No. 2420 E. North Ave. St., 8 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Miller

6. DATE OF BIRTH (month, day, year) Feb. 6, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
54 53	53	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Adam Schneider

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. George Nuphoff

(Address) 34 Townsleys Rd. Dundalk

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Mem. Date Jan. 30-39

19. UNDERTAKER C. H. Birkhead & Son

(Address) Huntington Avenue Place

20. FILED JAN 30 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Jan. 27 39 19

22. I HEREBY CERTIFY, That I attended deceased from August, 1937, to 1-27, 1939

I last saw her alive on 1-27, 1939. Death is said to have occurred on the date stated above, at 3 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Chronic myocarditis	

Other contributory causes of importance:

acute follicular tonsilitis	
cholelithiasis	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) John T. Gould, M. D.

(Address) 14 N. Eutaw ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

54526 — CERTIFICATE OF DEATH — F 54526

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4001 Eastern Ave. St., 27-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME James A. Barry

If U. S. Veteran specify WAR .....

(a) Residence: No. 4001 Eastern Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Martha E. Barry

6. DATE OF BIRTH (month, day, year) May 20 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	87	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Easton Md

FATHER

13. NAME Barry

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md

MOTHER

15. MAIDEN NAME Lawson

16. BIRTHPLACE (city or town) (State or country) Carroll Co Md

17. INFORMANT Martha E. Barry
(Address) 4001 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Carroll Cemetery Date 1-30 1939

19. UNDERTAKER John C. Miller Jr
(Address) 2435 E. Oliver St

20. FILED JAN 30 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1939, to Jan 27, 1939

Last saw him alive on Jan 27, 1939. Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic interstitial nephritis	
Chronic myocarditis	
Other contributory causes of importance:	
Prostatic Hypertrophy	1938

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Walter A. Anderson M. D.

(Address) 3001 Shannon Drive

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Every item of

54527 F 54527

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4211 Pimlico Rd St. ..... Ward) 15th

Length of residence in city or town where death occurred 21 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel Levy

If U. S. Veteran specify WAR .....

(a) Residence: No. 4211 Pimlico Road St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Flora.

6. DATE OF BIRTH (month, day, year) 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Worker

10. Date deceased last worked at this occupation (month and year) 28

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME S Morris Levy.

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Fannie ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Henry Levy
(Address) 4211 Pimlico Road.

18. BURIAL, CREMATION, OR REMOVAL
Hebrew Herzing Run Date Jan 30 1939

19. UNDERTAKER Sol Levinson & Bro
(Address) 1124-26 W Mt Royal ave

20. FILED JAN 30 1939 Hunting for Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1939, to Jan 29, 1939

I last saw him alive on Jan 26, 1939 Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Acute cerebral hemorrhage	3 days
general arteriosclerosis	
cerebral arteriosclerosis	
diabetes mellitus	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Course Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Milton B Kush M. D.

(Address) 2904 Reisterstown Rd

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 54528 HEALTH DEPARTMENT—CITY OF BALTIMORE F 54528

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp St. 6-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Leah Robeson

(a) Residence: No. 1622 E. Baltimore St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe.	W. Jew.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — Not Known

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 2

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Russia (State or country)

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) Russia (State or country)

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Russia (State or country)

17. INFORMANT Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Rosedale Date 1-30-39 19..

19. UNDERTAKER Jack Levy Sons
(Address) 1439 E. Balto St.

20. FILED JAN 30 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-29, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-21, 1939 to 1-29, 1939

I last saw her alive on 1-29, 1939 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio vascular Disease	
Chronic Glomerular Nephritis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) D. T. Bowlyn, M. D.

(Address) Franklin Sq. Hosp.

K.S. 3

N. B.—WHERE PRACTICABLE, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

4818 Reisterstown Rd

54529

HEALTH DEPARTMENT—CITY OF BALTIMORE

Sh 2265

54529

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1905 Linden Ave St., 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nathan Buslik

If U. S. Veteran specify WAR

(a) Residence: No. 1905 Linden Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pearl

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dress

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Soloman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia.

17. INFORMANT Paul Buslik

(Address) 92 Linden Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Sinai Date 1-30-39

19. UNDERTAKER Isaac Levi

(Address) 1739 E. Belvedere

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-29-39, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1939 to Jan 29, 1939

I last saw him alive on Jan. 29, 1939 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	1930
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Manuel Levin M. D.

(Address) 4818 Reisterstown Rd

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

JAN 30 1939

Huntington Williams, M.D.

54530 HEALTH DEPARTMENT—CITY OF BALTIMORE F 54530

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4507 Liberty Heights Ave Ward) 25-3

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. 10 mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bessie Edna Gilbert

(a) Residence: No. 4507 Liberty Heights Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 23 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James L. Gilbert

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Emma J. Kaufman

16. BIRTHPLACE (city or town) (State or country) Frederick Md

17. INFORMANT Howard L. Gilbert
(Address) 4805 Gwynn Oak Ave

18. BURIAL, CREMATION, OR REMOVAL.
Place Woodlawn Cem Date Feb 1 1939

19. UNDERTAKER Harry A. Johnson
(Address) 4204 Ridgewood Ave

20. FILED ... Harrington Williams, Registrar.

JAN 30 1939

V9 9

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1939, to Jan. 29, 1939

I last saw ... alive on Jan. 29, 1939. Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Jan. 18
Other contributory causes of importance:	
Myocarditis	3 or 4 yrs.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical and X-ray exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) L. F. Shemwell, M. D.

(Address) 3310 Tioga Parkway

54531

HEALTH DEPARTMENT—CITY OF BALTIMORE 54531

CERTIFICATE OF DEATH

√23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 22-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leona McCarter (27684)

If U. S. Veteran specify WAR

(a) Residence: No. 803 S. Greene St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter

6. DATE OF BIRTH (month, day, year) March 6, 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Car.

FATHER

13. NAME Edward

14. BIRTHPLACE (city or town) (State or country) N. Car.

MOTHER

15. MAIDEN NAME Buell

16. BIRTHPLACE (city or town) (State or country) N. Car.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 1/30 19 39

19. UNDERTAKER Isaiah L Bronson

(Address) 1018 W Mulberry St

20. FILED JAN 30 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from October 22, 1937 to January 26, 1939.

I last saw her alive on January 26, 1939 Death is said to have occurred on the date stated above, at 3:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	Dec 1934
Tuberculous emphysema	1936
Generalized amyloidosis	1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Curtis M. D.

(Address) Balto. City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 54532 Mary O. Gough E 54532

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1103 Whatcoat St. 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary O. Gough

If U.S. Veteran specify WAR .....

(a) Residence: No. 1103 Whatcoat St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): St Marys Co Md

FATHER

13. NAME: Jas. Holt

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Lucinda Young

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Nellie Wilson

(Address) 1103 Whatcoat St

18. BURIAL, CREMATION, OR REMOVAL

Place St Petersburg Date 1-31 1939

19. UNDERTAKER: Jas. H. Skinner

(Address) 927 N. Fremont St

20. JAN 30 1939 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/27/39

22. I HEREBY CERTIFY, That I attended deceased, from Jan 24 1939 to Jan 27 1939

I last saw him alive on Jan 27 1939 Death is said to have occurred on the date stated above, at 1055 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	1/24/39
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) B. N. Hatfield, M. D.

(Address) 1 W Fremont

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

14 54533 HEALTH DEPARTMENT—CITY OF BALTIMORE 54533

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St. 16-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Arthur Hall

If U. S. Veteran specify WAR .....

(a) Residence: No. 1629 N. Carrollton St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowers

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Sarah Hall

6. DATE OF BIRTH (month, day, year) 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Joseph Hall

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Isabella Hall
(Address) 1629 Carrollton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Douglass Mem. Date 1/30/39 19

19. UNDERTAKER Jas. H. Skinner & Son
(Address) 927 E. Fremont St.

20. FILED JAN 30 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-27-1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1939 to Jan 27, 1939

I last saw him alive on Jan 27, 1939. Death is said to have occurred on the date stated above, at 6 1/2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension C. V. Renal Dis.	
Pulmonary edema	
Uremia	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Henry L. Rigdon M. D.

(Address) University Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 54534

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 54534

Registered No. 175a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Women's Hospital St., 15-8 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. 8 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louise N. Bartels
If U. S. Veteran specify WAR

(a) Residence: No. 3426 Mandawmere ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 17, 1917

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME August C. Bartels

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Edna A. Warlitz

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mr. August C. Bartels
(Address) 3426 Mandawmere ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk. Date Jan 30/39

19. UNDERTAKER Harry T. Cuttle
(Address) 4101 E. Lanvale ave.

20. FILED JAN 30 1939 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the about 3.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia, due to	
Incomplete abortion	one

Other contributory causes of importance:

Was an operation performed? Date of one

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. Hamm, M. D.
Coroner
(Address) 1218 Hanover st

V S 6

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 54535

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54535

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH Church Home & Infirmary — Registered No. .....

CITY OF BALTIMORE: (No. North Broadway St. 6-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ora B. Maxwell — If U. S. Veteran specify WAR .....

(a) Residence: No. Church Home & Infirmary St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Judge Samuel K. Maxwell

6. DATE OF BIRTH (month, day, year) 1849 - June - 11

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
89	7 4	18 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. died

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) St. Louis, Mo.

FATHER

13. NAME James Jeffrie

14. BIRTHPLACE (city or town) (State or country) Devonshire, Eng

MOTHER

15. MAIDEN NAME Jane Anderson

16. BIRTHPLACE (city or town) (State or country) Hartford Co, Md.

17. INFORMANT Mrs. Ava J. Hanway
(Address) Rochester N. Y.

18. BURIAL, CREMATION, OR REMOVAL.
Place Churchville Md Date Jan 30/39

19. UNDERTAKER Harry F. Dutrow
(Address) 410 Edmondson Ave

20. FILED JAN 30 1939 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1938 to Jan. 29, 1939

I last saw her alive on Jan. 28, 1939. Death is said to have occurred on the date stated above, at 4:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Heart Disease	
Bronchopneumonia	1-18-39
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. L. Whitemarsh, M. D.

(Address) Church Home & Infy

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

54536

HEALTH DEPARTMENT—CITY OF BALTIMORE

54536

CERTIFICATE OF DEATH

46-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 Hillside Road Roland Park St., 29th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Landon Walton Janney

If U. S. Veteran specify WAR

(a) Residence: No. 6 Hillside Road Roland Park St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas S. Janney

6. DATE OF BIRTH (month, day, year) March 6th 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. [redacted]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfolk Va.

FATHER

13. NAME Joseph A. Walton

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Mary C. Higgins

16. BIRTHPLACE (city or town) (State or country) Norfolk Va.

17. INFORMANT Thomas S. Janney

(Address) 6 Hillside Rd Roland Park

18. BURIAL, CREMATION, OR REMOVAL

Place David Ridge Date Jan 31 1939

19. UNDERTAKER Kenny W. Jenkins or Sons

(Address) McCulloh & Orchard Sts

20. FILED JAN 30 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1938 to Jan. 29, 1939.

I last saw her alive on Jan. 29, 1939. Death is said to have occurred on the date stated above, at 5.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, Colon with generalized metastases	1936

Other contributory causes of importance:

Was an operation performed? yes Date of 1936

For what disease or injury? Suspected appendicitis

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Hugh H. Whitehead, Jr. M. D.

(Address) 11 E. Chase St. Baltimore Md.

V8 8

EJG

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 54537

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54537

CERTIFICATE OF DEATH 41068 (MB) 39-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 9-S Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Howard

If U. S. Veteran specify WAR

(a) Residence: No. 3209 Independence St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John

6. DATE OF BIRTH (month, day, year) 3/1/1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00 ??

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

FATHER

13. NAME James Connell

14. BIRTHPLACE (city or town) Ireland (State or country)

MOTHER

15. MAIDEN NAME Mary Graham

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT City Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place St Peters Cem Date 1/31/1939

19. UNDERTAKER John F Courtney Son (Address) 901 Fulton Street

20. FILED JAN 30 1939 By Huntington Williams, M.D.

VS 9

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-28-1939

22. I HEREBY CERTIFY, That I attended deceased from 1-18-1939 to 1-28-1939

I last saw her alive on 1-27-1939. Death is said to have occurred on the date stated above, at 2:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tubo ovarian abscess of unknown etiology - ruptured	?
Generalized peritonitis	?
Other contributory causes of importance:	
Intestinal obstruction	?

Was an operation performed? yes Date of 1-27-39

For what disease or injury? Peritonitis

Name of operation Exploratory laparotomy

What test confirmed diagnosis? Surgery Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Edward L. Compton M. D.

(Address) Balto City Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54538

F 54538

CERTIFICATE OF DEATH 40584 (MB) 46-R

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 16 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Horace Blake

If U. S. Veteran specify WAR

(a) Residence: No. 230 Bowers Court (Bosel) St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 3/15/~~1880~~ 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
~~52~~ 43 ~~52~~	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Zachariah Blake

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Patsy Ritchie

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lin Date Feb 1, 1939

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Schroeder St.

20. FILED Huntington for Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 27 1939

22. I HEREBY CERTIFY, That I attended deceased from January 4, 1939, to January 27, 1939.

I last saw him alive on January 27, 1939. Death is said to have occurred on the date stated above, at 3:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. De Lautelle M. D.

(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V6 B

54539

HEALTH DEPARTMENT—CITY OF BALTIMORE

54539

CERTIFICATE OF DEATH

#40833 SF

95-13

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Henry Brown

If U. S. Veteran specify WAR

(a) Residence: No. 822 Woodyear St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	~~Married~~ Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie

6. DATE OF BIRTH (month, day, year) Sept. 7, ~~1870~~ 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
~~68~~ 58 ~~68~~	4	17?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labor ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

FATHER

13. NAME Alfred

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. View Date Jan 31, 1939

19. UNDERTAKER Mrs Katie R. Williams (Address) 322 N Schroeder St

20. FILED Lucy Lee Williams, M.D. JAN 30 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/25/39, 19

22. I HEREBY CERTIFY, That I attended deceased from January 11, 1939 to January 25, 1939

I last saw him alive on January 25, 1939. Death is said to have occurred on the date stated above, at 7:50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. de Lautelle, M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 8

F 54540

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 54540

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen'l Hospital (Street and Ward)

Registered No. 1863

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John K. Frey

If U. S. Veteran specify WAR

(a) Residence: No. Route 2 St., ... Ward. Relair, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida M. Frey

6. DATE OF BIRTH (month, day, year) March 23, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George Frey

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Hannah Herr

16. BIRTHPLACE (city or town) (State or country) Baltimore Co.

17. INFORMANT Mrs Ida Frey
(Address) Baltimore Md R W

18. BURIAL, CREMATION, OR REMOVAL
Place Glen Salem, Md. Date Feb 3, 1939

19. UNDERTAKER Howard E McGuire
(Address) Glen Salem, Md.

20. FILED JAN 30 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 26, 1939 to January 30 1939

I last saw him alive on January 26 1939 Death is said to have occurred on the date stated above, at 6:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) James H. Winebrenner M. D.

(Address) Maryland Gen'l Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V9 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54541

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 2-4 139-B Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Registered No.

Length of residence in city or town where death occurred 48 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME [redacted] Irene G. Whaley

If U. S. Veteran specify WAR

(a) Residence: No. 2206 Barclay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow [redacted]

5a. If married, widowed, or divorced (or) WIFE of John Whaley

6. DATE OF BIRTH (month, day, year) Oct 18, 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst Buyer [redacted]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dep't Store

10. Date deceased last worked at this occupation (month and year) Dec 193[illegible]8

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Maryland Baltimore

FATHER

13. NAME James A. Cross

14. BIRTHPLACE (city or town) [redacted] (State or country) Lynchburg, Va.

MOTHER

15. MAIDEN NAME Gertrude Olliott

16. BIRTHPLACE (city or town) Maryland (State or country) Baltimore, Md.

17. INFORMANT Mrs. Muriel Irwin (Sister)
(Address) 413 Westgate Road.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Feb 1st 1939

19. UNDERTAKER Wm. J. Tickner & Sons.
(Address) North & Penna Aves.

20. FILED JAN 30 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1939, to Jan 29, 1939.

I last saw h[illegible] alive on Jan 29, 1939. Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Missing Pulmonary Embolism	
Acute Auto-intoxication - [illegible]	
Other contributory causes of importance:	

Was an operation performed? Yes Date of Jan 16, 1939

For what disease or injury? Intestinal Obstruction

Name of operation Enterostomy - Appendectomy

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
[illegible] If so, specify

(Signed) Raymond N. Egan, M. D.

(Address) Mercy Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54542

CERTIFICATE OF DEATH

F 54542

1. PLACE OF DEATH Jenkins Memorial Hospt.
CITY OF BALTIMORE: (No. 1000 Eaton Ave. St. 25-1 Ward) 82-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Mary A. Gunther — If U. S. Veteran specify WAR

(a) Residence: No. St. Anthonys, Md St., ... Ward, Has been living at Jenkins Memorial Hospital
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of John W. Gunther

6. DATE OF BIRTH (month, day, year) March 15th 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76 yrs.	10	13 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Emmittsburg, (State or country) Md.

FATHER

13. NAME John Kelly

14. BIRTHPLACE (city or town) Emmittsburg, Md. (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Emmittsburg, Md. (State or country)

17. INFORMANT Jenkins Memorial Hospt. (Address) 1000 Eaton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date Feb 1st 1939

19. UNDERTAKER Wm. J. Tickner & Sons. (Address) North & Penna Aves.

JAN 30 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 29. 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1 1938 to Jan. 29th 1939
I last saw her alive on Jan. 29th 1939. Death is said to have occurred on the date stated above, at 3.55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9/20/38
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Charles V. Lewis M. D.

(Address) St. Agnes Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V5 3

F 54543

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54543

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 917 McCulloh 11-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louise Mason

If U. S. Veteran specify WAR

(a) Residence: No. 917 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DAYE OF BIRTH (month, day, year) 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Margaret West

(Address) 917 McCulloh St.

18. BURIAL, CREMATION, OR REMOVAL

Douglass Memorial Jan 30 1939

19. UNDERTAKER Adolph Harstead

(Address) 916 Druid Hill Ave.

20. FILED JAN 30 1939

Huntington Williams, M.P.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26-39

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Apoplexy	Jan 26
	37

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) George Calle M. D.

(Address) 527 Dasgupta St

FILE EARLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 54544

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54544

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1221 N. Patterson Pk. Ave. Ward) 8-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life time yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louisa Carr

If U. S. Veteran specify WAR

(a) Residence: No. 1221 N. Patterson Pk. Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William F. Carr

6. DATE OF BIRTH (month, day, year) Jan. 25, 1867.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife, Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Gustavus Heymach

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Hilbert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT William F. Carr
(Address) 1221 N. Patterson Pk. Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Bath. Date Jan. 31 1939

19. UNDERTAKER John. G. Moran
(Address) 3000 E. Baltimore St.

20. FILED JAN 30 1939 1939 Hunter for Williams, M.D. Registrar.

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 27 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 31 1938 to Jan. 27 1939

I last saw her alive on Jan. 27 1939 Death is said to have occurred on the date stated above, at 9:30 m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage and	
left Hemiplegia	1-27-39.
Aortic regurgitation	1935
Other contributory causes of importance:	

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Albert G. Singewald M. D.
(Address) 1611 E. North Ave.

F 54545 HEALTH DEPARTMENT—CITY OF BALTIMORE 54545

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St., 7-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Georgia Kelme (Georgia H. Keeney)

If U. S. Veteran specify WAR

(a) Residence: No. mt. Pleasent ave. St., Ward. Dayton Ohio

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) September 12, 1906

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	32	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Regal Stores

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (city or town) (State or country) Springfield Ohio

FATHER

13. NAME George Keeney

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Minnie Woodburn

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT Mr. Homer Keeney

(Address) 159 Garst st., Dayton, OHIO

18. BURIAL, CREMATION, OR REMOVAL

Place Springfield, Ohio Date Jan. 30 '39

19. UNDERTAKER

(Address) 1003 W. Baltimore St.

JAN 30 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28 39

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 19 39 to Jan 28, 19 39

last saw h.er. alive on Jan 28, 19 39 Death is said to have occurred on the date stated above, at 2.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis.	1932

Other contributory causes of importance:

Pneumonia

Cardiac failure

Was an operation performed? yes Date of Jan 24 39

For what disease or injury? T.B.

Name of operation Thoracoplasty

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Willard Applefeld M. D.

(Address) Sinai Hospital

JAN 30 1939

Information called for herein is strictly confidential. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 54546

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54546

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1708 Normal Ave. St., 8-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred about 50 yrs. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Justina Baumann

If U. S. Veteran specify WAR

(a) Residence: No. 1708 Normal Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of of the late Joseph Baumann

6. DATE OF BIRTH (month, day, year) June-29-1856

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
82yrs.	6Mo.	29Days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Carl Gae

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT George Baumann
(Address) 1708 Normal Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date January 31-1939

19. UNDERTAKER Henry Stoeck & Sons Inc.
(Address) 1301 E. Eager St.

20. FILED JAN 30 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan.-28-1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 20th 1938 to Jan 27th 1939

I last saw h[illegible] alive on Jan 28th 1939 Death is said to have occurred on the date stated above, at 11.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) H. J. Tanker M. D.

(Address) 119 N. Milton Ave

Information asked for should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

54547

HEALTH DEPARTMENT—CITY OF BALTIMORE

54547

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 250 S. Washington St., 2-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary M. Dussel

If U. S. Veteran specify WAR

(a) Residence: No. 250 S. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Dussel

6. DATE OF BIRTH (month, day, year) Sept 17 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Thomas Bormes

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louise - -

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John J. Dussel

(Address) 250 S. Washington St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Jan 31 1937

19. UNDERTAKER Philip Herring Sons

(Address) 2016 Eutaw St

20. FILED 19 [illegible] Registrar.

[illegible] Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1937 to Jan 27 1937

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Thrombosis	Jan 27
Chr. Valvular Heart Disease.	?
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Basil J. Ferguson M. D.

(Address) 709 E. Fayette

Information should be furnished by informant. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54548

CERTIFICATE OF DEATH

82-F 54548

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 312 N Carey St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Louise Curtis

(a) Residence: No. 312 N Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Will Curtis

6. DATE OF BIRTH (month, day, year) 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cutte Md

FATHER

13. NAME Norton

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Louis Curtis (Address) 336 N Carey St

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date Jan 30, 1939

19. UNDERTAKER Mrs Kate R Williams (Address) 322 S Schroeder St.

JAN 30 1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-27-1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis Cerebral Hemorrhage	7/26
Uremia	39

Other contributory causes of importance: —

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation — Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in and the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. specify ...

(Signed) George L. Keller M. D. Coroner

(Address) 50 Eutaw St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 56

54549 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54549

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 N. Monroe St. 16-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Thomas Irving Rothel

(a) Residence: No. 614 N. Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Husband of Minnie R. Rothel

6. DATE OF BIRTH (month, day, year) June 26, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
74	73	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Continental Can Co.

10. Date deceased last worked at this occupation (month and year) 1-26-39

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Minnie R. Rothel

(Address) 614 N. Monroe St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date 1-31 19 39

19. UNDERTAKER Roland L. Fertler

(Address) 612 N. Monroe St.

20. FILED Jan 30 1939 Huntington Williams Registrar.

JAN 30 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 14 1937 to Jan 27 1939

I last saw h[illegible] alive on Jan 20 1939. Death is said to have occurred on the date stated above, at 1140 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart dis	?
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gustav Rahm C. P. M. D.

(Address) 1735 Poplar Gr. St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 54550

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48 F 54550

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 S. Bouldin St. St., 26-11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Sabina Jungwirth (Yungwirth) Veteran

specify WAR

(a) Residence: No. 914 S. Bouldin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Femal	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George Jungwirth

6. DATE OF BIRTH (month, day, year) April 4-1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME George Helgert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sabina Helgert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Joseph Helgert

(Address) 914 S. Bouldin St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb. 1, 1939

19. UNDERTAKER Lilly & Zeiler inc.

(Address) 403 S. Wolfe St

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from March, 1938, to Jan. 28, 1939

I last saw her alive on January 27, 1939. Death is said to have occurred on the date stated above, at 10 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Uterus	about March 1938

Other contributory causes of importance:

Unknown

Was an operation performed? No Date of —

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? Phys. Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) I. G. Rosenblatt, M. D.

(Address) 3018 O'Donnell St.

VS 8

JAN 30 1939

Municipal Registrar

54551

HEALTH DEPARTMENT—CITY OF BALTIMORE

54551

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHN HOPKINS HOSP. St., 6-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME FRANK J. ALES

If U. S. Veteran specify WAR

(a) Residence: No. 2012 E. FAIRMOUNT AVE St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	WIDOWED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of MARY

6. DATE OF BIRTH (month, day, year) NOV. 24/ 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. STOREKEEPER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) AUSTRIA

FATHER

13. NAME JOHN ALES.

14. BIRTHPLACE (city or town) (State or country) AUSTRIA

MOTHER

15. MAIDEN NAME ANNIE LUB ANSKI

16. BIRTHPLACE (city or town) (State or country) AUSTRIA

17. INFORMANT JOSEPH F. ALES (BROTHER
(Address) 2012 E. FAIRMOUNT AVE

18. BURIAL, CREMATION, OR REMOVAL
Place HOLY REDEEMER Date JAN. 31 1939

19. UNDERTAKER Lilly & Zielenbach
(Address) 403 S. WOLFE ST.

20. FILED JAN 30 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN. 27/ 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, and that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Ohrenbach Coroner, M. D.

(Address)

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54552

CERTIFICATE OF DEATH

93-F 54552

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St., ... Ward)

Length of residence in city or town where death occurred 13 yrs. 10 mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Rosa Gibbons

If U. S. Veteran specify WAR None

(a) Residence: No. Mount Hope Retreat St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): Feb. 14 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): None

11. Total time (years) spent in this occupation: None

12. BIRTHPLACE (city or town) (State or country): Philadelphia Pa

FATHER

13. NAME: John Price

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mount Hope Records

(Address) Mount Hope Retreat, City

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date Jan 31 39 19

19. UNDERTAKER: STEWART & HOWARD COMPANY

(Address) (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

20. FILED ..... 19 ..... Huntington Williams, Registrar.

JAN 30 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from March, 1934, to January 30, 1939.

I last saw her alive on January 29, 1939. Death is said to have occurred on the date stated above, at 2 4-9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arteriosclerosis	?
Acute Myocardial Decompensation	1 day

Other contributory causes of importance:

Feeble minded

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Finding Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel P. Wagner M. D.

(Address) 326 Frederick Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

54553 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54553

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp St. 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 16 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Smith

If U. S. Veteran specify WAR

(a) Residence: No. Alma West Virginia St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lotus Smith

6. DATE OF BIRTH (month, day, year) Feb 6 1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER

13. NAME Leroy Pierpont

14. BIRTHPLACE (city or town) (State or country) West VA

MOTHER

15. MAIDEN NAME Viola Smith

16. BIRTHPLACE (city or town) (State or country) West Va

17. INFORMANT Lotus D. Smith

(Address) Alma W Va

18. BURIAL, CREMATION, OR REMOVAL

Place Listonville W Va Date Jan 30 1939

19. UNDERTAKER Harry Hutzler & Son

(Address) 4101 Edmondson Ave.

20. FILED JAN 30 1939 21 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/29 1939

22. I HEREBY CERTIFY, That I attended deceased from 1/13/39, 1939, to 1/29 1939.

I last saw her alive on 1/29 1939. Death is said to have occurred on the date stated above, at 10.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis	1/1/39

Other contributory causes of importance:

Acidosis
Pulmonary Congestion

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Theo E. Woodward M. D.

(Address) Univ. Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

54554

CERTIFICATE OF DEATH

93-c F 54554

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2006 E. Preston St. 8-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Williamina Stubbs

If U. S. Veteran specify WAR

(a) Residence: No. 2006 E. Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pete Stubbs

6. DATE OF BIRTH (month, day, year) ? 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England.

FATHER

13. NAME Stubbs.

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Underdown

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT Mrs. Mary M. Palmer

(Address) 2006 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL Moreland Mem. Date 1/31, 1939

19. UNDERTAKER John E. Connelly

(Address) East Balto.

20. PLACE OF BURIAL, CREMATION, OR REMOVAL Huntington Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 5 1938 to Jan 25 1939

I last saw him alive on Jan 27 1939. Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	
Senility.	1 yr.
Other contributory causes of importance:	
Prostatic Hypertrophy	2 yrs.

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Edward L. Cook M. D.

(Address) 2530 E. Baltimore

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

54555

CERTIFICATE OF DEATH

107-A F 54555

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Irene Burrell

If U. S. Veteran specify WAR

(a) Residence: No. 1213 Etting St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 26-1928

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Theodore Burrell

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Gladys Williams

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Theodore Burrell

(Address) 1213 Etting Street

18. BURIAL, CREMATION, OR REMOVAL

Mount Auburn Date Feb 1st 1939

19. UNDERTAKER Joseph A. Lively

(Address) 1609 N. Mount Street

Filed JAN 30 1939 Registrar Lee Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-29- 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-23-38 to 1-29- 1939

I last saw he alive on 1-29- 1939 Death is said to have occurred on the date stated above, at 11.40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Upper Respiratory Infection	?
Otitis Media Bilateral.	
Other contributory causes of importance Broncho-Pneumonia Leptomeningitis	1-21-39

Was an operation performed? Date of over

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Leo F. Mahoney M. D.

(Address) Provident Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V63

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54556

CERTIFICATE OF DEATH

1 59 F 54556
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1945 W. Booth St. 20-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Inna Viola Carter

If U. S. Veteran specify WAR ...

(a) Residence: No. 1945 W. Booth St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Black	

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of premature infant

6. DATE OF BIRTH (month, day, year) 1/18/39

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Premature infant 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME John Carter

14. BIRTHPLACE (city or town) Howard Co (State or country) Md

MOTHER

15. MAIDEN NAME Ida Lee

16. BIRTHPLACE (city or town) Balt (State or country) Md

17. INFORMANT John Carter (Address) 1945 W. Booth

18. BURIAL, CREMATION, OR REMOVAL Mount Auburn Date Jan 31 1939

19. UNDERTAKER Joseph A. Lynch (Address) 409 N. Mount St.

20. FILED JAN 30 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/29, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1/18, 1939, to 1/29, 1939

I last saw her alive on 1/29, 1939. Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurely	1/18/39
Other contributory causes of importance:	

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? cl Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) DM Degan, M. D.

(Address) University Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54557

CERTIFICATE OF DEATH

180 F 54557

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq Hosp St. 419 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR ...

2. FULL NAME Dorothy Roane

(a) Residence: No. 524 N. Bruce St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	Negro	married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Lawrence Roane

6. DATE OF BIRTH (month, day, year) Mar 20 1914

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	24	10	6.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Robert Lipscomb

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Florence Johnson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Lawrence Roane

(Address) 524 N. Bruce St

18. BURIAL, CREMATION, OR REMOVAL Arbutus Memorial Date Jan 31 1939

19. UNDERTAKER Joseph A. Travers

(Address) North Monroe Street

20. FILED JAN 30 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26. 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

at my Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Compound Fracture Skull	1/26.

Other contributory causes of importance:

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Jan 26 1939

Where did injury occur? 524 N. Bruce St.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Jumped from window at fire

Nature of injury Fractured Skull.

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) H. J. Hanna M. D.

(Address) 182 W Baltimore St Coroner

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

54558

CERTIFICATE OF DEATH

82-2 F 54558

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3016 Parkside Drive St. 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Minnie Loane Weber

If U. S. Veteran specify WAR

(a) Residence: No. 3016 Parkside Drive St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Weber

6. DATE OF BIRTH (month, day, year) Feb. 9th, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Christian Frederick

14. BIRTHPLACE (city or town) Unknown (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country) Unknown

17. INFORMANT Mr. John Weber,
(Address) 3016 Parkside Drive

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cem. Date Jan. 31 1939

19. UNDERTAKER Frederick Lazenby & Son
(Address) 7401 Belair Road.

20. FILED JAN 30 1939
Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 28th. 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1939, to Jan 28, 1939.

I last saw h[illegible] alive on Jan 28, 1939. Death is said to have occurred on the date stated above, at 12:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 27
Other contributory causes of importance: Arteriosclerosis & Hypertension	2

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Alma V. Lawson M. D.

(Address) 718 N. Pk. Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54559

CERTIFICATE OF DEATH

F 54559

117-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp St. 27-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William H. Radecke (Radecke) If U. S. Veteran specify WAR

(a) Residence: No. 3602 Southern Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Johanna C. Radecke

6. DATE OF BIRTH (month, day, year) Aug. 31, 1889

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
49	4	28 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0615

10. Date deceased last worked at this occupation (month and year) Dec. 1938

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Philip Radecke

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Mary C. Lutz,

16. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

17. INFORMANT Mrs. Johanna C. Radecke,
(Address) 3602 Southern Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Jerusalem Cem. Date Jan. 31, 1939

19. UNDERTAKER Frederick Lansdowne
(Address) 7401 Beldir Road

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/28, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1/15/39, 19..., to 1/28/39, 19...

I last saw him alive on 1/28, 19 39 Death is said to have occurred on the date stated above, at 9 30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bleeding gastric ulcer	
Other contributory causes of importance: Rupture of ulcer	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas S Thomas M. D.

(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V0 8

F 54560

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1336 W. Fulton St. 15-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... d.

2. FULL NAME Carmello Garbo

If U. S. Veteran specify WAR .....

(a) Residence: No. 1336 Sr. Fulton St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Rosalie Garbo

6. DATE OF BIRTH (month, day, year): Dec 27, 1865

7. AGE — Years: 73 | Months: 1 | Days: 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Fruit Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Sells 1045

10. Date deceased last worked at this occupation (month and year): 1935 | 11. Total time (years) spent in this occupation: 20 Yrs

12. BIRTHPLACE (city or town) (State or country): Italy

FATHER

13. NAME: John Garbo

14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER

15. MAIDEN NAME: Rosa

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT: Rosalie Garbo

(Address) 1336 Sr. Fulton St.

18. BURIAL, CREMATION, OR REMOVAL: New Cathedral Date Feb 2 39

19. UNDERTAKER: William Cook

(Address) 1217 St Paul St.

20. FILED ..... 19.....

JAN 31 1939

Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 30 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 26 1939 to Jan. 30 1939

I last saw him alive on Jan 30 1939 Death is said to have occurred on the date stated above, at 7:15 A.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Several years
Other contributory causes of importance: Acute Dilatation	4 da.

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Herbert C. Blake M. D.

(Address) Med. Arts Bldg.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

54561

HEALTH DEPARTMENT—CITY OF BALTIMORE

54561

CERTIFICATE OF DEATH

11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 206 Jack St. 25-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lillian May Johnson

If U. S. Veteran ..... specify WAR .....

(a) Residence: No. 206 Jack St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 12th 1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39	0	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME William W. Johnson

14. BIRTHPLACE (city or town) (State or country) A. A. Co. Md

MOTHER

15. MAIDEN NAME Ida M. Jackson

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Ida M. Jackson
(Address) 206 Jack St

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Feb 1st 1939

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED JAN 31 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29th 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1939, to Jan 29, 1939

I last saw h.. alive on Jan 29, 1939 Death is said to have occurred on the date stated above, at 2.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	1 day
Other contributory causes of importance:	
Bl Pneumonia	14 days

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) C. B. Whelan M. D.

(Address) 1279 Williams Pl

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

54562 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54562

CERTIFICATE OF DEATH

82-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 729 Homestead St. 9-5 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary E. Watson

(a) Residence: No. 729 Homestead St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of Charles A. Watson

6. DATE OF BIRTH (month, day, year) April 11th 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) Dec 1938 | 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Hancock Md

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Adeline Smith

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Katherine W. May
(Address) 729 Homestead St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Feb 1st 1939

19. UNDERTAKER Wm Cook
(Address) 1219 St Paul St

FILED JAN 31 1939 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29th 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 11 1939 to Jan 29 1939.

I last saw he alive on Jan 28 1939. Death is said to have occurred on the date stated above, at 7:05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	1/19/39
Other contributory causes of importance:	
Paraplegia	3 months before

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) John A Evans M. D.

(Address) 6124 40 St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 54563

54563 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54563

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 N. Brice St., 16-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Susie M. Ernest

If U. S. Veteran specify WAR .....

(a) Residence: No. 618 N. Brice St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. H. Ernest Sr.

6. DATE OF BIRTH (month, day, year) July 20, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Wm Tyrell

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louise ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Clarence Ernest 618 N. Brice St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Feb 1st 1939

19. UNDERTAKER (Address) Wm. Cook 1217 St. Paul St.

20. FILED ..... 19 ..... Registrar

JAN 31 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to death on the 29th day of Jan 10:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Coronary Thrombosis	
Other contributory causes of importance	

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) C. Hann Coroner, M. D.

(Address) 125 Hanover

F 54564

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54564

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1632 Light Street St. 23-W 2nd)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 3 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard E. Rainey

If U. S. Veteran specify WAR

(a) Residence: No. 1632 Light Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of child

6. DATE OF BIRTH (month, day, year) Oct. 22, 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John F. Rainey

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Ethel N. Thomas

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. John Rainey
(Address) 1632 Light Street

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Jan. 31, 1939

19. UNDERTAKER Elmer Conklin & Son
(Address) 924 E. Eager St

JAN 31 1939 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Jan. 29, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	1/23/1939

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) L. Littman Coroner, M. D.

(Address) 1304 E. Chase Street

V S 8

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 54565

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 54565

CERTIFICATE OF DEATH

41260 (MB) 107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Katie Rhodes

(a) Residence: No. 2125 ½ McCulloh St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of John

6. DATE OF BIRTH (month, day, year) 3/12/1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
64	64	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown (W.D.)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

FATHER

13. NAME James Dyrample

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Eliza Green

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT City Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place My Grist Cemetery Date Jan 31 1939

19. UNDERTAKER Archibald P. Haddis (Address) 210 N. E. Eutaw St.

20. FILED Jan 31 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 29. 1939

22. I HEREBY CERTIFY, That I attended deceased from January 24. 1939 to January 29. 1939

I last saw her alive on January 29. 1939 Death is said to have occurred on the date stated above, at 12 M. a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-24-39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. De Sanctis M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

54566

HEALTH DEPARTMENT—CITY OF BALTIMORE

54566

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 N Curley St., 7 - 1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur Willard Klug

If U. S. Veteran specify WAR

(a) Residence: No. 610 N Curley St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Muriel Klug

6. DATE OF BIRTH (month, day, year) Aug 6-1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Klug

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Anna Ritter Loser

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Carrie Klug
(Address) 610 N. Curley St

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date 2/2/39

19. UNDERTAKER John Ulrich
(Address) 200 E. Oregon Ave

20. FILED JAN 31 1939 Huntington Williams M.D. Registrar.

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 20 1938 to Jan 30 1939

I last saw him alive on Jan 28 1939 Death is said to have occurred on the date stated above, at 9:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1 yr
Chronic Myocarditis	1 yr
Other contributory causes of importance. Chronic Nephritis -	Chronic

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. J. Ohm M. D.

(Address) 622 Equitable

MAKE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 54567

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 54567

CERTIFICATE OF DEATH

✓ 48

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1522 N Madeira St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary F Reiderer

(a) Residence: No. 1522 N Madeira St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herman Alexander

6. DATE OF BIRTH (month, day, year) Nov 8 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	2	11	19

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Frank Reiderer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Marie Arnold

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Mary Reiderer

(Address) 1522 N Madeira

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 2/1/39

19. UNDERTAKER John Ulrich

(Address) 2000 Mass Ave

20. FILED JAN 31 1939 Harrington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1939 to Jan 29 1939

Last saw her alive on Jan 28 1939 Death is said to have occurred on the date stated above, at 03 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Cervix Uteri - Squamous cell with extension to Rectum — Date of onset Feb 1938

Other contributory causes of importance: Frequent Profuse Uterine hemorrhage — Date of onset May 1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Herman K. Straughn M.D.

(Address) 10 E Biddle St

Make CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 54568

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54568

CERTIFICATE OF DEATH

√50

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1704 E. 29th Street St., 9-6 Ward)

Length of residence in city or town where death occurred 70 yrs. 0 mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME ANNA MARTHA WAGNER

(a) Residence: No. 1704 E. 29th Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George P. Wagner

6. DATE OF BIRTH (month, day, year) Jan. 3, 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	0	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 60 37

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME ?Ruppel

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary Mauer

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Wm. Lange

(Address) 1704 E. 29th Street

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Am Date 2/2/39

19. UNDERTAKER John Ulrich

(Address) 2000 Allegheny

Emmett Williams, M.D.

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 22 1939 to Jan. 30 1939

I last saw h[illegible] alive on Jan 30 1939 Death is said to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	Jan 26,
Other contributory causes of importance: Cancer of breast	3 yrs

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Emmett Williams M.D.

(Address) 9858 Harford Rd

V88

JAN 31 1939

Exact statement of the CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

54569

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 54569

CERTIFICATE OF DEATH

122-u

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 15-L Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Margaret Walther

(a) Residence: No. 1854 W. North St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jno Walther

6. DATE OF BIRTH (month, day, year) Jan 10, 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	0	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John J. McGuiness

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Margaret Kennedy

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT self
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date Feb 2 1939

19. UNDERTAKER Bernard A Finke
(Address) 1902 Edmondson ave

20. FILED JAN 31 1939 Huntington [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 29 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 31 1938 to Jan. 29 1939.

I last saw her alive on Jan. 29 1939. Death is said to have occurred on the date stated above, at 5:22 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	1-12-39
Gangrene Abdominal Wall	1-14-39

Other contributory causes of importance:

Omentocele — several years

Was an operation performed? yes Date of Jan. 11, 1939

For what disease or injury? Omentocele

Name of operation Herniorrhaphy

What test confirmed diagnosis? Operation Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Wilbur L. Brooks M. D.

(Address) Mercy Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 54570

F 54570 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. 12-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2437 N. Charles St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Hendley Saunders

If U. S. Veteran specify WAR

(a) Residence: No. 2437 N. Charles St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sylvia Byrd

6. DATE OF BIRTH (month, day, year) Aug. 24, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Arlington F. Saunders

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Ida Safford

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Charlotte S. Cord

(Address) Radford, Va.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cemy Date 1/31/1939

19. UNDERTAKER John O. Mitchell & Sons Inc.

(Address) 1900 Eutaw Place

20. FILED Huntington Williams, M.D. Registrar

JAN 31 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/29/39

Other contributory causes of importance: Hypertension

Was an operation performed? Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) John A. Evans, M. D. Coroner

(Address)

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

54571 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 54571

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 317 Woodlawn Road St. 27-14 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rev. John W. Douglas
If U. S. Veteran specify WAR

(a) Residence: No. 317 Woodlawn Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	sibgle

5a. If married, widowed, or divorced
HUSBAND of ----------
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 9. 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	2	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clergyman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M.E.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER
13. NAME John Douglas
14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER
15. MAIDEN NAME Margaret Boyce
16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Margaret D. Adair
(Address) 2139 Wyoming Ave. N.W. Wash. D.C.

18. BURIAL, CREMATION, OR REMOVAL
Place Columbia S.C. Date Jan. 31 1939

19. UNDERTAKER John S. Mitchell Funeral Home Inc.
(Address) 1900 Eutaw Place

20. FILED 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan - 30, 1939, to Jan 30, 19 39
I last saw h[illegible] alive on Jan - 30, 1939. Death is said to have occurred on the date stated above, at 6356 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis. Died 35 minutes after I was called.	1/20/39
Other contributory causes of importance:	

Was an operation performed? No Date of
For what disease or injury? —
Name of operation —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Gibson Porter M. D.
(Address) 4822 Roland Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 31 1939

54572 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54572 #41148

CERTIFICATE OF DEATH V 34-J-131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 2 Ward) 93-1

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma Woolford or Cornish

If U. S. Veteran specify WAR .....

(a) Residence: No. 1107 Peach St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: George Woolford

6. DATE OF BIRTH (month, day, year): 3/24/1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	46	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laundry

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Charles Cornish

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Alice Ross

16. BIRTHPLACE (city or town) (State or country): ~~Md.~~

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Feb 1, 1939

19. UNDERTAKER: Mrs Katie R. Williams
(Address) 322 N Schroeder St.

20. FILED ..... 19..... Registrar

JAN 31 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/29/39, 19

22. I HEREBY CERTIFY, That I attended deceased from 1-20, 1939 to 1-29, 1939

I last saw her alive on 1-27, 1939. Death is said to have occurred on the date stated above, at 11.25 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphogranuloma venereum	?
Uremia	several days
Chronic nephritis	?

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) L. K. Woodward M. D.

(Address) Balto City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 54573 F 54573

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 22 N. Mount St St., 19-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2½ yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Llewelyn Merritt

(a) Residence: No. 22 N. Mount St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 23 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
2½	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Bertram Merritt

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Annett Moore

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Annette Merritt
(Address) 22 N. Mount St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 1-31 1939

19. UNDERTAKER Chas H. Alexander
(Address) 12 Odd Fellows Hall Pikesville, Md
Funeral Director

20. FILED JAN 31 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1939 to Jan 27, 1939.

I last saw him alive on Jan 27, 1939 Death is said to have occurred on the date stated above, at 6:25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1/24/39
Other contributory causes of importance: Measles	2 Weeks

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Albert L. Lafaso M. D.

(Address) 822 N. Broad St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 54574 F 54574

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√180

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hospital 22-2 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frederick Epps

(a) Residence: No. 708 Warner St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Helen Epps

6. DATE OF BIRTH (month, day, year) 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Luna Go Co Va

FATHER

13. NAME Willie Epps

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Martha Epps

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Helen Epps
(Address) 708 Warner St

18. BURIAL, CREMATION, OR REMOVAL
Place Peters Burg Va Date Feb 2nd 1939

19. UNDERTAKER Elroy O Wilson
(Address) 1000 Pennsylvania Ave

20. FILED 19 Registrar

Huntingtonian, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence signed by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

1st 2nd 3rd degree of body.

Date of onset: Jan 17 1939

Other contributory causes of importance:

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Heating Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Jan 17 1939

Where did injury occur? Home 708 Warner St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home — 2nd floor

Manner of injury Oil stove was knocked over

Nature of injury Ignited Bed clothes of face

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jorge L. Allen M. D.
Coroner

(Address) 50 Pensupth St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

54575

HEALTH DEPARTMENT—CITY OF BALTIMORE

54575

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ethel Holmes (39329)

If U. S. Veteran specify WAR

(a) Residence: No. 2630 Flora St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	~~Single~~ Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Guy Holmes

6. DATE OF BIRTH (month, day, year) Dec. 20, 1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
25	~~24~~ 25	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Perry ~~Holmes~~ Moore

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Jones

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date Feb 2, 1939

19. UNDERTAKER Mrs Kate R. Williams
(Address) 322 N Schroeder St.

20. FILED JAN 31 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from November 25, 1938. to January 29, 1939

I last saw her alive on January 29, 1939. Death is said to have occurred on the date stated above, at 2:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	Aug. 1935
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

STATEMENTS OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 54576

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54576

CERTIFICATE OF DEATH 1108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Rivai Hospital St., 7-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William E. Tunis

If U. S. Veteran specify WAR

(a) Residence: No. 1033 N. Broadway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Isabella Tunis

6. DATE OF BIRTH (month, day, year) Dec. 13. 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
84	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Edward C. Tunis

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Thuburn

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Isabella Tunis

(Address) 1033 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cemetery Date January 31 1939

19. UNDERTAKER Howard N. Bright Jr.

(Address) 4914 Belair Road

20. FILED JAN 31 1939 Huntington for Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 28, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest/Autopsy/Inquiry thereon and from the evidence obtained by said Inquest/Autopsy/Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Chambers Coroner, M. D.

(Address) Coroner

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

54577

HEALTH DEPARTMENT—CITY OF BALTIMORE

54577

CERTIFICATE OF DEATH

125-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen Hosp St. 36-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Albert Earl Foster

If U. S. Veteran specify WAR

(a) Residence: No. 3213 Eastern Ave St., ... Ward.
(Usual place of Abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 10/25/38

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Earl L. Foster

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Ingy E. Hofferberth

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Earl L. Foster

(Address) 3213 Eastern ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel cem. Date Jan. 31, 1939

19. UNDERTAKER George W. Zirkler

(Address) 1737 E. Eager St

20. FILED ..., 19... Registrar.

JAN 31 1939

Huntington Mitchell

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1939, to Jan 29, 1939

I last saw him alive on Jan 29, 1939. Death is said to have occurred on the date stated above, at 6:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital jaundice,	
Other contributory causes of importance:	
Evisceration	

Was an operation performed? Yes Date of 1/27/39

For what disease or injury? Obstructive jaundice

Name of operation Cholecyst-gastrotomy

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo L. Hagerstown M. D.

(Address) Md. Gen. Hosp.

54578 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54578

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Maryland. Registered No.

CITY OF BALTIMORE: (No. St. 17 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Palmer Nix If U. S. Veteran specify WAR

(a) Residence: No. 928 Pennsylvania Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced HUSBAND of Lucille Norton Nix

6. DATE OF BIRTH (month, day, year) April 2, 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Jan. 14, 1939

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Barnwell, South Carolina

FATHER

13. NAME Frederick Nix

14. BIRTHPLACE (city or town) (State or country) Barnwell, South Carolina

MOTHER

15. MAIDEN NAME Rosa Brown

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Records-U. S. Marine Hospital, (Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Place National Cem. Date 2/1 39

19. UNDERTAKER William A. Darkeson (Address) 916 Penna Ave

20. FILED JAN 31 1939 Harrington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 17, 1939, to January 29, 1939

I last saw him alive on January 29, 1939. Death is said to have occurred on the date stated above, at 12:05 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac disease, cardiovascular renol	Unknown
Nephritis, chronic interstitial	Unknown
Other contributory causes of importance: Uremia, chronic	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clin.

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. B. H. a clerk, M. D.

(Address) U. S. Marine Hospital, Baltimore, Maryland.

V8 8

OCCUPATION is very important. See instructions on back of certificate.

F 54579

HEALTH DEPARTMENT—CITY OF BALTIMORE

DR 54579

CERTIFICATE OF DEATH

V 174

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital 7-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Grace Johnsen Basfield

If U. S. Veteran specify WAR .....

(a) Residence: No. 640 Jasper St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leo Basfield

6. DATE OF BIRTH (month, day, year) April 5-1914

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	24	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waitress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greensboro N C

FATHER

13. NAME James Johnsen

14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME Cleo Glenn

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Cleo Johnsen

(Address) 640 Jasper St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 1/31 19 34

19. UNDERTAKER Williams & Jackson

(Address) 916 Pennsylvania Ave

20. FILED JAN 31 1934 Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28, 1934

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Inquest, Autopsy or Inquiry)

derived by said autopsy find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stab wound of left chest	Jan 28 [34]

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury Jan 28 1934

Where did injury occur? N.W. Bond & Pratt Sts

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury Was stab with a

Nature of injury Knife Punctured

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) G. E. Allen M. D.

(Address) 5 N. Gilmor St Coroner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

54580 E 54580

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St., 8-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME James H. Jordan

(a) Residence: No. 1978 Perlman Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 30/82

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hoister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Co

10. Date deceased last worked at this occupation (month and year) Jan 28/39

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Thomas Jordan

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Mary A. Gray

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Goldie Schuler
(Address) 1978 Perlman Place

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 2/2/39

19. UNDERTAKER Widdiss Coale
(Address) 1217 St. Paul St.

20. FILED ... 19... Registrar.

JAN 31 1939 Hunting for Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 30, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1938

Other contributory causes of importance:

Was an operation performed? no Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..., 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no. If so, specify

(Signed) Samuel B Wolfe M. D.

(Address) 1331 E North Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 54581

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54581

CERTIFICATE OF DEATH 41290 (VB) 82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Mitchell

(a) Residence: No. 1204 N. Caroline St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Milton

6. DATE OF BIRTH (month, day, year) 8/4/~~1887~~ 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
~~51~~ 46 ~~51~~	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME James Jones

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Charity ?

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) City Hospital Records

18. BURIAL, CREMATION OR REMOVAL Place Prospect Va Date Feb 2 19 39

19. UNDERTAKER (Address) Roberth. Gowing 804 N. Caroline St

20. FILED Hunting Town Williamson Undertaker

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 29. 1939

22. I HEREBY CERTIFY, That I attended deceased from January 25 1939 to January 29 1939

I last saw her alive on January 29, 1939 Death is said to have occurred on the date stated above, at 2 40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1-25-39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Sautelle M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

54582

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 54582

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hospital for the Women of Maryland St.) (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ray Ahlborn

If U.S. Veteran specify WAR

(a) Residence: No. 1409 Eutaw Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Arthur Ahlborn

14. BIRTHPLACE (city or town) (State or country) Dublin, Ireland

MOTHER

15. MAIDEN NAME Rebecca Morris

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. N. Hamburger

(Address) Esplanade & Lyon.

18. BURIAL, CREMATION, OR REMOVAL

Place Ohel Shalom Cem. Date July 1, 1939

19. UNDERTAKER David Londrigan & Son

(Address) 1902 Eutaw Place

Huntington Williams, M.D.

Registrar.

FILED JUN 31 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 28, 1938 to Jan. 30, 1939

I last saw h-r alive on Jan. 30, 1939. Death is said to have occurred on the date stated above, at 5.50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of right breast, metastatic to liver, lymph nodes, ovary (?)	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. P. Sellers, M. D.

(Address) Woman's Hosp.

OCCUPATION is very important. See instructions on back of certificate.

54583 E 54583

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2907 Westfield Ave. St., 27-7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Roeder

(a) Residence: No. 2907 Westfield Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Roeder

6. DATE OF BIRTH (month, day, year) Mar. 12-1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Roeder

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elizabeth Roeder
(Address) 2907 Westfield Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date Feb. 1-39 19

19. UNDERTAKER John A. Miller
(Address) 2334 Allendale St.

20. FILED Jan 31 1939 Thos. J. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30, 1939

22. I HEREBY CERTIFY That I attended deceased from Aug 31 1938 to Jan 30, 1939

I last saw her alive on Jan 30, 1939. Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Arteriosclerosis	
Myocardial Degen	1 yr
Cataract	
Other contributory causes of importance: Cerebral Hemorrhage	1 Day

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edward H. Hoos M. D.

(Address) 2853 Eastern Ave Baltimore

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 54584 HEALTH DEPARTMENT—CITY OF BALTIMORE F 54584

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 531 S. Lehigh St. 76-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry L. Hill

If U. S. Veteran specify WAR .....

(a) Residence: No. 531 Lehigh St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Golda J. Hill

6. DATE OF BIRTH (month, day, year) Mar. 21-1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
85	10	9 8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saw Filer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sanford & Brooks

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Newark N. J.

FATHER

13. NAME Hill

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Jesse G. Francis

(Address) 1628 S. Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL Place Bal. Lawn Cem. Date Feb. 1 - 39 19

19. UNDERTAKER John L. Miller

(Address) 2334 Eastern Ave.

20. FILED ..... 19 ..... Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29th 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 12th 1938 to Jan 28 1939

I last saw him alive on Jan 28 1939 Death is said to have occurred on the date stated above, at 2 A.m. Jan 29th

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	
Senility	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Adam Tod M. D.

(Address) 4616 Loch Raven Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

No. 3

AM 31 1939

54585

HEALTH DEPARTMENT--CITY OF BALTIMORE

F 54585

CERTIFICATE OF DEATH

41147-PS

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 11-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Kilgore

If U. S. Veteran specify WAR .....

(a) Residence: No. 1213 Madison Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married-sep.

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter

6. DATE OF BIRTH (month, day, year) 11-20-1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
42	42	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ga.

FATHER

13. NAME John Wright

14. BIRTHPLACE (city or town) (State or country) Ga.

MOTHER

15. MAIDEN NAME Jennie McWilliams

16. BIRTHPLACE (city or town) (State or country) Ga.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Atlantus Date 2-1 19 39

19. UNDERTAKER Thomas E. Kelson

(Address) 1323 Preston St

20. FILED JAN 31 1939 Huntington Wilkinson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-28 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-20 1939 to 1-28 1939

I last saw her alive on 1-28 1939 Death is said to have occurred on the date stated above, at 10:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Breast with metastasis	?
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) L Kilbourne Jr. M. D.

(Address) Balto City Hosp

OCCUPATION is very important. See that the entry is properly classified. Exact statement of

See instructions on back of certificate.

54586

HEALTH DEPARTMENT—CITY OF BALTIMORE

54586

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. St. Joseph's Hosp. 15-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Hackett

If U. S. Veteran specify WAR

(a) Residence: No. 1728 Prestman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	ed	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ada

6. DATE OF BIRTH (month, day, year) [illegible] 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co. Md

FATHER

13. NAME James Hackett

14. BIRTHPLACE (city or town) (State or country) Howard Co. Md

MOTHER

15. MAIDEN NAME Maggie Dorsey

16. BIRTHPLACE (city or town) (State or country) Howard Co. Md

17. INFORMANT Ada Hackett (Address) 1728 Prestman

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 2/2/39

19. UNDERTAKER Geo. L. Kelso (Address) 1232 Prestman St

20. FILED Huntington Milligan, Registrar JAN 31 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-26, 1938, to Jan 30, 1939

I last saw him alive on Jan 29, 1939. Death is said to have occurred on the date stated above, at 12.05 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of colon	
Intestinal Obstruction	Dec 1938
Chronic cachexia	1937

Other contributory causes of importance:

Was an operation performed? Yes Date of

For what disease or injury? Intestinal obstruction

Name of operation Cecostomy

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) M. P. Tumpt, M. D.

(Address) St. Joseph's Hosp.

OCCUPATION is very important. See instructions on back of certificate.

54587

HEALTH DEPARTMENT—CITY OF BALTIMORE

54587

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH St. Agnes Hospital — Catm + Unthean Ave — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....) St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mr James P. Gillespie

(a) Residence: No. 7 Rutledge Ave St., ... Ward. Catonsville Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lorine Gill

6. DATE OF BIRTH (month, day, year) Sept 1 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53 yrs.	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Operator Sander

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saw Mill

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) New Jersey

FATHER

13. NAME James J Gill

14. BIRTHPLACE (city or town) (State or country) Prussia

MOTHER

15. MAIDEN NAME Annie Cleary

16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMANT Mrs Lorine Gill (Address) Englewood Ave

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem Date 2-2-39

19. UNDERTAKER Eugene A Tyler & Son (Address) Eutaw & Lanvale Sts Huntington Williamson, Mgr.

20. FILED JAN 31 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1939 to Jan 30, 1939

I last saw him alive on 1-30, 1939. Death is said to have occurred on the date stated above, at 9:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Renal disease with myocardial insufficiency Congestive Heart failure	

Other contributory causes of importance .....

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph E. Muse Jr M. D.

(Address) St. Agnes Hospital

OCCUPATION is very important. See instructions on back of certificate.

54588

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 54588

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 16 Ward)

Length of residence in city or town where death occurred yrs. mos. 3 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Margaret Campo

(a) Residence: No. Arnold Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nunzio Campo

6. DATE OF BIRTH (month, day, year) Unknown 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Harry Horwitz

(Address) 118 Mercy Bldg Balto md

18. BURIAL, CREMATION, OR REMOVAL Place Annapolis Md Date Feb 2 1939

19. UNDERTAKER B E Hopkins

(Address) Annapolis Md.

20. FILED Huntington Williams M.D. Registrar.

JAN 31 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 30 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 28 1939 to Jan 30 1939

I last saw h[illegible] alive on Jan 30 1939 Death is said to have occurred on the date stated above, at 6:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerular Nephritis	
Uremic coma	
Other contributory causes of importance:	
Cardiac Coma	
Generalized Arteriosclerosis	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

54589

HEALTH DEPARTMENT—CITY OF BALTIMORE

54589 F

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1536 William St. 2nd - 4th 9 2nd Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME J. Theodore Cardeau

If U. S. Veteran specify WAR .....

(a) Residence: No. 1536 William St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bernadette Cardeau

6. DATE OF BIRTH (month, day, year) Aug 17-1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	5	13.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Beuche Bros.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Elias Cardeau

14. BIRTHPLACE (city or town) (State or country) Nova Scotia

MOTHER

15. MAIDEN NAME Mary L. Tarlton

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Bernadette Cardeau

(Address) 1536 Williams St.

18. BURIAL, CREMATION, OR REMOVAL Date 2/2 1939

Place Holy Cross Cem.

19. UNDERTAKER John J. Fahey & Sons

(Address) 131 E. Eight St.

20. FILED JAN 31 1939 19.. Hunter Taylor Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30, 1939

I HEREBY CERTIFY, That I attended deceased from Jan 10, 1939 to Jan 30, 1939

that I last saw h.. alive on Jan 30, 1939 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Other contributory causes of importance: Bronchial Asthma	
Myocarditis	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John A. Ghrenuik M. D.

(Address) 1337 S. Charles St

OCCUPATION is very important. See instructions on back of certificate.

V0 3

54590

HEALTH DEPARTMENT—CITY OF BALTIMORE

54590

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1214 Riverside Ave. Ward) 24-3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert F Hoffmann

If U. S. Veteran specify WAR

(a) Residence: No. 1214 Riverside Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/2/1923

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	11	728	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John L. Hoffmann

14. BIRTHPLACE (city or town) (State or country) Paeto Md

MOTHER

15. MAIDEN NAME Eliz A Steaden

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Eliz Hoffmann

(Address) 1214 Riverside

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date 2/ 1937

19. UNDERTAKER John J Fahey Sons

(Address) 1310 Light St

20. FILED 19 Registrar

Huntington Williams, M.D.

JAN 31 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/29/ 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 26 1937 to Jan 29 1937

I last saw him alive on Jan 29 1937 Death is said to have occurred on the date stated above, at 2a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	2 days
Other contributory causes of importance: Acute Bronchitis	4 days

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C D Wheeler M. D.

(Address) 1209 McCulloh St

OCCUPATION is very important. See instructions on back of certificate.

54591 F 54591

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 40384 (MB) 95-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 13-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Blunt

If U. S. Veteran specify WAR

(a) Residence: No. 2450 Francis St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Janie

6. DATE OF BIRTH (month, day, year) 12/26/1882 /888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
~~56~~ 50 ~~57~~ ~~56~~	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Ballum Blunt

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Amelia

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Feb
Place Mt Calvary Date Feb 1 1939

19. UNDERTAKER V. G. Crooke
(Address) 1463 N. Carey St

20. FILED JAN 31 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 29, 1938, to January 30, 1939

I last saw ~~him~~ alive on January 30, 1939. Death is said to have occurred on the date stated above, at 6:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Sautelle M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 54592 108 F 54592

F 54592

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME Eleanora Garnett

If U. S. Veteran specify WAR

(a) Residence: No. 823 Warner St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 15- 1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

FATHER

13. NAME Oliver Garnett

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Gertrude Langford

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Oliver Garnett

(Address) 823 Warner St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 1/31 1939

19. UNDERTAKER Isaiah G Brown Son

(Address) 108 W Montgomery St

JAN 31 1939 Huntington Williams, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	Jan 26 1939

Other contributory causes of importance: No

Was an operation performed? No Date of

For what disease or injury? No

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George A Allen M. D.

(Address) 50 E Saratoga St

OCCUPATION is very important. See instructions on back of certificate.

VS 6

F 54593

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 54593

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St. 8-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry Clide Turner

(a) Residence: No. 2421 E. North ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Margarite Turner

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tobacco

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Florida

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Florida

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Florida

17. INFORMANT Margarite Turner

(Address) 2421 E. North ave.

18. BURIAL, CREMATION, OR REMOVAL

Holy Redeemer Feb 1 - 39 19

19. UNDERTAKER Jos J Sterr & Son

(Address) 3001 Kentucky Ave

JAN 31 1939

Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 26, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Wheeler Coroner, M. D.

(Address) Town

OCCUPATION is very important. See instructions on back of certificate.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

54594

CERTIFICATE OF DEATH

59 F 54594

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 N. East ave St. 36-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. 6 mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sophie Mc Coursey

If U. S. Veteran specify WAR

(a) Residence: No. 603 N. East ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert E. Mc Coursey

6. DATE OF BIRTH (month, day, year) July 10, 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME John W. Gelsinger

14. BIRTHPLACE (city or town) (State or country) Balto, Md

MOTHER

15. MAIDEN NAME Mary Knowe

16. BIRTHPLACE (city or town) (State or country) Mary Knowe

17. INFORMANT Robert E. Mc Coursey
(Address) 603 N. East ave

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date Feb. 1, 1939

19. UNDERTAKER Margaret G. Flynn
(Address) 1644 Eutaw Pl.

JAN 31 1939

(Signed) for William H. Taylor Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29 / 39

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1936 to Jan 29, 1939

I last saw h alive on Jan 29, 1939 Death is said to have occurred on the date stated above, at 3-15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1932

Other contributory causes of importance:

Diabetic Coma

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. E. Campbell M. D.

1-31-39 (Address) 1646 Eutaw Pl

OCCUPATION is very important. See instructions on back of certificate.

V0 9

M. D. B. 1268-9

F 54595

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Sq. Hosp. 27-10 159 Registered No. .....
(If death occurred in a hospital of institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Harris

(a) Residence: No. 717 Arlington Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) 1-21-39

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Louis Harris

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Elizabeth Clifford

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Louis Harris
(Address) 717 arlington ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date Jan 31 - 39

19. UNDERTAKER John A. Moran
(Address) 1003 E. Baltimore St

Herrington Williams M.D.
Registrar.

20. FILED JAN 31 1939 19.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-30 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 21, 1939 to Jan. 30, 1939

I last saw her alive on Jan. 30 1939. Death is said to have occurred on the date stated above, at 3:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Anemia (Cause unknown.)	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) N. J. Friedman M. D.

(Address) Franklin Sq. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 54596

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54596

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 100 N. University Pkwy (Ward) 12-1

Length of residence in city or town where death occurred 44 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma F. Lucas

(a) Residence: No. 100 N University Pkwy Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 27-1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65 66	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore City

FATHER

13. NAME Robert J. Findlay

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary E. Keenan

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT H. F. Lucas

(Address) Baltimore

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Feb 1st 1939

19. UNDERTAKER Henry W. Deykin & Co

(Address) Oldest Firm in Colored

20. FILED ..... 19..... Registrar

Huntington Pittsburg, Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30th 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 28th 1938 to Jan 30th 1939

I last saw h.. alive on Jan 30th 1939. Death is said to have occurred on the date stated above, at 10:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	Jan 30
Chronic Nephritis	1 yr
Senile Debility	Jan 1938
Other contributory causes of importance:	
Pulmonic Oedema	Jan 27/39

Was an operation performed? No Date of —

For what disease or injury? .....

Name of operation No

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) J. A. Shotland M. D.

(Address) 1304 E. Eutaw St

OCCUPATION is very important. See instructions on back of certificate.

VS 3

54597

HEALTH DEPARTMENT—CITY OF BALTIMORE

54597

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 E Read St., 11-7 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dr. Logan Preston

If U. S. Veteran specify WAR .....

(a) Residence: No. 13 E Read St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, ~~Married, Widowed,~~ or ~~Divorced~~ (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Jan 25 1885

7. AGE: Years 54 | Months | Days 6 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: John F Preston

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Eliza Thom Preston

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: L Preston
(Address) Ruxton Md

18. BURIAL, CREMATION, OR REMOVAL
Place: Druid Ridge Date: Feb 2- 1939

19. UNDERTAKER: Henry McSherry Son & Co
(Address) Oakdale Md. College Ave

20. FILED ..... 19.... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 31- 1939

22. I HEREBY CERTIFY, That I attended deceased from August 7- 1938 to Jany 31- 1939

I last saw him alive on Jany 30- 1939. Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis -	Jan 31 39
Arteriosclerosis	?

Other contributory causes of importance:

Hypertension -	

Was an operation performed? No - Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis Clinical — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No - If so, specify .....

(Signed) Chas W Lane Jr M. D.

(Address) 1327 Park Ave

OCCUPATION is very important. See instructions on back of certificate.

V88

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54598

CERTIFICATE OF DEATH

F 54598

92-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4100 Southern Ave 27-L Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret M Berger

(a) Residence: No. 4100 Southern Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew J Berger

6. DATE OF BIRTH (month, day, year) Dec 6th 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Charles Lentz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Kreiner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Andrew Berger

(Address) 4100 Southern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. 2/2/39 19

19. UNDERTAKER Leonard J Redd

(Address) 536 W Lafayette Blvd.

20. FILED JAN 31 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-30-39 . 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 19 38 to 1/30/39, 19 ..... I last saw her alive on 1/30/39, 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	

Other contributory causes of importance:

Chronic Endocarditis & Myocardial Degeneration

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Elmer Swanson M. D.

(Address) 4 W Mt Royal Ave

1/31/39

Spec.—9-30—A. & Co.—250 Bks.

Ella N.

F 54599 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54599

CERTIFICATE OF DEATH. × 135

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Edgewood Sanitarium

CITY OF BALTIMORE: (No 6000 Bellona Ave. ST. 27-12 WARD

2-FULL NAME Mrs. Ella N. Stratton

(a) RESIDENCE NO. 508 Sussex Road ST., ... WARD Balto. Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fe	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. D. Stratton

6 DATE OF BIRTH (month, day, and year) Dec 15 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74	1	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Clifford H. Rinker
(Address) 508 Sussex Road near Towsontown Md

15 JAN 31 1939 Huntington, West Virginia, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30, 1939

17

I HEREBY CERTIFY, That I attended deceased from November 7, 1938, to January 30, 1939

that I last saw her alive on January 28, 1939

and that death occurred, on the date stated above, at 5. P. M.

The CAUSE OF DEATH* was as follows:

Chronic cystitis.

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility.

(duration) 22 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Boy Kingston Road from home

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Urine examination.

(Signed) A. J. Chalfant M. D.

Jan 31 1939 (Address) 6210 York Road

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Park — DATE OF BURIAL 1/31 1939

20 UNDERTAKER Leonard Meech — ADDRESS 1301 Bonfield

TION is very important. See instructions on back of certificates.

54600 HEALTH DEPARTMENT—CITY OF BALTIMORE E 54600

CERTIFICATE OF DEATH

Registered No. 82-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1625 E. Madison St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Beverley N. Richards

(a) Residence: No. 1625 E. Madison St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed or divorced: HUSBAND of ~~wife~~ Ella V. Richards

6. DATE OF BIRTH (month, day, year) Aug. 30, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Joseph Richards

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Ella Clark.

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Ella V. Richards

(Address) 1625 E. Madison St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Feb. 2 1939

19. UNDERTAKER Robert E. Young

(Address) 804 N. Caroline St.

20. FILED JAN 31 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 30. 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1939 to Jan. 30, 1939

I last saw h— alive on Jan. 30, 1939 Death is said to have occurred on the date stated above, at 10:53 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	1-30-39
Other contributory causes of importance: Pulmonary edema	1-30-39

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Chas. N. Keeley, M. D.

(Address) 1422 E. Lanvale

OCCUPATION is very important. See instructions on back of certificate.

V 8 9

HEALTH DEPARTMENT—CITY OF BALTIMORE

54601

CERTIFICATE OF DEATH

95-3 F 54601

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2112 W. Mulberry St. 20-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR none

2. FULL NAME Patrick J. O'Brien

(a) Residence: No. 2112 W. Mulberry St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederica Brack O'Brien

6. DATE OF BIRTH (month, day, year) Dec. 17, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Houseman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. M. Fink,
(Address) 2112 W. Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 2/1/1939

19. UNDERTAKER C. Vernon Lemmon
(Address) C. Vernon Lemmon
4611 Park Heights Ave.

JAN 31 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1938 to Jan 30, 1939

I last saw him alive on Jan. 23, 1939. Death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-Vascular disease.	?
Coronary Sclerosis	?
Smoking	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) William Laughlin M. D.

(Address) 400 N. Payson St.

DEATH CERTIFICATE is not complete. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54602

CERTIFICATE OF DEATH

59 F 54602

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 19 S. Fulton St. 19-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Catherine Hagerty

If U. S. Veteran specify WAR

(a) Residence: No. 19 S. Fulton ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): June 2 1879

7. AGE: Years 59 | Months 7 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none 0 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto, Md

FATHER

13. NAME: Thomas Hagerty

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Mary Ward

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs. O'Neill

(Address): 19 S. Fulton ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cem. Date: Feb. 2, 1939

19. UNDERTAKER: Margaret A. Flynn

(Address): 19 S. Fulton Ave.

20. FILED JAN 31 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1-39, 19 to Jan 30, 1939

I last saw her alive on Jan 29, 1939. Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac dilatation	

Other contributory causes of importance:

Chronic myocarditis & hypertension
Chronic nephritis - Diabetes mellitus

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. N. Fulton, M. D.

(Address) H. N. Fulton

V0 8

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

35-7535

HEALTH DEPARTMENT—CITY OF BALTIMORE

54603

CERTIFICATE OF DEATH

157-D F 54603

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St., 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Betty Rosa Borden If U. S. Veteran specify WAR

(a) Residence: No. 1608 E Chase St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/22/39

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Elmer Borden

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Bessie Hamilton

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place JOHNS HOPKINS MEDICAL SCHOOL Date JAN 31 1939 19

19. UNDERTAKER Commissioner of Health (Address) Per H. A. Moore

20. FILED JAN 31 1939 19 Huntington Wilkinson Registrar

4507

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1939 to Jan 28, 1939

I last saw her alive on Jan 28, 1939 Death is said to have occurred on the date stated above, at 1605 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	1-22-39
Congenital malformation of the heart	1-22-39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Caroline Jackson M. D.

(Address) Johns Hopkins Hospital

OVER

54604

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54604

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH Hebrew Home for Aged & Infirm

CITY OF BALTIMORE: (No. Belvedere & Greenspring Ave St. 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. d.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Sarah Bernstein

(a) Residence: No. Belvedere & Greenspring Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Hyman

6. DATE OF BIRTH (month, day, year) 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76 77	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Borjuch Finkelstein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Dorothy Koenigsberg

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sig. Rembaum

(Address) Belvedere & Greenspring Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cosedale Date 2/1 1939

19. UNDERTAKER Sol Levinson & Bros.

(Address) 1104-26 W Baltimore

Huntington Williams

20. FILED JAN 31 1939 Registrar

JAN 31 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-31 1939

22. I HEREBY CERTIFY, That I attended deceased from 10-3 1938 to 1-31 1939

I last saw h[illegible] alive on 1-31 1939. Death is said to have occurred on the date stated above, at 3:47 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-25-39
Hypostatic	
Arteriosclerosis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H Edmund Levin M. D.

(Address) Levindale

GKG

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54605

CERTIFICATE OF DEATH

F 54605

Registered No. .....

1. PLACE OF DEATH West Balto Gen'l. Hosp. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ..... St. 16 Ward 9

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Master Newton Lloyd

(a) Residence: No. 655 Debaugh Ave Towson St. ..... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 2 1935

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Newton Lloyd.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Virginia Miller

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT West Balto General Hosp. (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Grace M. P. Date Feb. 2, 1939

19. UNDERTAKER John Burns & Son (Address) Towson, Md.

20. FILED JAN 31 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 29 1939 to Jan 31 1939

I last saw him alive on Jan 31 1939. Death is said to have occurred on the date stated above, at 2:19 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Hemolytic streptococcic pneumonia (Empyema)	over
Secondary to Lung Abscess	
Other contributory causes of importance: Hemolytic Streptococcic Septicemia	
Pulmonary Edema	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Dr. Shea M. D.

(Address) N. 13 St.

V9 2

F 54606

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167 F 54606

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2937 Eidman Ave. St., 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Henry Pichel

(a) Residence: No. 2937 Eidman Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) February 27, 1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant Marine

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Nov. 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Frederick Pichel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eva Barbara Battenberg

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT George Leonard Pichel

(Address) 2614 Lambert Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date Feb. 1 1939

19. UNDERTAKER Chas. H. Black

(Address) 742 N. North Ave.,

FILED JAN 31 1939 Huntington Williams M.D. Registrar.

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 30, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy, or Inquiry) and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet Wound of head	

Other contributory causes of importance: .....

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Suicide Date of injury 1/30/ 1939

Where did injury occur? Balto., Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Shot self in head

Nature of injury with a rifle

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schreiber M. D.
Coroner

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

54607

HEALTH DEPARTMENT—CITY OF BALTIMORE

54607

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 9-G Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Anna Higgins

If U. S. Veteran specify WAR .....

(a) Residence: No. 1505 Linsmitt Ct St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael J. Higgins

6. DATE OF BIRTH (month, day, year) 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Bailey

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Cannon

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Bailey

(Address) 1505 Linsmitt Ct.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Feb. 3, 1939

19. UNDERTAKER Harry W. Riedefeld

(Address) 5[illegible] Edmondson Ave.

20. FILED Feb. 1, 1939 Thurlow Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-31-39. 19

22. I HEREBY CERTIFY, That I attended deceased from 1-15-39. 19..... to 1-31-39. 19.....

I last saw h[illegible] alive on 1-31-39. 19..... Death is said to have occurred on the date stated above, at 5:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Breast & Metastases to Liver & Lungs	6-1-38
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) M. R. Tumpson M. D.

(Address) St. Joseph's Hosp.

1-1939

54608

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54608

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 624 W. Fayette St. 4 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Leah Margaret Cunningham

(a) Residence: No. 624 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, ~~Widowed, or Divorced~~ (write the word)
Female	White	Married

3a. If married, ~~widowed or divorced~~ (or) WIFE of Thomas Cunningham

6. DATE OF BIRTH (month, day, year) Aug 18 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry Andrew

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Isabel Eakle

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Thomas Cunningham

(Address) 624 W. Fayette st

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb 2nd 1939

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED FEB 1 1939 Wm. J. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30th 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 29 1939 to Jan 30 1939

I last saw her alive on Jan 30 1939 Death is said to have occurred on the date stated above, at 7:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-Vascular Disease	?
Cerebral Hemorrhage	1-29-39
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If yes, specify

(Signed) Edward F. Milan M. D.

(Address) 680 Washington Blvd

54609 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 54609

CERTIFICATE OF DEATH

CGK--9655 107-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 17-3 Ward)
life

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Wm. Grinage

(a) Residence: No. 790 W. Franklin St. St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine (Dead)

6. DATE OF BIRTH (month, day, year) 7-25-1858

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Priscilla Bedford

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn, Date 2/2 19 39

19. UNDERTAKER Williams & Parkson
(Address) 916 Penna ave

20. FILED ....., 19.... Registrar.

FEB 1-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 25, 1939, to January 30, 1939

I last saw him alive on January 30, 1939 Death is said to have occurred on the date stated above, at 4:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-25-39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Lautille M. D.

(Address) Baltimore City Hospitals

Huntington Williams, M.D.

54610 F 54610

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-2

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St Agnes Hosp. St 19-4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph. Poist

If U. S. Veteran specify WAR .....

(a) Residence: No. 4828 Wilhelm St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) May 18. 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
4	10	12 18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Lorling Poist

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Carrie Wilson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Carrie. W. Poist
(Address) 828. Wilhelm

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 2/1 1939

19. UNDERTAKER Edward Lorenz
(Address) 2329 Wash Blvd

20. FILED FEB 1 1939 Harry J. Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	1/24

Other contributory causes of importance .....

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) M. Nanna Coroner, M. D.

(Address) 1822 W Baltimore St

OCCUPATION is very important. See instructions on back of certificate.

V 56

54611 William L Childs F 54611

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH St. Agnes' Hospital
CITY OF BALTIMORE: (No. Wilkens & Caton Aves St. Balto (Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Wm. William L. Childs

(a) Residence: No. 1840 Wilkens Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Annie L. Childs

6. DATE OF BIRTH (month, day, year) April 6-1860

7. AGE Years	Months	Days.	If LESS than 1 day ... hrs. or ... min.
78	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Boiler maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Singleton W Childs

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Caroline Wood

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Hazel Thaxton
(Address) 210 N. Monroe St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk. Date Feb. 3 1939

19. UNDERTAKER Geo L. Berger Jr
(Address) No 2 Hollins St Huntington Williams, Mgr

20. FILED FEB 1 - 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 31 1939

22. I HEREBY CERTIFY, That I attended deceased from January 27 1939 to January 31 1939.
I last saw him alive on January 31 1939. Death is said to have occurred on the date stated above, at 9.55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular Renal disease	?
Myocardial failure.	1-31-39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Joseph E. Muse Jr. M. D.

(Address) St. Agnes Hospital

54612 E 54612

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ × 167

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Paul Michelfelder

(a) Residence: No. Belair Rd., Fullerton St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Michelfelder

6. DATE OF BIRTH (month, day, year) Jan. 7, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0084

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country) Unknown

17. INFORMANT Mr. R. A. Merson, (Address) Cardwell Ave., Raspeburg

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Cem. Date Feb. 2, 1939

19. UNDERTAKER Frederick Lazenby & Son (Address) 7401 Belair Road

20. FILED FEB 1 - 1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 30th, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet Wound Head	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide Date of injury 1/30/, 1939

Where did injury occur? Fullerton, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Shot self in head

Nature of injury with a revolver

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Michelfelder, M. D. Coroner

(Address) Coroner

OCCUPATION is very important. See instructions on back of certificate.

54613 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54613

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 251 r Hamilton St., (E. or W.) E 7-6 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary E. Dunbar

If U. S. Veteran specify WAR .....

(a) Residence: No. 251 r Hamilton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced. HUSBAND of (or) WIFE of Benjamin Dunbar

6. DATE OF BIRTH (month, day, year) Sept 3 - 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Samuel Booth

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Thurland Dunbar

(Address) 251 r Hamilton Ave

18. BURIAL, CREMATION, OR REMOVAL. Interred Loudon Park Cem. Baltimore Co. Md. Date 2-1 1939

19. UNDERTAKER Leonard Rauch

(Address) 1221 Hartford Road

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-31 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-26 1939 to 1-31 1939

Last saw her alive on 1-31 1939 Death is said to have occurred on the date stated above, at 6:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Renal-Vascular Disease	Uncertain
Other contributory causes of importance: Myocardial Insufficiency	1.30.39

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. N. Wilson M. D.

(Address) 402 Hamilton Ave

No. 1 - 1939

54614
35-78 8

F 54614

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 11-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 26-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frederick Maulsdale

If U. S. Veteran specify WAR .....

(a) Residence: No. 2 or 1 Perkins St., St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/25/38

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Chas. Maulsdale

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Jenny Bryant

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Ricnas
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 2/2 19 39

19. UNDERTAKER John J. Linda
(Address) 2229 Hudson St

20. FILED FEB 1 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1939 to Jan 31, 1939

I last saw him alive on Jan 31, 1939 Death is said to have occurred on the date stated above, at 10:5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia due to influenza bacillus	1-8-39
Influenzal septicemia	1-28-39
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Culture Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Ethel Walker, M. D.

(Address) Johns Hopkins Hospital

54615 HEALTH DEPARTMENT—CITY OF BALTIMORE 54615

CERTIFICATE OF DEATH

82-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1143 Argyle St. 17-2 Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Amanda Sons

(a) Residence: No. 1143 Argyle St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm. Sons

6. DATE OF BIRTH (month, day, year) Jan 1, 1876

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
62 63	-	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 2037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Lucretia Williams

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Louise Rayne

(Address) 1143 Argyle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Cem Date Feb 1 1939

19. UNDERTAKER Wm. Burkhardt and Sons

(Address) 1631 Druid Hill Ave

20. FILED Feb 1 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 21 1939 to Jan 28 1939

I last saw h... alive on Jan 28 1939 Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

Acute Kidney

Date of onset Jan 25 1939

Other contributory causes of importance:

Hypertension & Arteriosclerosis

Was an operation performed? No Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 1107 Eutaw

VS 3

1-1939

54616

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54646

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto. City Hospt.

CITY OF BALTIMORE: (No. ..... St., 3-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Makowski

(a) Residence: No. 572 S. Bond St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Katheleen

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Martin

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Josephine

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Pak Lawn Date Feb 1st 1939

19. UNDERTAKER George A. Weber

(Address) 700 E Lanvale St

20. FILED ..... 19.....

Registrar.

Feb 1 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 28 1939

22. I HEREBY CERTIFY, That I attended deceased from January 21 1939 to January 28 1939.

I last saw him alive on January 28 1939. Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Jan. 1939

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. De Lashlle M. D.

(Address) Baltimore City Hospitals

F 54617 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54617

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St. 15-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edward S. Pick

(a) Residence: No. 1930 Walbrook Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lula Jr. Pick

6. DATE OF BIRTH (month, day, year) March 5 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman 1086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Main & Service Dept Gas & Elec Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harrisonville Maryland

FATHER

13. NAME Rudolph Pick

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Emma Jane Blakely

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Lula Jr. Pick

(Address) 1930 Walbrook Ave

18. BURIAL, CREMATION, OR REMOVAL Harrisonville Md

Place Mt. Parran Cem. Date Feb. 2, 1939

19. UNDERTAKER Jamie Cook & Syfer

(Address) 600 W. North Ave

20. FILED ..... 19 ..... Registrar.

FEB 1 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	1/20

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) M. Hamm M. D.

(Address) 18 W Baltimore Coroner

OCCUPATION is very important. See instructions on back of certificate.

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54618 2
35 63

HEALTH DEPARTMENT—CITY OF BALTIMORE 54618

CERTIFICATE OF DEATH

47-13

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 10-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Northearn

If U. S. Veteran specify WAR .....

(a) Residence: No. 1313 E. Eager St. St., Balto Ward, Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Northearn

6. DATE OF BIRTH (month, day, year) 8/13/86

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stevedore

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME John Northearn

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Anna Gibbs

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Feb 3 1939

19. UNDERTAKER Payne Lander

(Address) 1413 E Preston St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1939, to Jan 30, 1939

I last saw him alive on Jan 30, 1939. Death is said to have occurred on the date stated above, at 3 6 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. Lowenstein Billings, M. D.

(Address) Johns Hopkins Hosp.

54619

HEALTH DEPARTMENT—CITY OF BALTIMORE

54619

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5278 Reisterstown Rd. St. 28-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Elizabeth Kise

(a) Residence: No. 5278 Reisterstown Rd. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Late Geo. W. Kise.

6. DATE OF BIRTH (month, day, year) Mar. 28 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
86	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Daniel L. Herman

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Mary A.

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Wm. A. Doenges.
(Address) 5278 Reisterstown Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Moriah (Cemetery) Date Feb. 2 1939

19. UNDERTAKER Harry Byers
(Address) 500 Park Ave.

20. FILED ... Registrar

FEB 1 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1939 to Jan 30, 1939

I last saw her alive on Jan 29, 1939. Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Sclerosis Myocarditis	
Other contributory causes of importance:	
Old age	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury —, 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ...

(Signed) Charles J. Wells M. D.

(Address) 5276 Park Heights Ave.

54620 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54620

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 123 N. Fulton Ave. Ward 19-W)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Samuel Carsley

(a) Residence: No. 123 N. Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Anna P. Carsley

6. DATE OF BIRTH (month, day, year) Mar 23rd 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) Pocomoke (State or country) Md

FATHER

13. NAME Samuel W. N. Carsley

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Rosa Frances Schofield

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Anna P. Carsley (Address) 123 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL Baptist Church Cemetery Place Pocomoke City Md Date Feb 2nd 193

19. UNDERTAKER Wm Cook (Address) 1217 St. Paul St

20. FILED FEB 1 1939 By Thomas for William M. Register.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31st 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 17 1939 to Jan 31 1939

I last saw h~~e~~ alive on Jan 31 1939 Death is said to have occurred on the date stated above, at 9.45 ~~P~~ a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-17-39
Other contributory causes of importance:	
Arterio-sclerosis	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clin. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) J. Steuart Thomas, M. D.

(Address) 2105 Bolton Rd.

Vs 2

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

54621 F 54621

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH 410 E. 20th Street

CITY OF BALTIMORE: (No. 410 St., 12-4 Ward) Registered No.

(If death occurred a hospital or institutio give its NAME inste of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... d

2. FULL NAME Mrs. Mary Marsden

(a) Residence: No. 410 E. 20th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of James Henry Marsden

6. DATE OF BIRTH (month, day, year) May 16, 1848

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
90	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Patrick O'Brien

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Reibley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Mary Thomas
(Address) 410 E. 20th St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Feb 3, 1939

19. UNDERTAKER Albert H. Wagner
(Address) 440 E. North Ave.

20. FILED FEB 1 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-31, 1939

22. I HEREBY CERTIFY, That I attended deceased from July, 1935, to Jan. 1, 1939, 19...

I last saw h[illegible] alive on Jan. 30, 1939 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

Myocardial Failure — Date of onset 1-28-39

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in publi[illegible]

place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) C. W. Peake M. D.

(Address) 4508 Harford Road

OCCUPATION is very important. See instructions on back of certificate.

54622 F 54622

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 339 E York St 12-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amelia M. Mayer

If U. S. Veteran specify WAR

(a) Residence: No. 339 E York St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John G Mayer

6. DATE OF BIRTH (month, day, year) Feb 27 - 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Julius C Brandt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary C Sabb

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Milton Brandt

(Address) 339 E York St

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Park Date Feb 3 1939

19. UNDERTAKER Wm J Tschan & Sons

(Address) Phila

20. FILED Feb 1 1939 Thos Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 1939 to Jan 30 1939

I last saw her alive on Jan 30 1939. Death is said to have occurred on the date stated above, at 5 50 A m. Jan 31 1939

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Bronchi	1-22-39
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. A. Thuson M. D.

(Address) 403 Med Arts Bg

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54623

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No.

CITY OF BALTIMORE: (No. 912 N Wolfe St., 11-W Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Virginia Turner — If U. S. Veteran specify WAR

(a) Residence: No. 917 N. Charles St., St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/12/80 ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58 ?	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME J. J. Turner

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Mumford

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date Feb ... 19...

19. UNDERTAKER A. J. Jenkins Undertaking Co. (Address) Cathedral & Mt. Vernon Pl.

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1939, to Jan 31, 1939.

I last saw her alive on Jan 31, 1939. Death is said to have occurred on the date stated above, at 11 40 a m.

The principal cause of death and related causes of importance were as follows:

	Date at onset
Diabetes Mellitus (diab. Coma.)	2 D
Diabetic gangrene both feet -	Jan 1939
Arteriosclerosis with arteriosclerotic	2
heart disease. Subarachnoid hemorrhage	1-30-39
Other contributory causes of importance:	
Abscess - abdominal wall	Jan 1939

Was an operation performed? yes Date of 1-30-39

For what disease or injury? gangrene left leg

Name of operation Amputation left leg

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) F. R. Brennan M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

54624

CERTIFICATE OF DEATH

131 F 54624

1. PLACE OF DEATH Franklin Sq. Hosp. Registered No.

CITY OF BALTIMORE: (No. ..... St., 19-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Hurdle

(a) Residence: No. 1722 Ramsay St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Late John H Hurdle

6. DATE OF BIRTH (month, day, year) Dec. 13, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME James Dinsmore

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Worken

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Belle Smith
(Address) 1735 Wilkens Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feb 3 1939

19. UNDERTAKER Harry H Wiltbe
(Address) 4101 Edmondson Ave

20. FILED FEB 2 - 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-31 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1939 to 1-31- 1939
I last saw h.. alive on Jan. 31 1939 Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Bronchopneumonia.	

Other contributory causes of importance:
Hypertensive Cardiovascular renal disease
Cerebral Hemorrhage & Hemiplegia (rt.)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) N. P. Friedman, M. D.

(Address) Franklin Sq. Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54625

CERTIFICATE OF DEATH

89 aF 54625

Registered No. 187

1. PLACE OF DEATH Balto. City Hospitals

CITY OF BALTIMORE: (No. Bay View St. 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Jennie E. Newby

(a) Residence: No. 869 Harlem Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leyton Newby

6. DATE OF BIRTH (month, day, year) Dec. 23-1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Blackstone Va.

FATHER

13. NAME Robert Epps

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Maggie Bland

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Leyton Newby (Husband)

(Address) 869 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Feb. 3, 1939

19. UNDERTAKER Wm. Francis A. Hawsley

(Address) 578 N. Biddle St.

20. FILED FEB 1 1939 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 31, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	3 Years
Cerebral Embolism due to infection	5 hours.
Other contributory causes of importance: Secondary anemia	Uterine Fibroids some time

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Bond St.

V 6

If accuracy is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

54626

CERTIFICATE OF DEATH

82 F 54626

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 929 Pierce St., 18-1 Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Louis Williams

If U. S. Veteran specify WAR .....

(a) Residence: No. 929 Pierce St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 1, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	60		28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Jesse Williams

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Matilda Rogers

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Ida Bertt

(Address) 929 Pierce St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Feb 3, 1939

19. UNDERTAKER Mrs Francis A. O'Leary

(Address) 578 W Baltimore St

20. FILED ..... 19..... Huntington Hillegas

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 28 1939 to Jan 30 1939

I last saw him alive on Jan 30 1939 Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/28/1939

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

Name of operation None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. C. Coosey M. D.

(Address) 1133 Gay St

Vance Washington

HEALTH DEPARTMENT—CITY OF BALTIMORE

54627

CERTIFICATE OF DEATH

93-F 54627

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 500 Iselin St. St. 22-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Vance Washington

(a) Residence: No. 500 Iselin St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of Katie Washington

6. DATE OF BIRTH (month, day, year) 1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Waynesboro S. Carolina

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) S. Carolina

MOTHER

15. MAIDEN NAME — —

16. BIRTHPLACE (city or town) (State or country) S Carolina.

17. INFORMANT Katie Washington

(Address) 516 Ty Sor St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenwood South Carolina Date Feb 1 1937

19. UNDERTAKER A. Colquhoun Hospital

(Address) E Lombard Baltimore

20. FILED FEB 1 - 1937 Huntington Williams M.P. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	12 hrs.
Other contributory causes of importance: chronic hypocardiosis; chr Alcoholism	8 mos

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? clinical findings & history Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Michael A. Abrams M. D. Coroner

(Address) 2360 Eutaw place

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54628

CERTIFICATE OF DEATH

92 F 54628

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1711 N. Calvert St. 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Joseph H. Davison

(a) Residence: No. 1711 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widower

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Emma L. Davison

6. DATE OF BIRTH (month, day, year) Oct. 6, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bath Pennsylvania

FATHER

13. NAME William Davison

14. BIRTHPLACE (city or town) (State or country) New Jersey

MOTHER

15. MAIDEN NAME Elizabeth Gardner

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Mrs. Leila W. Davison 141 W. 22nd Street

18. BURIAL, CREMATION, OR REMOVAL Rockburn Springs Cem Forest Hill, Md. Date Feb 2 1939

19. UNDERTAKER (Address) E. Leroy Stiller, Inc. 526 E. North Ave.

20. FILED FEB 1 - 1939 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN. 31 1939

22. I HEREBY CERTIFY, That I attended deceased from APRIL 1923 to JANUARY 31 1939

I last saw h[illegible] alive on 11/28/38 1939. Death is said to have occurred on the date stated above, at 2a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CEREBRAL VESSEL DISEASE	1923 (?)
MYOCARDIAL HEART DEGENERATION	
Other contributory causes of importance:	
RENAL CALCULUS COLIC	1/30/39

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1939

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Hoffman, M. D.

(Address) 8 Eddy Road Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

54629 CERTIFICATE OF DEATH × 34-C F 54629

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yr. mos. 14 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Ernest Ricks

(a) Residence: No. Davidsonville St. Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Ricks

6. DATE OF BIRTH (month, day, year) Feb 4, 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Joshua Ricks

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Maggie Snowden

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Sarah Ricks (Address) Davidsonville

18. BURIAL, CREMATION, OR REMOVAL Place Davidsonville Md Date 2/4 39

19. UNDERTAKER T. A. Hardesty & Son (Address) Edgewood Md.

20. FILED FEB 1 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1939 to Feb 1, 1939

I last saw him alive on Jan 31, 1939. Death is said to have occurred on the date stated above, at 3½ p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilitic Aortitis	
Hemiplegia	
Congestive Failure	
Arteriosclerotic Emphysema	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Hepburn M. D.

(Address) University Hosp.

355 984

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54630

CERTIFICATE OF DEATH

+ 23 F 54630

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., Ward) 7-5

Length of residence in city or town where death occurred yrs. 1 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Wells Graceville

(a) Residence: No. 1709 E Biddle St + Graceville Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 7, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oysterman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Jack Wells

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Octand ?

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Oldham, Va Date Feb. 2, 1939

19. UNDERTAKER Robert E. Williams (Address) 1515 McElderry St

20. FILED FEB 1 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1938 to Jan 26, 1939

I last saw h alive on Jan 26, 1939 Death is said to have occurred on the date stated above, at 4 20 8m m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis with cavities	
Tuberculosis of prostate, seminal vesicles etc	12/15/38

Other contributory causes of importance:

Was an operation performed? yes Date of 1/14/39

For what disease or injury? Tuberculosis of prostate

Name of operation Perineal Prostatectomy

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jerome Mark, M. D.

(Address) Johns Hopkins Hosp.

F 54631

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a F 54631

1. PLACE OF DEATH Sacto. City Hospital

Registered No. 1872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bay View St. 21-K Ward)

Length of residence in city or town where death occurred 86 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME John Damonel

(a) Residence: No. 1180 Washington Blvd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 7-1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dairy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Not for 15 years

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. George Smith

(Address) 1180 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date Feb 3 1939

19. UNDERTAKER J Vernon Kuehnel

(Address) 2301 Edmondson Ave

FILED FEB 1 1939 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 31 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	2 days.
Fracture Neck right femur	Jan. 21 1939
Other contributory causes of importance: Valvular heart disease	5 years.

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of Injury Jan 21 1939

Where did injury occur? 1180 Washington Blvd
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell off Commode Chair

Nature of injury Fracture as. above.

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. E. Wood M. D.
Coroner

(Address) 1712 N. Broadway

V S 6

OCCUPATION IS VERY important. See instructions on back of certificate.

54632 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54632

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. St. 4-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rachel Martin

If U. S. Veteran specify WAR

(a) Residence: No. Uniontown Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David Martin

6. DATE OF BIRTH (month, day, year) 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
76	76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Washington Martin

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mr. David Martin (Address) Uniontown, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Locust Grove Date Feb. 3 1939

19. UNDERTAKER C. M. Waltz (Address) Westfield Md.

FILED FEB 2 - 1939 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 1 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 31 1939 to Feb. 1 1939

I last saw her alive on Feb. 1 1939 Death is said to have occurred on the date stated above, at 3:35 P.m.

The principal cause of death and related causes of importance were as follows:

Late diffuse peritonitis
Resulting from ruptured
appendix.

Date of onset 1/20/39

Other contributory causes of importance:

Paralytic Ileus

Was an operation performed? Yes Date of 1/21/39

For what disease or injury? Ruptured appendix

Name of operation Exploratory laparotomy

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry Waxe M. D.

(Address) Univ. Hospital Balto., Md.

54633 Utha E Selby

HEALTH DEPARTMENT—CITY OF BALTIMORE 54633

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital 9-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Utha Eileen Selby

(a) Residence: No. near Taylorsville, Carroll County Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) December 29-1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Carroll County
(State or country) Maryland

FATHER

13. NAME Paul Selby

14. BIRTHPLACE (city or town) Frederick County
(State or country) Maryland

MOTHER

15. MAIDEN NAME Katherine Stull

16. BIRTHPLACE (city or town) Frederick County
(State or country) Maryland

17. INFORMANT Mother
(Address) Carroll County

18. BURIAL, CREMATION, OR REMOVAL
Place Pipe Creek Cemetery Date Feb 2, 1939

19. UNDERTAKER C. M. Waltz
(Address) Mt. Union, Md.

20. FILED Feb 2 1939 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 30, 1939 to February 1, 1939

I last saw her alive on February 1, 1939 Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Laryngeal Diphtheria	1/27/39
tracheobronchial laryngitis	1/27/39

Other contributory causes of importance:

Was an operation performed? yes Date of January 30-1939

For what disease or injury? Laryngeal Obstruction

Name of operation Tracheotomy

What test confirmed diagnosis Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Harry S. Grubb, M. D.

(Address) Sydenham Hospital

54634 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 54634

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH Mercy Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 11-1 Ward)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Josephine Rohleder — If U. S. Veteran specify WAR .....

(a) Residence: No. 625 N. Gilmor St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed,~~ or Divorced (write the word)
Male	White	Single

5a. If ~~married, widowed,~~ or divorced HUSBAND of ~~or WIFE of~~ Elizabeth Rohleder

6. DATE OF BIRTH (month, day, year) Apr. 2 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Frank H. Rohleder

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Susan Bentry

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mortimer E. Rohleder
(Address) 58 N. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 2/4/39

19. UNDERTAKER Wm. Cook
(Address) 1219 E. Baltimore St.

20. FILED ..... (Signature for William ...) Registrar.

FEB 2 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1938, to Jan 31, 1939.

I last saw him alive on Jan 31, 1939. Death is said to have occurred on the date stated above, at 12:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Card. Vas Disease	3
Terminal Bronchopneumonia Senility	
Cerebral Thrombosis	1-24-39
Aphasia & paralysis of right arm & leg.	
Other contributory causes of importance:	
Lobar Pneumonia Rt. L. Lobe	1-24-39
Erysipelas over L	1-27-39

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? EKG X Ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) A. L. Lewis, M. D.
(Address) Mercy Hospital

54635 **HEALTH DEPARTMENT—CITY OF BALTIMORE** # 54635

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 2921 Brighton St., 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Sherman Francis Hennessy

If U. S. Veteran specify WAR .....

(a) Residence: No. 2921 Brighton St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Florence -

6. DATE OF BIRTH (month, day, year) Aug 19-1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Doctor (physician)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. DRUGGIST

10. Date deceased last worked at this occupation (month and year) 1902

11. Total time (years) spent in this occupation 00?

12. BIRTHPLACE (city or town) (State or country) Pottsville Penna

FATHER

13. NAME John Hennessy.

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Florence Hennessy
(Address) 2921 Brighton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Feb 3rd 1939

19. UNDERTAKER William Cook
(Address) 1217 St. Paul Street

20. FILED Feb 2 1939 [illegible] Registrar.

FEB 2 - 1939

MEDICAL CERTIFICATE OF DEATH 2:30 AM.

21. DATE OF DEATH (month, day, year) Feb. 1 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1938, to Feb. 1st, 1939

I last saw him alive on Feb 1st, 1939. Death is said to have occurred on the date stated above, at 3 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
cerebral arteriosclerosis	1937
Other contributory causes of importance: cerebral hemorrhage	2/1/39

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edgar A. Krupp M. D.

(Address) 3020 Edmondson Ave

54636

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 54636

CERTIFICATE OF DEATH

✓ 23

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1505 N. Washington St., 8-7 Ward)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran ——— specify WAR .....

2. FULL NAME William W. Wheeler

(a) Residence: No. 1505 N. Washington St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ HUSBAND of ~~(or) WIFE of~~ Maggie M. Wheeler

6. DATE OF BIRTH (month, day, year) Dec 29th 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dietz & Rover

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Balto (State or country) Md.

FATHER

13. NAME John C. Wheeler

14. BIRTHPLACE (city or town) St. Marys Co (State or country) Md

MOTHER

15. MAIDEN NAME Susan V. Clarke

16. BIRTHPLACE (city or town) St. Marys Co. (State or country) Md

17. INFORMANT Leroy E. Wheeler

(Address) 411 Elkwood Driveway

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Feb 4th 1939

19. UNDERTAKER Roy Cook

(Address) 127 E. Fund St

FEB 2 — 1939 at Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31st 1939

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1939, to June 31, 1939

I last saw him alive on June 31, 1939. Death is said to have occurred on the date stated above, at 1:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Medias Regurgitation Kenny	2 Days
Pulmonary Tuberculosis	1 yr

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Specimen Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C F O Stevens M. D.

(Address) 2878 Hartford Rd

F 54637

54637 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1210 Oursion St. 17-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Shadrack Tucks

If U. S. Veteran specify WAR .....

(a) Residence: No. 1210 Oursion St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Tucks

6. DATE OF BIRTH (month, day, year) April 8 76

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter 207

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Roanoke Va

FATHER

13. NAME [illegible]

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Emma Tucks

(Address) 1210 Oursion St

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Mem Pk Date 2-2, 1939

19. UNDERTAKER Mrs Gertrude Offord

(Address) 1631 Edmondson Ave

20. FILED [illegible] Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29, 39

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/28/39
Senility	
Other contributory causes of importance:	

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Joseph S. Collins M. D. Coroner

(Address) 50 [illegible]

V S 6

54638 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 54638

CERTIFICATE OF DEATH

131

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 13-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Mrs. Rebecca G. Holmes

If U. S. Veteran specify WAR .....

(a) Residence: No. 2303 Madison Ave. St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. G. Holmes.

6. DATE OF BIRTH (month, day, year) 6-5-1880

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Manchester Va.

FATHER

13. NAME Joseph Gardner

14. BIRTHPLACE (city or town) (State or country) Goochland Co. Va.

MOTHER

15. MAIDEN NAME Fannie Willis

16. BIRTHPLACE (city or town) (State or country) Mecklenburg Co. Va.

17. INFORMANT Mr. Geo. G. Holmes.

(Address) 2303 Madison Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Cem. MD. Date Feb 2 1937

19. UNDERTAKER Mrs. Geo. W. Holland

(Address) 1681 Druid Hill Ave.

20. FILED 2-2-1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-30-1937

22. I HEREBY CERTIFY, That I attended deceased from 8-30-1936 to 1-30-1937

I last saw her alive on 1-30-1937. Death is said to have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Renal Disease	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. W. Butler M. D.

(Address) 2035 Saint Paul Ave.

US 3

54639 F 54639

54639 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hospital St., 17-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Alfred Jones

(a) Residence: No. 687 Pierce St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	C[illegible]	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT James Jones
(Address) 687 Pierce St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cresl, Md. Date Feb. 2 1937

19. UNDERTAKER Jas. Chs. E. Holland
(Address) 1631 Druid Hill Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/29, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-23, 1937, to 1-29, 1937

I last saw him alive on 1-24, 1937. Death is said to have occurred on the date stated above, at 6:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Hypertrophy Dilatation	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Benj. Hepp M. D.

(Address) Provident Hosp.

54640 F 54640

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1908 Etting St. 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Bettie E. Williams. If U. S. Veteran specify WAR

(a) Residence: No. 1908 Etting St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
fem.	col.	widow.

5a. If married, widowed, or divorced [redacted] of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 17, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) Dec 1938

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Essex County Virginia.

FATHER

13. NAME Andrew Epps

14. BIRTHPLACE (city or town) (State or country) Virginia.

MOTHER

15. MAIDEN NAME Marie Epps

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT John D. Epps
(Address) 1904 Etting St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemetery Date 2-2, 1939

19. UNDERTAKER Archibald A. Gaddis
(Address) 2101 W. Baltimore St.

20. FILED 19 Registrar.

2-2-1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1938, to Jan. 29, 1939.

I last saw her alive on Jan. 29, 1939. Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Renal-Vascular disease	?
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) C. H. Pigott M. D.

(Address) 1536 W. Lanvale St

54641 F 54641

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH OGK--41321/08

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 6-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Pearl Parker

(a) Residence: No. 219 N. Caroline St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married (Sep

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Edward

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
40	40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown 27

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Dan

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Pinkey

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 2/3 19 34

19. UNDERTAKER William A Jackson

(Address) 916 Penna Ave

20. FILED Municipal City Williams Registrar

FEB 2- 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 31. 1939

22. I HEREBY CERTIFY, That I attended deceased from January 26 1939 to January 31 1939

I last saw her alive on January 31 1939. Death is said to have occurred on the date stated above, at 7:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	1-22-39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. DeSantelle M. D.

(Address) Baltimore City Hospitals

4642

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54642

CERTIFICATE OF DEATH

121

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 12-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Martha Counselman

(a) Residence: No. 30 E. 26th St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 10, 1925

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
13	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Counselman

14. BIRTHPLACE (city or town) (State or country) Delaware

MOTHER

15. MAIDEN NAME Eleanor Neary

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT mother Eleanor Neary (Address) 30 E. 26th St.

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Cem. Date 2/4 1939

19. UNDERTAKER Chas. P. Faul Honerue (Address) 118 W. Mt. Royal Ave

Date FEB 3 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1939, to Feb. 1, 1939.

I last saw h[illegible] alive on Feb. 1, 1939. Death is said to have occurred on the date stated above, at 2:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Appendicitis	Jan 13, 39
2. Peritonitis -	Jan 14, 39
Other contributory causes of importance:	

Was an operation performed? yes Date of Jan 17, 1939

For what disease or injury? Acute appendicitis

Name of operation Appendectomy

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wilbur S. Brooks M. D.

(Address) Mercy Hospital

54643

HEALTH DEPARTMENT—CITY OF BALTIMORE

54643

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 W Lafayette ave St., 14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ellsworth Vanfield Allen.

If U. S. Veteran specify WAR .....

(a) Residence: No. 608 Lafayette ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	[illegible] widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Allen.

6. DATE OF BIRTH (month, day, year) Jan 3-1890.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	0	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plasterer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) Jan 24-39

11. Total time (years) spent in this occupation 40+

12. BIRTHPLACE (city or town) (State or country) Matthews Co. Va.

FATHER

13. NAME Otis R. Allen

14. BIRTHPLACE (city or town) (State or country) Matthews Co Va.

MOTHER

15. MAIDEN NAME Matilda Dixon

16. BIRTHPLACE (city or town) (State or country) Matthews Co. Va.

17. INFORMANT Thomas R Allen

(Address) 2530 Madison ave

18. BURIAL, CREMATION, OR REMOVAL

Place North End Va Date Feb 3 1939

19. UNDERTAKER Joseph A. Linsley

(Address) 409 N. Mount St

20. FILED ..... 19 ..... [illegible] Registrar.

FEB 2 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30. 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 28 1939 to Jan 30 1939

Last saw h[illegible] alive on Jan 30 1939 Death is said to have occurred on the date stated above, at 12.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Asthma	12/26-39

Other contributory causes of importance:

None Saw Cardiac Enlargement Request of Mother-Allen

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. H. Wright M. D.

(Address) 1209 Pennsylvania ave

54644 HEALTH DEPARTMENT—CITY OF BALTIMORE E 54644

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 913 Argyle St., 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah Jane Harden

(a) Residence: No. 913 Argyle St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME George Harden

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Robert Harden

(Address) 644 Greenmount Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Douglass Mem. Date 2/1/1939

19. UNDERTAKER Edgerton Hall & Hall

(Address) 1825 E. Monument

20. FILED FEB 2 - 1939 Heating for Interment

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1938 to Jan 29, 1939

I last saw her alive on Jan 29, 1939 Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

myocarditis — Date of onset Oct 1938

Other contributory causes of importance:

Hypertension

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) 1139 Eutaw

N.R.

1645

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 54645

CERTIFICATE OF DEATH

✓ 108 cc

1. PLACE OF DEATH Balto. City Hospitals — Registered No. 1877

CITY OF BALTIMORE: (No. Bay View St., 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Lena E. Evans

(a) Residence: No. 786 Bradley Av. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Robert Evans

6. DATE OF BIRTH (month, day, year) May 19-1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) Essex Co. Va.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Essex Co. Va.

FATHER

13. NAME Scott Samuel

14. BIRTHPLACE (city or town) (State or country) Essex Co. Va.

MOTHER

15. MAIDEN NAME Virginia White

16. BIRTHPLACE (city or town) (State or country) Essex Co. Va.

17. INFORMANT Louis Samuel

(Address) 786 Bradley Av.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Feb 4, 1939

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St

FILED FEB 2 - 1939, 19 Hunter Lon Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came ... her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	7 Days
Vascular Heart Disease	4 Months
Other contributory causes of importance: Arteriosclerosis General	Some Time

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. E. Wood M. D. Coroner

(Address) 172 N. Bond St.

FEB 2 - 1939

V S 6

M. D. R. 1268-9

54646

HEALTH DEPARTMENT—CITY OF BALTIMORE

54646

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1118 Bonaparte Ave. Ward) 9-6

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carrie Broseker

(a) Residence: No. 1118 Bonaparte Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of - William J. Broseker

6. DATE OF BIRTH (month, day, year) April 22-1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Charles Schammel

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Kunegunda Kraft

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT William J. Broseker

(Address) 1118 Bonaparte Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date 3rd 1939

19. UNDERTAKER Marian A. Dailey Inc

(Address) 2914 Ellicott Driveway

20. FILED 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31, 1939.

22. I HEREBY CERTIFY, That I attended deceased from Aug. 26, 1937 to Jan 31, 1939

I last saw her alive on Jan 30, 1939 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Left Breast	1937

Other contributory causes of importance:

Metastatic Carcinoma Liver	

Name of operation Mastectomy (Radical) Date of 7-27-37

What test confirmed diagnosis? Operation Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel Apple, M. D.

(Address) 1331 E. Baltimore

B 2 1939

SEE INSTRUCTIONS ON BACK OF CERTIFICATE. ALL QUESTIONS TO BE FULLY ANSWERED. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54647

CERTIFICATE OF DEATH

107-aF 54647

41369 (MB)

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. / / Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred LIFE yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Gephardt

(a) Residence: No. 3120 Dillon St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	SINGLE

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) AUG. 5th 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	5 6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. SHIP BUILDER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. BETHLEHEM SHIP C

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

FATHER

13. NAME JOHN GEPHARDT

14. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

MOTHER

15. MAIDEN NAME AMELIA MILLER.

16. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

17. INFORMANT WILLIAM SCHUBERT HALF BRO
(Address) 416 N. HIGHLAND AVE.

18. BURIAL, CREMATION, OR REMOVAL
Place ST. MATHEWS Date FEB. 2. 19 39

19. UNDERTAKER Lilly & Zeilenga
(Address) 403 S. WOLFE ST.

FEB 2 1939

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 30. 1939

I HEREBY CERTIFY, That I attended deceased from January 28 1939 to January 30 1939

I last saw him alive on January 30 1939 Death is said to have occurred on the date stated above, at 2.20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-28-39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. G. De Lautelle M. D.

(Address) Baltimore City Hospitals

1648

HEALTH DEPARTMENT—CITY OF BALTIMORE

54648

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 27-4 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wanda Malachowski If U. S. Veteran specify WAR

(a) Residence: No. 3104 Bayon Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-6-1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
25	25	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0089

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

FATHER

13. NAME Stanley

14. BIRTHPLACE (city or town) Poland (State or country)

MOTHER

15. MAIDEN NAME Marya

16. BIRTHPLACE (city or town) Poland (State or country)

17. INFORMANT B.C.H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Feb. 4, 1939

19. UNDERTAKER Fred W. Ozarowski
(Address) 1930 Eastend Ave

20. FILED , 19 Registrar.

FEB 2 1939 Huntingdon Terrace, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-1, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-4, 1939, to 2-1, 1939

I last saw her alive on 2-1, 1939 Death is said to have occurred on the date stated above, at 1.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?
Post-Operative Shock	2-1-39

Other contributory causes of importance:

Was an operation performed? yes Date of 1/10/39 - 2/1/39

For what disease or injury? Tuberculosis

Name of operation Thoracoplasty

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L K Woodward Jr. M. D.

(Address) Balto. City Hosp.

54649

HEALTH DEPARTMENT—CITY OF BALTIMORE E54649

CERTIFICATE OF DEATH

92-a oc

1. PLACE OF DEATH Home

Registered No. 677

CITY OF BALTIMORE: (No. 2107 Essex St. 1-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Trawinski

If U. S. Veteran specify WAR

(a) Residence: No. 2107 Essex St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Stanislaws Trawinski

6. DATE OF BIRTH (month, day, year) 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 30

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Martin Canton

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Stanislaws Trawinski (Address) 2107 Essex St. Son

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Feb. 3 1939

19. UNDERTAKER Fred W. Ozazewski (Address) 1930 Eastern Ave

Huntington Williams, M.D.

20. Filed FEB 2 - 1939 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 31 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry said that said deceased came
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	6 Months
Other contributory causes of importance Valvular heart disease	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. L. Wood M. D. Coroner

(Address) 1712 N. Bond St.

V S 6

54650 HEALTH DEPARTMENT—CITY OF BALTIMORE F 54650

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Greenway Apt. Chas. & 34th. Sts. Ward) 12-2

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Col. Jenks B. Jenkins

If U. S. Veteran specify WAR .....

(a) Residence: No. Greenway Apts. St., ...Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Newman

6. DATE OF BIRTH (month, day, year) Jan. 28, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	---	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R.R.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (city or town) Pittsburg, (State or country) Pa.

FATHER

13. NAME Friend Wm. Jenkins

14. BIRTHPLACE (city or town) Pitt. (State or country) Pa.

MOTHER

15. MAIDEN NAME Seloma Wood Buffum

16. BIRTHPLACE (city or town) Pitt. (State or country) Pa.

17. INFORMANT Mr. Claude Loose

(Address) 10 W. Eager St.

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Cemy. Date 2/2/39 19

19. UNDERTAKER John C. Pentz & Son

(Address) 1900 Eutaw Place

20. FILED ..... 19.... ..... Registrar.

FEB 2 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1936 to Feb 1, 1939

I last saw him alive on Feb 1, 1939. Death is said to have occurred on the date stated above, at 5 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteria Sclerosis }	Gradual
Hypertension }	
Myocarditis. }	
Coronary Occlusion.	15 hrs

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. H. Woodey, M. D.

(Address) 1403 Park Ave

54651

HEALTH DEPARTMENT—CITY OF BALTIMORE

F. 54651

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 4008½ Roland Avenue. St. 13-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Arthur J. Mosburg

(a) Residence: No. 4008½ Roland Avenue. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of Annie May Mosburg

6. DATE OF BIRTH (month, day, year) March 27th 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supervisor of Bldg.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Post Office

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME Arthur J. Mosburg

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Martha Lee

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mrs Annie May Mosburg
(Address) 4008½ Roland Avenue.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Feb 2 1939

19. UNDERTAKER Wm. J. Tickner & Sons.
(Address) North & Penna Aves.

20. FILED Feb 2 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 19[illegible], 19, to Jan 30, 1939. Last saw h[illegible] alive on Jan 30, 1939. Death is said to have occurred on the date stated above, at 9:45P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
myocardial disease	1932

Other contributory causes of importance:

Myocardial muffling.

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Ex. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 342 S Charles St

F 54652

54652 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Bald. City Hospitals

CITY OF BALTIMORE: (No. Bay View St., 26 Ward 12

Registered No. 1872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Dudeck

If U. S. Veteran specify WAR World War

(a) Residence: No. Box 7-4 German Hill Road St., Dundalk Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Catherine Dudeck

6. DATE OF BIRTH (month, day, year) June 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME George Dudeck

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Berlin

17. INFORMANT George Dudeck Jr.

(Address) Box 7-4 German Hill Road

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart of Mary 7/4/39, 19

19. UNDERTAKER John J. Dada

(Address) 2827 Hudson St

Huntington Williams, M.D.

JUL 4 1939

V 86

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterial Embolism	2 Hours
Other contributory causes of importance Valvular heart disease	6 Months

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elias W. Wood M. D.

Coroner

(Address) 1712 E. Baltimore St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

54653

CERTIFICATE OF DEATH

53-E F 54653

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Baltimore Gen. Hosp. St., 26-11 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Peter Schmitt (Schmitt)

(a) Residence: No. 615 S. Clinton Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margret (Mertel)

6. DATE OF BIRTH (month, day, year) 4/18/1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George Schmitt
(Address) 615 S. Clinton Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 2/4/ 1939

19. UNDERTAKER George J. Ruth Inc
(Address) 1735 Harford Ave.

20. FILED FEB 2 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/1/ 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Thyroid	
Tracheal Compression	

Other contributory causes of importance:

Was an operation performed? no Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..., 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ...

(Signed) I. Sittman, M. D.
Coroner

(Address) 1304 E. Chase Street

HEALTH DEPARTMENT—CITY OF BALTIMORE

54654

CERTIFICATE OF DEATH 41391 (MB) 8 F 54654

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 15-1 Ward)

Length of residence in city or town where death occurred ? yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Julia Lee

(a) Residence: No. 1436 Pressman St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL [illegible] FEB 2 - 1939
Place Date 19
Commissioner of Health

19. UNDERTAKER [illegible]
(Address) Dr. M. A. Hoop
Huntington Williams, Md.

20. FILED FEB 2 - 1939 19 Registrar.

4572

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 28, 1939 to January 30 1939
I last saw her alive on January 30, 1939 Death is said to have occurred on the date stated above, at 10:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1-28-39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. C. DeSanctis M. D.

(Address) Baltimore City Hospitals

54655 HEALTH DEPARTMENT—CITY OF BALTIMORE F 54655

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL St. 16-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME BABY BOY JOHNSON

(a) Residence: No. 1623 RIGGS AVE St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	NEGRO	SINGLE

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) JAN. 21, 1939

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
			5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. INFANT

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NONE

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MARYLAND

FATHER

13. NAME FRANK JOHNSON

14. BIRTHPLACE (city or town) (State or country) FLORIDA

MOTHER

15. MAIDEN NAME HARRIET MORRIS

16. BIRTHPLACE (city or town) (State or country) BALTIMORE MARYLAND

17. INFORMANT HARRIET JOHNSON
(Address) 1623 RIGGS AVE

18. BURIAL, CREMATION, OR REMOVAL
JOHNS HOPKINS MEDICAL SCHOOL Date FEB 2 - 1939 19
Place Commissioner of Health

19. UNDERTAKER For H. A. Moore
(Address) Huntingtown, Williams, Md.

FEB 2 1939 Registrar.

4374

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/26 .1939

22. I HEREBY CERTIFY, That I attended deceased from 1/21 .1939 to 1/26 .1939

I last saw him alive on 1/26 19 39 Death is said to have occurred on the date stated above, at 8:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
PREMATURITY	1/26/39
Other contributory causes of importance:	

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? CL Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
.....If so, specify .....

(Signed) D M Dickson, M. D.

(Address) Union Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

54656

CERTIFICATE OF DEATH

23 F 54656

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 2-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Helen Tawney (19961)

(a) Residence: No. 1727 E. Pratt St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Separated

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 2, 1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00 97

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Studinski

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Hawkins Date Feb. 3 19 39

19. UNDERTAKER Staples & Fradanghi Inc
(Address) 1000 E. Pratt Street

20. FILED FEB 2 1939 Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 2, 1937 to January 30, 1939

I last saw her alive on January 30, 1939 Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	Sept 1936
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

54657

CERTIFICATE OF DEATH

92 F 54657

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2123 Maryland Ave., 12th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 10 mos. 13 ds. How long in U. S. If of foreign birth? 75 yrs. 10 mos. 13 ds.

2. FULL NAME Caroline Henrietta Kammer

If U. S. Veteran specify WAR NONE

(a) Residence: No. 2123 Maryland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) March-19-1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Wm. Kammer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dorothea Rauber

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Dr. C. W. Kammer-(Bro)
(Address) 2123 Maryland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feb 3 1939

19. UNDERTAKER: STEWART & MOWEN COMPANY
(Address) (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

20. FILED FEB 2 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/1 1939

22. I HEREBY CERTIFY, That I attended deceased from 10/7 1938 to 2/1 1939

I last saw h[er] alive on 2/1 1939. Death is said to have occurred on the date stated above, at 7.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset	Duration
(1) Mitral regurgitation resulting Cardiac asthenia sudden Collapse	several yrs	
Other contributory causes of importance		

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Henry Farrell M. D.

(Address) 3902 Frederick Ave

L 536

54658

HEALTH DEPARTMENT—CITY OF BALTIMORE

54658

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 841 N. Collington Ave St. 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna E. O'Brien

If U. S. Veteran specify WAR

(a) Residence: No. 841 N. Collington Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John O'Brien

6. DATE OF BIRTH (month, day, year): Feb. 21 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: John F. Price

14. BIRTHPLACE (city or town) (State or country): Bohemia

MOTHER

15. MAIDEN NAME: Josephine Solt

16. BIRTHPLACE (city or town) (State or country): Bohemia

17. INFORMANT: John O'Brien

(Address): 841 N Collington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: New Cathedral Date: Feb. 6 1939

19. UNDERTAKER: Frank Enoch, Son

(Address): 1906 Eastland Av

20. FILED: Huntington Williams & Myers

2-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 2. 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10 1938 to Feb 2 1939

I last saw her alive on Feb 1, 1939 Death is said to have occurred on the date stated above, at 1.10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis	11/34

Other contributory causes of importance:

Carcinoma of right Breast	

Was an operation performed? yes Date of

For what disease or injury? Carcinoma of Breast

Name of operation Amputation of Breast

What test confirmed diagnosis? Section Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓

(Signed) Joseph Pokorny M. D.

(Address) 2300 E Madison St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54659

CERTIFICATE OF DEATH

2-3

F 54659

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4621 Keswick Road St., 27-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bertha Virginia Gosnell

If U. S. Veteran specify WAR —

(a) Residence: No. 4621 Keswick Road St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of William C. Gosnell Jr.

6. DATE OF BIRTH (month, day, year) Aug. 5-1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Maryland.

FATHER

13. NAME Jesse Lewis

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary M. Thuman

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT William C. Gosnell, Jr.

(Address) 4621 Keswick Road

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Feb. 3. 1939

19. UNDERTAKER Forest F. Sugg

(Address) 2121 Eutaw Place

Huntington Williams, M.D.

20. FILED ... 19...

Registrar.

** FEB 2- 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 1- 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 29 1938 to Feb 1 1939

I last saw h[illegible] alive on Feb 1 1939 Death is said to have occurred on the date stated above, at 3:34 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkins Disease	Nov. 38

Other contributory causes of importance: Acute Myocarditis

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

2/1/39 If so, specify ...

(Signed) Frank Dalerum M. D.

(Address) 846 W 36 St. Balto

HEALTH DEPARTMENT—CITY OF BALTIMORE

54660

CERTIFICATE OF DEATH

160-B

F 54660

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Mercy Hospital St. 26-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Mueller.

If U. S. Veteran specify WAR

(a) Residence: No. 4211 Sheldon Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/1/39

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
1 day. 0	0	1 day.	34

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

FATHER

13. NAME Daniel Mueller

14. BIRTHPLACE (city or town) 4211 Sheldon Ave
(State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Frances Stiles

16. BIRTHPLACE (city or town) Balto. Md.
(State or country)

17. INFORMANT Mercy Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 2/3 1939

19. UNDERTAKER John J. Feeley & Son
(Address) 1918 Eight St.

20. FILED FEB 2-1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/2/39 19

22. I HEREBY CERTIFY, That I attended deceased from 2/1/39, 19, to 2/2/39, 19

I last saw h[illegible] alive on 2/2/39, 19 Death is said to have occurred on the date stated above, at 8:40 AM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra uterine asphyxiation	
Aspiration of Intra Uterine Content	
Other contributory causes of importance:	
Early Aspiration Pneumonia	
Cerebral Hemorrhage	0 hr

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) Mercy Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54661

CERTIFICATE OF DEATH

53-E F 54661

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 16-7 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Alice Haines

(a) Residence: No. 2926 Riggs Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Walter S.

6. DATE OF BIRTH (month, day, year) 11-8-1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42	42	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME James Barnes

14. BIRTHPLACE (city or town) W. Va.
(State or country)

MOTHER

15. MAIDEN NAME Ann Hallback

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Pk. Date Feb 4 1937

19. UNDERTAKER Geo. W. Little
(Address) 2100 Edmondson Ave.

20. FILED FEB 2 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-2, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-13, 1937, to 2-2, 1937

I last saw her alive on 2-2, 1937. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphosarcoma generalized with metastases	2 yrs
	ago
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) L. K. Woodward M. D.

(Address) Balto City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54662

CERTIFICATE OF DEATH

13 F 54662

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7 E. 39th. St. St., 12-1 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry T. Hinds

If U. S. Veteran specify WAR .....

(a) Residence: No. 7 E. 39th. St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rose Andrews

6. DATE OF BIRTH (month, day, year) Feby 9, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. merchant tailor

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

FATHER

13. NAME William S. Hinds

14. BIRTHPLACE (city or town) Delaware
(State or country)

MOTHER

15. MAIDEN NAME Emily Barrow

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Charles P. McCormick
(Address) 7 E. 39th. St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park, Date Feby 3, 1939

19. UNDERTAKER John Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED FEB 8 - 1939 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1939 to present, 19....
I last saw him alive on Jan 1st, 1939 Death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis, myocarditis	3 yrs ago
coronary sclerosis, nephritis	
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Clarence A. Miller M. D.

(Address) 817 Park Ave.

F 54663

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54663 #41428

SF

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ethel Collins

If U. S. Veteran specify WAR

(a) Residence: No. 1316 Woodyear St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac

6. DATE OF BIRTH (month, day, year) April ?, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
45	45	10	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HW

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 007

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

FATHER

13. NAME Westley Camphor

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Clara Keyes

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Date 2-3 19 39

19. UNDERTAKER George R. Kelson (Address) 1303 Presstman St

Huntington Williams Undertaker.

FEB 3 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/1/39 19

22. I HEREBY CERTIFY, That I attended deceased from January 29, 19 39 to February 1 19 39

I last saw her alive on February 1, 1939 Death is said to have occurred on the date stated above, at 9:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1-15-39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Sautelle M. D.

(Address) Baltimore City Hospitals

F 54664

54664

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1008 N. Carrollton ave St., 16-1 Ward)

Length of residence in city or town where death occurred ..... yrs. 7 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Effie Washington

(a) Residence: No. 1008 N. Carrollton Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James L. Washington

6. DATE OF BIRTH (month, day, year) Jan. 31, 1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME James L. Kidd

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Park West

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Jas. L. Washington 1008 N. Carrollton ave
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Salisbury Va. Date 2-4-39

19. UNDERTAKER Geo. E. Nelson & Co. 1303 Pennsylvania Ave

20. FILED ..... 19..... Registrar.

FEB 3 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1938, to Feb 1, 1939

I last saw her alive on Feb 1, 1939. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1938
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel A. Wolfe M. D.

(Address) 1331 E. North Ave

F 54665

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54665

#41551 SF

CERTIFICATE OF DEATH

✓117-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 16-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kirk White

If U. S. Veteran specify WAR

(a) Residence: No. 1102 N. Fulton Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	divorced

5a. If Married, Widowed, or divorced HUSBAND of ~~or WIFE of~~ ?

6. DATE OF BIRTH (month, day, year) 7/3/1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
50	50	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attendant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas Station

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER FATHER

13. NAME George C. White

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Jennie McIntyre (or Meredith)

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb 3rd 1939

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED 2-3-1939 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 2/1/39, 19

22. I HEREBY CERTIFY, That I attended deceased from 9-25, 1938 to 2-1, 1939

I last saw him alive on 2-1, 1939 Death is said to have occurred on the date stated above, at 4:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Duodenal ulcer	?
Bronchopneumonia	few days

Other contributory causes of importance:

Was an operation performed? yes Date of 1-26-39

For what disease or injury? Duodenal ulcer

Name of operation Resection ulcer

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard Kelly M. D.

(Address) Balto. City Hos

54666

F 54666

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1628 Ceddox St. 25-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Grafton G. Robinson

(a) Residence: No. 1628 Ceddox St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie M. Robinson

6. DATE OF BIRTH (month, day, year) Aug. 3-1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pensioner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

FATHER

13. NAME John A. Robinson

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Sarah E. Woods

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Nellie M. Robinson
(Address) 1628 Ceddox

18. BURIAL, CREMATION, OR REMOVAL
Place Marley Church Cem. Date Feb 4th 1939

19. UNDERTAKER William Cook
(Address) 1217 St. Paul St.

FILED 2-3-1939 Flintington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 1, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio- Sclerosis	1934
Cardio- Vascular	
Renal Disease, Cardiac	
Decompensation	

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No. Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) I. Littman Coroner, M. D.

(Address) .....

V S 6

54667

F 54667

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4110 St Thomas Ave St. 27-1 Ward)

Length of residence in city or town where death occurred 0 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Wagner

If U.S. Veteran specify WAR .....

(a) Residence: No. 4110 St Thomas Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/1/39

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
Still Born			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Charles Christian Wagner

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Elizabeth Velten

16. BIRTHPLACE (city or town) (State or country) Balto Germany

17. INFORMANT Charles C. Wagner

(Address) 4110 St Thomas Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Emanuel Cem Date 2/3 39

19. UNDERTAKER William Coors

(Address) 1217 St Paul St.

20. FILED 2-3-1939 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 2 1939

22. I HEREBY CERTIFY, That I attended deceased from 2/1/39 to 2/2 1939.

I last saw him alive on 2/1 1939. Death is said to have occurred on the date stated above, at 8:35A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (7 m)	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Helen 9. Wagner M. D.

(Address) 1405 N. Gay Street

54668

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 54668

95-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 332 McHenry St. 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Pauline M. Bennett

If U. S. Veteran specify WAR .....

(a) Residence: No. 332 McHenry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of William F. Bennett

6. DATE OF BIRTH (month, day, year) Feb. 5, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER FATHER

13. NAME August Steckert

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mrs. J. W. Smith

(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Feb. 7, 1939

19. UNDERTAKER Joseph Kopsky Sons

(Address) 662 Washington Blvd

20. FILED ..... 19 ..... By ..... Registrar.

Thurs 8/

33-1039

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1931 to Feb 2, 1939

I last saw h.. alive on Jan 29, 1939 Death is said to have occurred on the date stated above, at 4 H. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	
Myocardial Failure	
Other contributory causes of importance:	
Osteomyelitis	
No	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation Closed Fracture

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Louis Glass M. D.

(Address) 674 Lombard St

4669 F 54669

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH Provident Hospital 5-2 Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Dawson St. (St.) 5-2 (Ward)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Lovenia Jackson If U. S. Veteran specify WAR.....

(a) Residence: No. 1405 Bruce St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: C
5. Single, Married, Widowed, or Divorced (write the word): Widow
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widower
6. DATE OF BIRTH (month, day, year): Unk
7. AGE: Years: 60; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year).
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Westmoreland Co, Va

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Va

MOTHER
15. MAIDEN NAME: Lovenia Bundy
16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Charles Jackson
(Address): 1405 Bruce St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Auburn Cemetery Date: Feb 3rd 1939

19. UNDERTAKER: Arch Ford Philadelphia
(Address): 2401 McCulloh St

20. FILED: FEB 3 - 1939 19.. Huntington Miller Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year): 2-1-39

22. I HEREBY CERTIFY, That I attended deceased from 1-27-39 19.. to 2-1-39 19..
I last saw her alive on 2-1-39 19.. Death is said to have occurred on the date stated above, at 11.35 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho. Pneumonia	?
Other contributory causes of importance:	
Leprosy	?

Was an operation performed? Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. F. Maloney M. D.
(Address) Provident Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

54670 54670

CERTIFICATE OF DEATH

92-0 cc

1. PLACE OF DEATH Balto. City Hospitals Registered No. 1512

CITY OF BALTIMORE: (No. Bay View St., 56 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Penkey Cheeks If U. S. Veteran specify WAR

(a) Residence: No. 38 N. Caroline St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Josephine Cheeks

6. DATE OF BIRTH (month, day, year) June 15 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48 4 9	7	17 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Canning Factory

10. Date deceased last worked at this occupation (month and year) Dec. 31 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Josephine Summerville

(Address) 38 N. Caroline St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date ~~Feb~~ Feb 6 1939

19. UNDERTAKER Elroy O Wilson

(Address) 1000 Brantley Ave

3-FUNERAL 1039 Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came ~~his~~ death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Hours

Other contributory causes of importance:

Valvular Heart Disease	4 Months

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood Coroner M. D.

(Address) 1712 N. Broadway

54671 F 54671

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 11-L Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Cornelius Barnes.

If U. S. Veteran specify WAR

(a) Residence: No. 1123 Madison Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Barnes

6. DATE OF BIRTH (month, day, year) 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME John D. Barnes

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Catherine Barnes

(Address) 626 Smithson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 2/7, 1939

19. UNDERTAKER Joseph E. Locks Jr.

(Address) 1304 N. Central Ave.

20. FILED Feb 3 1939 Hunter Williams, M.D. Registrar.

FEB 3-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/31, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-9, 1939 to 1-31, 1939

I last saw h[illegible] alive on 1-31, 1939. Death is said to have occurred on the date stated above, at 7.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Ruptured appendix c spreading Peritonitis	
2 Empyema of Rt chest	
3 Atherosclerosis	

Other contributory causes of importance:

4 Sub-Hepatic abscess

5 Atelectasis of Lung

Was an operation performed? Yes Date of 1-9-39.

For what disease or injury? Ruptured appendix.

Name of operation Appendectomy & drainage.

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Bernard Harris, M. D.

(Address) Provident Hospital

54672

Louis E Coleman

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54672

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1839 E Biddle St. 8-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis E Coleman

If U. S. Veteran specify WAR

(a) Residence: No. 1839 E Biddle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rachel Coleman

6. DATE OF BIRTH (month, day, year) Jan 3 1872

7. AGE Years 67 | Months 11 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N J

FATHER

13. NAME William Coleman

14. BIRTHPLACE (city or town) (State or country) N. J.

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Ethel Coleman

(Address) 1839 E Biddle St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date 2/4 1939

19. UNDERTAKER Joseph D. Locke Jr.

(Address) 1302 N. Central Ave Huntington Park, Calif.

20. FILED FEB 3 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1, 1939

22. I HEREBY CERTIFY, That I took ~~care~~ of the remains described above, held an ~~inquest~~ (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ~~inquest~~ (Inquest, Autopsy or Inquiry) find that said deceased came his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial nephritis	Jan 29
Other contributory causes of importance:	39

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Coroner)

(Address) 501 Lexington St.

56

54673 F 54673

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 19-st Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7M yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Coyne (41485) If U. S. Veteran specify WAR .....

(a) Residence: No. Balto. City Jail St., 1821 Druid St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug. 22, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) ? Balto Md

MOTHER'S MAIDEN NAME

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Swartz Cem. Date Feb 4th 1939

19. UNDERTAKER C. Jones
(Address) 111 E. Eutaw st.

20. FILED 19 Registrar.
Feb 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 30, 1939 to February 1, 1939

I last saw him alive on February 1, 1939 Death is said to have occurred on the date stated above, at 6:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4 days ago
Other contributory causes of importance: Arteriosclerosis, general	?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

F 54674 ✓ F 54674

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 25-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Barbara Washington

(a) Residence: No. 2421 S. Paca St. Mt. Winans St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov. 18. 39

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Geo Washington

14. BIRTHPLACE (city or town) (State or country) Texas

MOTHER

15. MAIDEN NAME Mary Ware

16. BIRTHPLACE (city or town) (State or country) Mt. Winans Md

17. INFORMANT Mary Washington

(Address) Mt. Winans, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Feb 3, 1939

19. UNDERTAKER Mrs Katie R. Williams

(Address) 327 S. Schroeder St.

20. FILED 2-3-1939 Mrs Katie R. Williams Registrar

by Investigator

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	
Septicemia (Strep. Hemolyticus)	3 days
Peripheral Vascular Collapse	
Other contributory causes of importance:	
Erysipelas	1 week

over

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical history & findings Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Michael A. Abrams, M. D. Coroner

(Address) 2360 Eutaw Place

675 F 54675

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH 3109 Belair Road

CITY OF BALTIMORE: (No. 3109 Belair Road St., 8-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Katherine E. Bruff

If U. S. Veteran specify WAR .....

(a) Residence: No. 3109 Belair Road St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joshua C. Bruff

6. DATE OF BIRTH (month, day, year) Feb 17 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 0 37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Daniel Sapp

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Rebecca Owens

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Stanley Erwin

(Address) 3109 Belair Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Feb 4 1939

19. UNDERTAKER Philip Henry Sons

(Address) 2016 Pulaski Hwy

Huntington Williams, M.D.

(Signed) Registrar

FEB 3 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from October 21, 1938, to February 1, 1939

I last saw her alive on February 1, 1939 Death is said to have occurred on the date stated above, at 12:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	1929
Chronic Nephritis	1930
Chronic Myocarditis	1935
Cardiac Failure	1939

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) W. L. Fearing M. D.

(Address) 3021 Belair Road

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54676

576

CERTIFICATE OF DEATH

23 Registered No.

1. PLACE OF DEATH Hebrew Home for Aged & Infirm
Belvedere & Greenspring Ave. 2-7-17
CITY OF BALTIMORE: (No. St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth 43 yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Jacob Schiller

(a) Residence: No. Belvedere & Greenspring Aves St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Anna Schiller

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sig. Feinblatt
(Address) Belvedere & Greenspring

18. BURIAL, CREMATION, OR REMOVAL
Pk Mt Carmel Date 2/3/39 19

19. UNDERTAKER Pratt Lane Inc
(Address) 1439 E. Baltimore St.

20. FILED Huntington Williams M.D. Registrar.
FEB 3 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from 8/13/31, 19..., to 2/3/39, 19...

I last saw h alive on 2/3/39, 19... Death is said to have occurred on the date stated above, at 7.10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1931
Hypertension	
Other contributory causes of importance:	
Ch Bronchitis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H Edmund Levin M.D. M. D.

(Address) Levindale

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54677

CERTIFICATE OF DEATH

11-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4604 Wilmslow Road St., 27-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Burns Johnson

If U.S. Veteran specify WAR

(a) Residence: No. 4604 Wilmslow Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clinton L. Johnson

6. DATE OF BIRTH (month, day, year) Jan. 16, 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	0	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Patrick Burns

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Lee B. Johnson 4604 Wilmslow Rd.

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date Feb. 3, 1939

19. UNDERTAKER (Address) E. Leroy Stiffler, Inc. 1232 E. Monument Ave.

Filed FEB 3 1939 Registrar Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-1-, 1939

I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1939 to Feb. 1, 1939

I last saw her alive on Feb. 1, 1939 Death is said to have occurred on the date stated above, at 2.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
(Due)	
Other contributory causes of importance: Heart Failure	

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Lee Morrison, M. D.

(Address) 3932 Roland Ave

4678

HEALTH DEPARTMENT—CITY OF BALTIMORE F 54678

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 Aiken St. St., 9-8 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret A. Lynch

(a) Residence: No. 2211 Aiken St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb 17th 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME George Sing

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT George Lynch, (Address) 2211 Aiken St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Feb 6th 1939

19. UNDERTAKER Leo G. Cook
(Address) 1701 N. Patt Park Ave.

20. FILED FEB 3 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1939 to Feb 2, 1939

I last saw her alive on Feb 1, 1939. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal Disease	?
Other contributory causes of importance: Acute Uremia	2 Weeks

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? None Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury ....., 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place —

Manner of injury —

Nature of Injury .....

24. Was illness or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Joseph Pokorny M. D.
(Address) 2260 E Madison St.

54679 HEALTH DEPARTMENT—CITY OF BALTIMORE 54679

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lynchburg Hospital St. 27-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edward Stricker

(a) Residence: No. 3117 Pinewood Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cecilia M Stricker

6. DATE OF BIRTH (month, day, year) April 13-1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Printing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt Md

MOTHER FATHER

13. NAME John Stricker

14. BIRTHPLACE (city or town) (State or country) Balt Md

15. MAIDEN NAME Mary Lay

16. BIRTHPLACE (city or town) (State or country) Balt Md

17. INFORMANT Cecilia Stricker
(Address) 3117 Pinewood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 2/4/39

19. UNDERTAKER Leonard J Pugh
(Address) 5305 Harford Road

20. FILED 2-3-1939 Hunting for Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1939 to Feb 1, 1939

that saw he alive on Feb 1, 1939 Death is said to have occurred on the date stated above, at 4:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1-29-39

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) M. P. Crumpton M. D.

(Address) St. Joseph Hospital

54680 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54680

CERTIFICATE OF DEATH

131

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1415 Druid Hill Ave St., 14 Ward)

Length of residence in city or town where death occurred 5 yrs. 5 mos. 3 ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Mamie Green Brooks

If U. S. Veteran specify WAR

(a) Residence: No. 1415 Druid Hill Ave St., ...Ward.....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of George Brooks

6. DATE OF BIRTH (month, day, year) June 14 1876

7. AGE Years	Months	Days	If LESS than 1 day.....hrs. or min.
62 63	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Narcotic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dr

10. Date deceased last worked at this occupation (month and year) 1—15—1939

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Samuel J. Thompson

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER

15. MAIDEN NAME Sophie Waters

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Nettie Lucas
(Address) 1415 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 2/4 39

19. UNDERTAKER Charles H. Burkett
(Address) 238 Lanvale St

20. FILED Huntington Williams, M.D. Registrar.

FEB 3-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 23, 1939, to Feb 2, 1939

I last saw h PY alive on Feb 1, 1939. Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	
Other contributory causes of importance: Chronic Bronchitis & Nephritis	

Was an operation performed? no Date of.....

For what disease or injury?.....

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?.....Date of injury....., 19.....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify.....

(Signed) J. Douglas Sheppard, M. D.

Address) 1043 Myrtle Ave

F 54681

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54681

CERTIFICATE OF DEATH 108

41509-FS
Duplicate

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 8-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Allard

If U. S. Veteran specify WAR

(a) Residence: No. 1401 N. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Helen Allard

6. DATE OF BIRTH (month, day, year) 5/13/1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
73 72	73	8	20 2-24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gasoline Station Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Edward C. Allard

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME ~~Annie~~ Emma N. Switzer

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. B. C. H. records Helen Allard
(Address) 1511 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date February 4, 1939

19. UNDERTAKER Howard N. Bluett Jr.
(Address) 4914 Belair Road

20. FILED FEB 3 1939, 19 Hunting for Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 31, 1939 to February 2, 1939

I last saw him alive on February 2, 1939. Death is said to have occurred on the date stated above, at 11:24 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Polar pneumonia	Jan. 1939
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Sanctis M. D.

(Address) Baltimore City Hospitals

William Carl F Pabst. ✓

4682 HEALTH DEPARTMENT—CITY OF BALTIMORE F 54682

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1701 S. Clinton St. 26-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME ~~William~~ Carl F. Pabst

(a) Residence: No. 1701 S. Clinton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 7, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	-	2625	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None no occupation

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at all

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Carl F. Pabst, Sr.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Alteboet

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elizabeth Pabst
(Address) 1701 S. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem Date Feb 5 1939

19. UNDERTAKER George W. Finkler
(Address) 1737 E. Eager St

FILED FEB 3 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 28 1939 to Feb 1 1939

I last saw h alive on Feb 1 1939. Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia.	1-28-39
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E A Schminck, M. D.

(Address) 842 S. East Ave

683

HEALTH DEPARTMENT—CITY OF BALTIMORE

54683

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 E. North ave St., 9-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jesse J. Manning

(a) Residence: No. 700 E. North ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Jenny Manning

6. DATE OF BIRTH (month, day, year): March 22, 1852

7. AGE: Years 86 | Months 10 | Days 19 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ofb

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Westminster Md.

MOTHER

13. NAME: Richard Manning

14. BIRTHPLACE (city or town) (State or country): Westminster Md

15. MAIDEN NAME: Maranda Gerhardt

16. BIRTHPLACE (city or town) (State or country): Westminster Md.

17. INFORMANT: Mrs. Florence Gurley

(Address) 700 E. North ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Westminster Md. Date: 2/6 19 39

19. UNDERTAKER: Richard F. Gurley

(Address) 700 E. North ave

20. FILED: FEB 3 - 1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 3 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 1935 to Feb 3 1939

I last saw him alive on Jan 30 1939 Death is said to have occurred on the date stated above, at 5:05 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiovascular renal	1935
arterial disease	
Chronic nephritis	1938
Other contributory causes of importance:	
uremia	1939

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Jack J. Singer M. D.

(Address) 506 E. North ave

54684 F 54684

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 1602 Hanover St. 23-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Edward Smith — If U. S. Veteran specify WAR

(a) Residence: No. 1602 Hanover St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary R. Smith

6. DATE OF BIRTH (month, day, year) May 21, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Warehouseman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James T. Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary Kirby

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Mary R. Smith
(Address) 1602 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feb. 3, 1939

19. UNDERTAKER D. Howard Strong
(Address) 715 Light St.

20. FILED Feb 3 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1939 to Jan. 31, 1939

I last saw him alive on Jan. 31, 1939. Death is said to have occurred on the date stated above, at p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1/29/39
Other contributory causes of importance:	
Acute dilatation of heart	1/30/39

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. C. Campbell M. D.

2/1/39 (Address) 1644 Hanover St

HEALTH DEPARTMENT—CITY OF BALTIMORE

54685 F 54685

CERTIFICATE OF DEATH

73

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2850 W North Ave St. 15-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME John C Twilley

If U. S. Veteran specify WAR .....

(a) Residence: No. 2850 W North Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Pearl Twilley

6. DATE OF BIRTH (month, day, year) Oct 11 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	3	22 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor 16

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Builder

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

MOTHER FATHER

13. NAME George H Twilley

14. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

15. MAIDEN NAME Elmilda Bassett

16. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

17. INFORMANT Mrs Pearl Twilley

(Address) 2850 W North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place East View Mount Co Date Feb 4 1939

Cambridge Md

19. UNDERTAKER William M Maseck

(Address) 715 Light St

Huntingtown Williams Asst.

20. FILED 2-3-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1938 to Feb. 2, 1939

I last saw him alive on Feb. 2 1939 Death is said to have occurred on the date stated above, at 4:30 P. m.

The principal cause of death and related causes of importance were as follows:

Rheumatic heart disease with mitral and aortic stenosis and insufficiency and terminal oedema and anuria — Date of onset Jan. 1938

Other contributory causes of importance:

Chronic nephritis resulting Nov. 1938

years above

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? Urinalysis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) S. Kendig Wallace, M. D.

(Address) 2839 Walbrook Ave

686

F 54686

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 9-6 Ward)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME William M. Eggleston

(a) Residence: No. 2036 E. 31st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie R. Eggleston

6. DATE OF BIRTH (month, day, year) Jan. 6, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Vault Attendant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md. Trust Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Edwin C. Eggleston

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret Goodman

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Fannie Eggleston

(Address) 2236 E. 31st St.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Feb 3 1939

19. UNDERTAKER Harry A. Wolfe

(Address) 710 Edmondson Ave

Huntington Williams M.D. Registrar

20. FILED FEB 3 1939

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel A. Wolfe, M. D.
Coroner

(Address) 1331 E. North Ave.

F 54687 HEALTH DEPARTMENT—CITY OF BALTIMORE 54687

CERTIFICATE OF DEATH

122-B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3 S. POTOMAC St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR .....

2. FULL NAME GEORGE JAN IEC . (JANICE

(a) Residence: No. 3 S. POTOMAC St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ROSE JANICE

6. DATE OF BIRTH (month, day, year) APRIL 13 / 1873

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
65	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) AUSTRIA

MOTHER FATHER

13. NAME GEORGE JANICE

14. BIRTHPLACE (city or town) (State or country) AUSTRIA

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) AUSTRIA

17. INFORMANT STEPHEN JANICE (SON)
(Address) 214 S WASHINGTON ST

18. BURIAL, CREMATION, OR REMOVAL
Place SACRED HEART Date FEB. 4 1939

19. UNDERTAKER Lilly & Zeiler Inc
(Address) 403 E. Fayette St

20. FILED ..., 19... Registrar.

Feb 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1939 to Feb 1, 1939

I last saw h[im] alive on Feb 1, 1939. Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction (Strangulation of bowel)	acute

Other contributory causes of importance:

Toxaemia

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Howard Lewis M. D.

(Address) 1001 E. Fayette St

54688 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54688

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md.
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1-1 St., Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Price
If U. S. Veteran specify WAR

(a) Residence: No. 704 South Robinson St., Balto. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) November 15, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seafaring

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER FATHER

13. NAME John Price

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Records-U. S. Marine Hospital (Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL

Place SACRED HEART Date FEB. 7 1939

19. UNDERTAKER Lilly & Zepler Inc (Address) 403 S. Wolfe st

20. FILED , 19 Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 7, 1939 to February 2, 1939

I last saw him alive on February 2, 1939 Death is said to have occurred on the date stated above, at 7:05a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	Unknown
Other contributory causes of importance: Arteriosclerosis, general	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) T. M. H. Williams M. D.

(Address) U. S. Marine Hospital, Baltimore, Maryland

F 54689 HEALTH DEPARTMENT—CITY OF BALTIMORE F 54689

CERTIFICATE OF DEATH

✓ 46-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 816 S. CLINTON ST. St. 26-11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME ELIZABETH HENNIGAN

If U. S. Veteran specify WAR .....

(a) Residence: No. 816 S. CLINTON ST. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	WIDOWED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of JOHN

6. DATE OF BIRTH (month, day, year) APR. 4/1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) BALTO. MD.

PERSONAL PARTICULARS

13. NAME EDWARD DUNNIGAN

14. BIRTHPLACE (city or town) (State or country) BALTO. MD.

15. MAIDEN NAME NOT KNOWN

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT CHARLES HIMMELMAN

(Address) 816 S. CLINTON ST.

18. BURIAL, CREMATION, OR REMOVAL

Place SACRED HEART Date FEB. 4. 1939

19. UNDERTAKER Lilly & Zeiler INC.

(Address) 403 S. WOLFE ST.

20. Filed FEB 3 — 1939 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB. 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1938 to Feb 1, 1939

I last saw her alive on Feb 1, 1939 Death is said to have occurred on the date stated above, at 12/45 p.m. am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of pancreas	
Other contributory causes of importance:	

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Path. Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. A. Schumacher, M. D.

(Address) 842 S. Ean Ave.

54690 HEALTH DEPARTMENT—CITY OF BALTIMORE 54690

CERTIFICATE OF DEATH

46-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3302 FOSTER AVE St., 26-11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME JOHN P HOFFERBERT

(a) Residence: No. 3302 FOSTER AVE St., 25 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of MARGARET HOFFERBERT

6. DATE OF BIRTH (month, day, year) SEPT. 9 1876

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
62	9 4	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) B ALTO M D

13. NAME ADAM HOFFERBERT

14. BIRTHPLACE (city or town) (State or country) B ALTO MD

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) B ALTO MD

17. INFORMANT GEORGE HOFFERBERT (SON)

(Address) 3302 FOSTER AVE

18. BURIAL, CREMATION, OR REMOVAL

Place SACRED HEARTS Date FEB. 4 1939

19. UNDERTAKER Lillye Zeiler Jr

(Address) 403 E. Biddle St

20. FILED ... 19... Registrar.

Huntington Williams M.D.

FEB 3-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB. 1 1939

22. I HEREBY CERTIFY, That I attended deceased from July 10 1938 to Feb 1 1939

I last saw him alive on Feb 1 1939. Death is said to have occurred on the date stated above, at 4:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Esophagus	July 1 1938
Other contributory causes of importance:	

Was an operation performed? Yes Date of Sept 10, 1938

For what disease or injury? Carcinoma of Esophagus

Name of operation Gastrostomy

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. P. Hunter M. D.

(Address) 3228 Eastern Ave

54692 HEALTH DEPARTMENT—CITY OF BALTIMORE 54691

CERTIFICATE OF DEATH 40705 JS 95-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emilie Eckhardt

If U. S. Veteran specify WAR

(a) Residence: No. 622 N. Milton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Eckhardt

6. DATE OF BIRTH (month, day, year) 7-10-1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W. (housewife)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME Theodore Stein

14. BIRTHPLACE (city or town) (State or country) France

15. MAIDEN NAME Catherine Helbing

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place GREEN MT. CEMT. Date FEB. 6, 1939

19. UNDERTAKER Lilly & Zeder Inc
(Address) 403 So. Fremont St.

20. FILED 2-3-1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 7, 1939, to Febmary 2, 1939

I last saw her alive on Febmary 2, 1939. Death is said to have occurred on the date stated above, at 6:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	1932

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. DeSaussure M. D.

(Address) Baltimore City Hospitals

54692

HEALTH DEPARTMENT—CITY OF BALTIMORE

54692

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 6-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Annie Devine

(a) Residence: No. 125 N Wolfe St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/6/74

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	0	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Robert Powell

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Mary Barnes

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Mary Trotter (daughter)

(Address) 526 N Collington St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Feb 4 1939

19. UNDERTAKER Lilly & Zeller Sons

(Address) 403 S Howard St.

20. FILED 19 Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB. 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2/1/39, 19.., to 2/2/39, 19..

I last saw her alive on 2/2/39, 19.. Death is said to have occurred on the date stated above, at 12 30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonic	

Other contributory causes of importance:

Arteriosclerosis Chronic C-V Disease	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. D. Whitmoll M. D.

(Address) 3 Church Home

54693 **HEALTH DEPARTMENT--CITY OF BALTIMORE** F 54693

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 23-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Gilbert Fraser

If U. S. Veteran specify WAR .....

(a) Residence: No. 1006 Leadenhall St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb. 26 38

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Gilbert Fraser

14. BIRTHPLACE (city or town) (State or country) S. Carolina

MOTHER

15. MAIDEN NAME Julia Ballot

16. BIRTHPLACE (city or town) (State or country) S. Carolina

17. INFORMANT Julia Fraser

(Address) 1006 Leadenhall St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 2/3 19 39

19. UNDERTAKER Isaiah L Brown Son

(Address) 105 W Monroe Street

Huntington Williams, Registrar

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Ulcerative Colitis (Related)	
Broncho-pneumonia	Jan 25 39
Other contributory causes of importance:	
Acute Respiratory Infection	Jan 23 39

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Michael A Shrame M. D.

Coroner

(Address) 2360 Eutaw Place

HEALTH DEPARTMENT—CITY OF BALTIMORE

54694 CERTIFICATE OF DEATH X-1/60-B F 54694

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward) 3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Lester T. Wilkinson

If U. S. Veteran specify WAR

(a) Residence: No. 3036 Woodside Ave St., Balto Co. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Feb 1 1939

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year).

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Walter S Wilkinson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Mc Virginia Hall

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Walter S Wilkinson

(Address) 3036 Woodside Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loveland Park Date 2-3-39 19

19. UNDERTAKER Geo W Sittle

(Address) 2700 Edmondson Ave

20. FILED FEB 5 1939 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 1, 1939 to February 3, 1939

I last saw him alive on February 3, 1939. Death is said to have occurred on the date stated above, at 5 00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra - cranial Hemorrhage	2/1/39
(Low forceps delivery)	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Irving P. Klemkowski M. D.

(Address) Maryland General Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54695

CERTIFICATE OF DEATH

✓ 93 F 54695

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1304 Wilcox St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran

2. FULL NAME Mary Jane Welch specify WAR

(a) Residence: No. 1304 Wilcox St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

6a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of Michael J. Welch

6. DATE OF BIRTH (month, day, year) April 10th 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
X	X

12. BIRTHPLACE (city or town) Balto (State or country) Md

MOTHER FATHER

13. NAME ? Cornelius

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Jennie Cuson

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT James T. Welch

(Address) 1304 Wilcox St.

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Date Feb 6th 1939

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St.

FEB 9 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2nd 1939

22. I HEREBY CERTIFY, That I attended deceased from June, 19~~38~~, to Feb 2, 1939

I last saw her alive on Feb 2, 1939. Death is said to have occurred on the date stated above, at 6.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Jan 38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No 12 no. specify

(Signed) H D Pegues M. D.

(Address) 2105 Eutaw St

Spec.—8-16-29—L. F. S.—100 Bks.

Alberta Hitt

HEALTH DEPARTMENT—CITY OF BALTIMORE

54696

CERTIFICATE OF DEATH

F 54696

1—PLACE OF DEATH 1620 W. Lafayette Ave

REGISTERED NO. 19-23

CITY OF BALTIMORE: (No. Baltimore ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Alberta Hitt

(a) RESIDENCE NO. 1620 W. Lafayette ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 1873

7 AGE: 65 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: N.A. Baptist Home

(Address) 1620 W. Lafayette St.

15 FEB 3 - 1930 Huntington Williams, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 1 1939

17 I HEREBY CERTIFY, That I attended deceased from 12/27/38, 19..., to 1/30/39, 19..., that I last saw h[illegible] alive on 1/30/39, 19..., and that death occurred, on the date stated above, at 9:40 A.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Myocarditis

(duration) mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) G. H. Turnbull, M. D.

2/3/39 (Address) 5466 Cary Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: M.F. Calvary Cem

DATE OF BURIAL: Feb. 3 19 39

20 UNDERTAKER: H. W. Gerhold

ADDRESS: 1631 Hillsdale

HEALTH DEPARTMENT—CITY OF BALTIMORE

4697

CERTIFICATE OF DEATH

59 F 54697

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. 4th St., 9-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry F. Christie

If U. S. Veteran specify WAR .....

(a) Residence: No. 3412 Old York Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year): Nov 21 1877

7. AGE — Years: 61 | Months: 2 | Days: 13 17 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Elevator dispatcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: American Bldg

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: James Christie

14. BIRTHPLACE (city or town) (State or country): Scotland

15. MAIDEN NAME: Caroline Ware

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT (Address): Edgar A. Christie 3412 Old York Rd.

18. BURIAL, CREMATION, OR REMOVAL: Place Loudon Park Date Feb 6 1939

19. UNDERTAKER (Address): Wm. J. Tighman & Sons North & Pa. ave.

20. FILED FEB 3 1939 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-15, 1939, to 2-3, 1939

I last saw h/ m alive on 2-3, 1939 Death is said to have occurred on the date stated above, at 5:45A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Gangrene of Left Foot - C	
Diabetes	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 2-2-39

For what disease or injury? Arteriosclerotic Gangrene Foot

Name of operation Amputation of Foot

What test confirmed diagnosis? Partial Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. R. Barnard Jr. M. D.

(Address) Md. Gen. Hosp. Balto, Md.

Rose Morton

HEALTH DEPARTMENT—CITY OF BALTIMORE

4698 54698

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hosp. for the Women of Md. 2 S. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rose [illegible] Morton

If U.S. Veteran specify WAR .....

(a) Residence: No. 121 S. Augusta Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced (or) WIFE of Harry Morton

7. DATE OF BIRTH (month, day, year) July 7th 1880

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	6	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

13. NAME James Caplinger

14. BIRTHPLACE (city or town) (State or country) Indiana

15. MAIDEN NAME Mary Johnson

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT Miss Mildred Morton (Daughter)

(Address) 121 Augusta Avenue.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb 6th. 1939

19. UNDERTAKER Wm. J. Tickner & Sons

(Address) North & Penna Aves.

FILED Feb 3 1939

Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1938 to Feb. 2, 1939

I last saw her alive on Feb. 2, 1939. Death is said to have occurred on the date stated above, at 10 40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant hypertension	?
Chronic glomerulonephritis	?

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Laboratory tests Physical exam. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. P. Sellers, M. D.

(Address) Woman's Hosp.

E 54699

699

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1877

1. PLACE OF DEATH Balto. City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bay View St. 22-12 Ward)

Length of residence in city or town where death occurred? 7 yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Charles Whiller

(a) Residence: No. 219 x Beechwood Road St., Ward. Towson, Md. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 6-1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship Yard

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Henry Whiller

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Louise Liebrecht

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Harry Enders

(Address) Box 219 x Beechwood Rd. Towson Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Carmel Date Feby 4 . 1939

19. UNDERTAKER John Arend & Sons

(Address) Govans

25. FILED FEB 3-1939 19 Huntington Williams, Mgr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2 . 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	2 days.
Valvular heart disease	6 months
	Some time

Other contributory causes of importance: Arteio-sclerosis general

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE

54700 54700

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Hanover St. 21-13 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rosa Lee Simms

If U. S. Veteran specify WAR .....

(a) Residence: No. 735 Dover St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	C	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) — 11/22/38

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
—	2 month	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

13. NAME —

14. BIRTHPLACE (city or town) —
(State or country)

15. MAIDEN NAME Marie Simms

16. BIRTHPLACE (city or town) —
(State or country)

17. INFORMANT —
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [redacted] MEDICAL SCHOOL Date FEB 3 - 1939 19
COMMISSIONER OF HEALTH

19. UNDERTAKER
(Address) For H. L. Moore Huntingtown Williamsport Md.

20. FILED FEB 3 - [redacted]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-23- 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-21- 1939 to 1-23-39 19

I last saw her alive on 1-23- 1939 Death is said to have occurred on the date stated above, at 5.42 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Marasmus	?
Other contributory causes of importance: Congenital Lues	From birth.

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Cath. Maloney M. D.

(Address) Provident Hospital Baltimore, Md.

4576

54701

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-8 F 54701

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St. 4-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Sigmund B Porta

(a) Residence: No. Lansdown Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna.

6. DATE OF BIRTH (month, day, year) Mar. 18, 1902

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	10/1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lunch Room

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0044

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER
13. NAME William Porta
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER
15. MAIDEN NAME Margaret Dressies
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Anna Porta
(Address) Lansdown Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Ft. Platt Date 2/4 1939

19. UNDERTAKER Ambrose Mc.
(Address) 1643 W. Lexington St.

FEB 3-1939

20. FILED Huntington Williams Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 1, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2-1-39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Samuel Wolfe M. D.

(Address) 1331 E. North Ave Coroner

S 6

4702

HEALTH DEPARTMENT—CITY OF BALTIMORE

54702

CERTIFICATE OF DEATH

164

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Rear 626 Lemmon St. 16th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME George F. Rittershausen

(a) Residence: No. 1747 Linwood St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida May Rittershausen

6. DATE OF BIRTH (month, day, year) Feb 29, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Life Insurance Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home Life Ins. Co.

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Fairmount W. Va.

FATHER

13. NAME Henry Rittershausen

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Virginia Zehrmann

16. BIRTHPLACE (city or town) (State or country) Pa. / Md.

17. INFORMANT Mrs. Ida M. Rittershausen

(Address) 1747 Linwood St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date Feb 4 39

19. UNDERTAKER John D. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED FEB 3 1939

Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to [illegible] on the date and at the hour stated above, from the following causes:

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Myocardial Degeneration	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury Feb 1, 1939

Where did injury occur? In garage Rear 626 Lemmon St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In Garage

Manner of injury Monoxide Gas

Nature of injury Found sitting in car dead

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Ham, M. D.

Coroner

(Address) 216 Harrison St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

54703

CERTIFICATE OF DEATH

93-C F 54703

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 East 22nd St. 9-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles F. Duffy

(a) Residence: No. 711 East 22nd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary Agnes Duffy

6. DATE OF BIRTH (month, day, year) 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Park board

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thomas Duffy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Mary E. Duffy

(Address) 711 East 22nd Street

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 2/6/39

19. UNDERTAKER Mary M. Fitzfield

(Address) 701 E. 22nd St.

FILED FEB 3 - 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/2/1939

22. I HEREBY CERTIFY, That I attended deceased from 10/29/1938 to 2/2/1939

I last saw h. alive on 2/2/1939. Death is said to have occurred on the date stated above, at 7:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	2/2/39
Myocarditis	10/29/38
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thomas J. White M. D.

(Address) 532 E. 22nd St.

54704

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54704

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 604 Venable Avenue St., 9-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna C. Talbott

If U.S. Veteran specify WAR

(a) Residence: No. 604 Venable Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Harry Talbott

7. DATE OF BIRTH (month, day, year): April 28, 1881

8. AGE — Years: 57 | Months: 9 | Days: 3 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: (0-3)

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore

13. NAME: John Clarke

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Ellen White

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mr. Harry Talbott

(Address): 604 Venable Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cem. Date: 2/4/ 39.

19. UNDERTAKER: Mary M. Whitehead

(Address): 1[illegible] E. 25th St.

20. FEB 3- 1939 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): February 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 25, 1939 to February 1, 1939

I last saw her alive on February 1, 1939. Death is said to have occurred on the date stated above, at 12:15 m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	Unknown
Myocardial Insufficiency	1936
6.	

Other contributory causes of importance:

Chronic Parenchymatous Nephritis	1936

Was an operation performed? No Date of

For what disease or injury? ——

What test confirmed diagnosis? Clinical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was illness or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 401 E. 20th Street

HEALTH DEPARTMENT—CITY OF BALTIMORE

54705

CERTIFICATE OF DEATH

82-F 54705

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2724 Oakley Ave. St. 27-47 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James F. Hollins

(a) Residence: No. 2724 Oakley Ave. St., Ward.
(Usual place of abode);
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Ann Hollins

6. DATE OF BIRTH (month, day, year) December 10, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	1	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. China Packer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) July 1932

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) England

13. NAME James Hollins

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Marshall Streett

(Address) Randallstown, Md.

18. BURIAL, CREMATION OR REMOVAL

Place Woodlawn Cem. Date Feb. 4 1939

19. UNDERTAKER P. P. Amoran

(Address) 1003 E. Baltimore St.

FEB 3- 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1939, to Feb. 1, 1939

I last saw him alive on Jan 31, 1939. Death is said to have occurred on the date stated above, at 1.05 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	Jan 29, 39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. V. Stansbury, M. D.

(Address) 714 Park Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

54706 F 54706

CERTIFICATE OF DEATH

47-B

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2646 W. Franklin St. 20-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William J. Kelly

(a) Residence: No. 2646 W. Franklin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 31, 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Office work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Thomas E. Kelly

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Bridget A. Kelly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Ann E. Kelly

(Address) 2646 Franklin St.

18. BURIAL, CREMATION, OR REMOVAL.

Place Cathedral Date Feb 4 1939

19. UNDERTAKER Martin Fahey & Sons

(Address) 1827 N. North Ave.

20. FILED ..... 19..... ..... Registrar.

FEB 3 - 1939 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1938, to Feb 1, 1939

I last saw h.[illegible] alive on Feb 1, 1939 Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James L. Hanahan M. D.

(Address) 1945 W. Lafayette Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54707

CERTIFICATE OF DEATH

23 F 54707

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward) 5

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. 6 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Patricia R. Huntzinger

If U. S. Veteran specify WAR

(a) Residence: No. 4314 Falls Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 20th 1936

7. AGE: Years 2 | Months 2 | Days 13 | If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Towson Md.

13. NAME Roy T. Huntzinger

14. BIRTHPLACE (city or town) (State or country) Hegins Pa

15. MAIDEN NAME Ruth V. Groghan

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Roy T. Huntzinger

(Address) 510 Wyatt St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rood - Brooklyn Date Feb 6th, 1939

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED FEB 4 1939, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 23, 1939, to February 3, 1939.

I last saw her alive on February 3, 1939. Death is said to have occurred on the date stated above, at 4:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mediastinal Tuberculosis	8/38
Tuberculous Meningitis	1/19/39
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Stanley E. Bendler, M. D.

(Address) University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54708

CERTIFICATE OF DEATH

95-F 54708

1. PLACE OF DEATH South Balto. Gen. Hosp. Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 21-1 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran, specify WAR

2. FULL NAME Miss Amelia Sauter

(a) Residence: No. 1012 W. Barre St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles W. Sauter

6. DATE OF BIRTH (month, day, year) Aug 6th 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Emil Zapf

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Hackrow

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary E. Sauter
(Address) 1012 W. Barre St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feb 6th 1939

19. UNDERTAKER Wm Cook
(Address) 1212 St Paul St Huntington Williamson, W. Va.

20. FILED FEB 4 1939 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-3, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-18, 1939 to 2-3, 1939

I last saw her alive on 2-3, 1939. Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Generalized Arteriosclerosis	
Obstruction of left posterior tibial artery (probably by embolus)	1-18-39
Gangrene of left leg	1-27-39
Other contributory causes of importance:	
Suppurative Pyelitis	1-26-39
Arteriosclerotic Heart Dis.	2

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

No If so, specify

(Signed) Louis J. Krall, M. D.

(Address) South Balto. Gen. Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

54709 F 54709

CERTIFICATE OF DEATH

92-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4406 Wrenwood Ave St., 42 Ward

Registered No. 92-10

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Elizabeth Greive

If U. S. Veteran specify WAR

(a) Residence: No. 4406 Wrenwood Ave St., 42 Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

6a. ~~Married~~, widowed, ~~or Divorced~~

~~HUSBAND of~~ (or) WIDOW of Doug

7. DATE OF BIRTH (month, day, year) June 8 1866

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	7	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Baughardt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Weegand

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Bessie Greive

(Address) 4406 Wrenwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Feb 4th 1939

19. UNDERTAKER William Cook

(Address) 247 St Paul St.

20. FILED FEB 4 - 1939 by Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 4 39, to Feb. 2 39

I last saw her alive on Feb. 2, 1939. Death is said to have occurred on the date stated above, at 7 25 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 2/2/39

Other contributory causes of importance: Myocarditis, Chronic Bronchitis, Senility

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) John A. Hannan M. D.

(Address) 1800 N. Charles St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54710

CERTIFICATE OF DEATH

95-B F 54710

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3037 Elliott St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Margaret Taylor (Saul) Solomonsky If U. S. Veteran specify WAR

(a) Residence: No. 3037 Elliott St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed,~~ or Divorced (write the word)
Female	White	Divorced

6a. If ~~married, widowed, or divorced~~ (or) WIFE of 2. Saul

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 52			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Tony Tondo

(Address) 3037 Elliott St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Feb 6, 1939

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Huntington Hilliard M.D.
(Registrar)

FEB 4 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-10-, 1938 to Feb 3-, 1939

I last saw h[illegible] alive on Feb-3, 1939 Death is said to have occurred on the date stated above, at 6 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Hypertrophy	Several
Hyper tension	years
Kidney insufficiency	
General arterio Sclerosis.	
Other contributory causes of importance:	
Acute pneumonia (pneumonia & pleurisy)	10 da

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. J. Levenson M. D.

(Address) Medical Arts Bldg

HEALTH DEPARTMENT—CITY OF BALTIMORE

54711

CERTIFICATE OF DEATH

97 F 54711

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1025 Washington Ave St., 7-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. 3 mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George H Biddison

If U.S. Veteran specify WAR

(a) Residence: No. 1025 Washington Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ~~Son~~ Husband.

6. DATE OF BIRTH (month, day, year): Oct 28 1858

7. AGE: Years 82 | Months 3 | Days 6 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: ~~Wife~~ Moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Foundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (city or town) (State or country): White Marsh Md

13. NAME: Samuel Biddison.

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

15. MAIDEN NAME: Margaret Fink.

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT: Mr. Charles Biddison

(Address) 1025 N. Washington Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Feb 6, 1939

19. UNDERTAKER: Howard R. Bloyd Jr

(Address) 4414 Belair Road.

20. FILED FEB 4 1939 Huntington Williams, M.D. Registrar.

FEB 4 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from January, 1938, to July 3, 1939

I last saw h.. alive on July 2, 1939 Death is said to have occurred on the date stated above, at 8:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteria-Sclerosis.	
Other contributory causes of importance:	
Age.	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter W White Jr M. D.

(Address) 1800 St Paul St

HEALTH DEPARTMENT—CITY OF BALTIMORE

54712

CERTIFICATE OF DEATH

131 F 54712

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 928 S. Hanover St., 23 Ward)

Length of residence in city or town where death occurred 67 yrs. 9 mos. 25 da. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U.S. Veteran specify WAR .....

2. FULL NAME John B. Martin.

(a) Residence: No. 928 S. Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Husband

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida A Martin.

7. DATE OF BIRTH (month, day, year): April 9. 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
65	65	9	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Bakery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 35

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: John B. Martin Sr.

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

15. MAIDEN NAME: Anna A. Wilson

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT: Mrs. Ida A. Martin.

(Address): 928 S. Hanover St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Prospect Hill; Towson, Md. Date: Feb. 6 19 39

19. UNDERTAKER: Howard T. Bishop Jr.

(Address): 4914 Belair Road.

20. FILED: FEB 4 - 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 3/39. 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15/39, 19 to Feb. 3/39, 19

I last saw him alive on Feb. 2/39. 19 Death is said to have occurred on the date stated above, at 2 45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Paranchymatous Nephritis	Unknown.
Other contributory causes of importance:	
Acute Uraemic Poisoning	Feb. 2/39

Was an operation performed? No. Date of

For what disease or injury?

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Henry Hugh Chew M.D.

(Address) 933 Hanover St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

54713

CERTIFICATE OF DEATH

94-B F 54713

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3503 Glenarm Ave St., 27th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Kypsona Larsen

(a) Residence: No. 3503 Glenarm Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ludwig C. Larsen

7. DATE OF BIRTH (month, day, year) Feb. 1st 1883

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	0	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0031

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

13. NAME John M Myers

14. BIRTHPLACE (city or town) (State or country) .....

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT L. C. Larsen
(Address) 3503 Glenarm Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Balti. Cem. Date Feb. 6th 1939

19. UNDERTAKER Fredk Lassahn & Son
(Address) 7401 Belair Rd

20. FILED FEB 4 1939 Huntington Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 3rd 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 2 1938 to Feb 3rd 1939

I last saw her alive on Jan 30th 1939. Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2-1-38
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify. .....

(Signed) L. A. Gordy M. D.

(Address) 5106 Roland Road

HEALTH DEPARTMENT—CITY OF BALTIMORE

54714

CERTIFICATE OF DEATH

94-B F 54714

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4652 Belair Rd 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John P. Grace

(a) Residence: No. 4652 Belair Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna L. Grace

6. DATE OF BIRTH (month, day, year) March 24, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	10	11 9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 006

10. Date deceased last worked at this occupation (month and year) 1939 (Feb)

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) Balto. Co. (State or country) Md.

13. NAME Daniel Grace

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Rebecca Proctor

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. A. L. Grace

(Address) 4652 Belair Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Feb. 7th 1939

19. UNDERTAKER Fredk. Lauraht Son

(Address) 7401 Belair Rd.

20. FILED FEB 4 - 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 3rd 1939

22. I HEREBY CERTIFY That I attended deceased from Jan 12 1939 to Feb 3 1939

I last saw h[illegible] alive on Feb 3 1939 Death is said to have occurred on the date stated above, at 12 30 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis — Hours between onset and death

Cardiac Failure

Other contributory causes of importance:

Chronic Nephritis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, what?

(Signed) Geo. A. Bafe M.D.

(Address) 1 E. Chase St. Balto. Md.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 54715

CERTIFICATE OF DEATH

107-a 15398-FS

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 26-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John E. Fassel

If U. S. Veteran specify WAR

(a) Residence: No. Balto. City Hospitals (No Home) St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

7. DATE OF BIRTH (month, day, year) 8-15-1853

8. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
85	85	5	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME George Fassel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Rosina Loeb

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date Feb 4th 1939

19. UNDERTAKER Geo. Schilling & Sons

(Address) 124-126 S. Howard St

20. FILED FEB 4 1939 Huntington Hollins

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938 to February 3, 1939

I last saw him alive on February 3, 1939. Death is said to have occurred on the date stated above, at 10:55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-1-39

Other contributory causes of importance: Arteriosclerosis Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospitals

G/E

54716 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54716

CERTIFICATE OF DEATH

23

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2219 Essex St. 1-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Kucharek

(a) Residence: No. 2219 Essex St., Ward.
(Usual place of abode) Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Kucharek

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tavern

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. BUSIness

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Joseph Kucharek

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) /

17. INFORMANT Josephine Kucharek

(Address) 2219 Essex St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy rosary Date Feb 6..1939

19. UNDERTAKER John J Duda

(Address) 2829 Hudson St

20. DATE FEB 4 - 1939 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2 . 1939.

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1939 to Feb. 2, 1939.

I last saw him alive on Feb. 2 . 1939. Death is said to have occurred on the date stated above, at 11'30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Feb 1 1939.
Other contributory causes of importance: Pulmonary phthisis	about 6 mos.

Was an operation performed? no Date of —

For what disease or injury?

Name of operation —

What test confirmed diagnosis? P.S.V. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury — , 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John J. Kruger, M. D.

(Address) 420 Eastern Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

717

F 54717

59

CERTIFICATE OF DEATH

1. PLACE OF DEATH Jenkins Memorial Hospt.
CITY OF BALTIMORE (No. 1000 Eaton Ave. St., 20-K Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. 0 mos. 25 ds. How long in U. S. If of foreign birth ... yrs. ... mos. ... ds.

2. FULL NAME Rev. Father Thomas A. Walsh
If U. S. Veteran specify WAR

(a) Residence: No. 18 Augusta Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Jan. 7, 1870

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69 yrs.	0	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Roman Catholic Priest
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: John J. Walsh

14. BIRTHPLACE (city or town) (State or country): ------- Ireland

15. MAIDEN NAME: Sarah Otten

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

17. INFORMANT (Address): Jenkins Mem. Hospt. 1000 Eaton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Cathedral Cemetery Date: 2/6 19 39

19. UNDERTAKER (Address): Henry U. Meakin and Son 805 W. Calvert Street

20. FILED ... 19... Registrar.

FEB 4 - 1939

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 2. 1939

22. I HEREBY CERTIFY, That I attended deceased from January 30 1939 to February 2 1939
I last saw him alive on February 2 1939. Death is said to have occurred on the date stated above, at 2:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Degenerative Cardiovascular Renal Disease	
Left Hemiplegia	
Other contributory causes of importance: Diabetes Mellitus	

Was an operation performed? No. Date of ...
For what disease or injury? ...
Name of operation ...
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph E. Muse Jr. M. D.
(Address) Jenkins Memorial Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

54718

CERTIFICATE OF DEATH

94-B F 54718

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3405 Greenway - Geneva apts. St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Pleasants

(a) Residence: No. 3405 Greenway Geneva apts St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or WIFE of) Mary Casey Finch

7. DATE OF BIRTH (month, day, year) May 5th, 1863

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	8	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk Court

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Court

10. Date deceased last worked at this occupation (month and year) Jan 1939

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME J. Hall Pleasants

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Margaretta B. Ridgely

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Fred M. Finch

(Address) 10 East Chase St.

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date 2/4/ 1939

19. UNDERTAKER H W Lenhart Sons

(Address) 11 E Lexington St. Oakland St.

Registrar. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 2d, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1938, to February 2d, 1939

I last saw him alive on February 1st 1939. Death is said to have occurred on the date stated above, at 8:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Feb 2d 1939
Other contributory causes of importance:	
Arterio Sclerosis	1935

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) H. A. Debney M. D.

(Address) Ruxton Maryland

HEALTH DEPARTMENT—CITY OF BALTIMORE

54719

CERTIFICATE OF DEATH

186-a

F 54719
Registered No. 572

1. PLACE OF DEATH Bacc City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bay View St. 16 & 1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma E. Wallace (If U. S. Veteran specify WAR)

(a) Residence: No. 1234 W. Lanvale St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) - 1858

7. AGE Years	Months	Days	If LESS than 1 day... hrs. or min.
81 50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) Sept. 1938 — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Grace Bias, Niece (Address) 1234 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL Douglas Mem. Date Feby 7 1939

19. UNDERTAKER Asper Wm Halstead (Address) 918 Lanvale St

20. FILED FEB 4 — 1939 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 25, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	2 days
Tabes Dorsalis	1925

Other contributory causes of importance: Fracture Lower 3rd Left Femur | Jan. 17 1939

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Jan. 17 1939

Where did injury occur? City Hospitals (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Bed

Manner of injury Fell out of bed

Nature of injury Fracture as above.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood M. D. Coroner

(Address) 172 N. Gilmor St.

M. D. H. 1268-9

720

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 54720

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 215 E. Montgomery St., 2 1 Ward)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Grace McMeiken

(a) Residence: No. 215 E Montgomery St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert McMeiken

6. DATE OF BIRTH (month, day, year) Jan 6th 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81 80	7 0	26 25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME John Douglas

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Grace Douglas

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT A. D. McMeiken

(Address) 215 E Montgomery St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date Feb 4 1939

19. UNDERTAKER William M March

(Address) 715 [illegible] St

20. FILED FEB 4 - 1939 1939 Hunting for Williams, Inc

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1 1939

22. I HEREBY CERTIFY, That I attended deceased from 1923 to 2-1 1939

I last saw her alive on 2-1 1939 Death is said to have occurred on the date stated above, at 11:05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arterio-sclerosis	1923
Chronic interstitial nephritis	1923
Pulmonary edema	2-1-39
Other contributory causes of importance: Chronic Myocarditis	1-1-38

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James Brown M. D.

(Address) 705 Medical Arts Bldg

HEALTH DEPARTMENT—CITY OF BALTIMORE

4721 F 54721

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2031 Guilford Ave 12-4 St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Alma Hunter Thomas

If U. S. Veteran specify WAR .....

(a) Residence: No. 2031 Guilford Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Thomas

6. DATE OF BIRTH (month, day, year) Jan 27-1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	0	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Delaware City Del

13. NAME Isaac Hunter

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Margaret A. Addison

16. BIRTHPLACE (city or town) (State or country) Delaware City Del

17. INFORMANT Mr. Wallace A. Thomas

(Address) 3811 Sunnyside Oakland

18. BURIAL, CREMATION, OR REMOVAL Laurel Cedar Hill Date Feb 6 1939

19. UNDERTAKER Wm J. Dickson & Sons

(Address) 1 N Paca

20. FILED FEB 4 1939 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 29 1938 to Feb 3 1939

I last saw her alive on Feby 2 1939. Death is said to have occurred on the date stated above, at 11.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis	
Myocarditis	
Other contributory causes of importance:	
—	

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation No

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19.....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) M. Duley Thomas M. D.

(Address) Med Arts Bldg

1722 (Caldwell) 1722

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V46-E

1. PLACE OF DEATH 26 York Court – Baltimore Maryland. Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.....St. 12 Ward)

Length of residence in city or town where death occurred 65 yrs. 0 mos. 19 ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Charles Clinton Caldwell

(a) Residence: No. 26 York Court St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Katherine Caldwell

7. DATE OF BIRTH (month, day, year) Jan. 14, 1874

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	0	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Simpson Waller Company.

10. Date deceased last worked at this occupation (month and year) Nov. 1, 1938

11. Total time (years) spent in this occupation 27 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

13. NAME Samuel Caldwell

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Sarah L. Kennedy

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Ernest L. Caldwell

(Address) 5101 Harford Road.

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cem. Date Feb 6 1939

19. UNDERTAKER F. L. Dietrich & Sons

(Address) Northern Ave

20. FILED ..... 19.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from November 20, 1938, to February 3, 1939

I last saw him alive on February 3, 1939. Death is said to have occurred on the date stated above, at 4:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Melanotic Sarcoma (Generalized)	6/1/38
Other contributory causes of importance:	
None	Own

Was an operation performed? No Date of.....

For what disease or injury?.....

Name of operation.....

What test confirmed diagnosis? Biopsy of Nodes Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?.....Date of Injury....., 19.....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of Injury.....

Nature of Injury.....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify.....

(Signed) W. Grafton Hersperger M. D.

(Address) 214 Medical Arts Bldg.

HEALTH DEPARTMENT—CITY OF BALTIMORE

54723 CERTIFICATE OF DEATH ✓ 137 F 54723

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3800 N. Rogers Ave St., 27-19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. life mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frances Alberta Brown

If U. S. Veteran specify WAR .....

(a) Residence: No. 3800 N Rogers Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles N. Brown

7. DATE OF BIRTH (month, day, year) March 12 1868

8. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	70	10	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME James H Atkinson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Laura V Chalmers

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mr Charles N. Brown

(Address) 3800 N Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Feb 4 1939

19. UNDERTAKER Hilleary Jenkins & Sons

(Address) North & Pennsylvania Ave

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1 1938 to Feb. 2 1939

I last saw h.er alive on Feb. 2 1939. Death is said to have occurred on the date stated above, at 12:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	4 days ago
Chronic Interstitial Nephritis	4 years
Arteriosclerosis	10 yrs.

Other contributory causes of importance:

Cardiac Decompensation
Myocardial Insufficiency

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Alberman Thomas M. D.

(Address) 1814 Eutaw Place.

HEALTH DEPARTMENT—CITY OF BALTIMORE

54724 F 54724

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 311 W. 31st St. 12-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emily Constable

If U. S. Veteran specify WAR .....

(a) Residence: No. 311 W. 25th St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Bertram Constable

6. DATE OF BIRTH (month, day, year): July 1880

7. AGE — Years: 58 | Months: 8 | Days: 2 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: (2)

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): England

13. NAME: White

14. BIRTHPLACE (city or town) (State or country): England

15. MAIDEN NAME: Clatterson

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT: Mr. Bertram Constable

(Address) 311 W. 31st St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Parkwood Cem. Date: Feb. 6, 1934

19. UNDERTAKER: Oh. Heckrotte Bond

(Address) Northern Ave.

20. FILED ..... 19.... Huntington Wise, Registrar M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1934, to Feb. 3, 1934.

I last saw h... alive on ....., 19.... Death is said to have occurred on the date stated above, at 1.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	
Other contributory causes of importance: Pulmonary Infarction	
Coronary Thrombosis	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

(If so, specify)

(Signed) W. B. Fronta, M. D.

(Address) 112 S. Paca St.

4725 F 54725

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2820 Windsor Avenue. St. 15-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Reynolds Conway

(a) Residence: No. 2820 Windsor Avenue. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of R. Jerome Conway

6. DATE OF BIRTH (month, day, year) January 27th 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Washington Dry Cleaners

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Port Deposit, Md.

MOTHER FATHER

13. NAME Samuel Reynolds

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Ruth Kidd

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Ruth Sisson (Daughter)

(Address) 2820 Windsor Avenue.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date Feb 4th 1939

19. UNDERTAKER Wm. J. Tickner & Sons.

(Address) North & Penna Aves.

20. FILED 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2 1939

22. I HEREBY CERTIFY, That I took charge of the remains described thereon and from the evidence above, held an (Inquest, Autopsy or Inquiry) and that said deceased came obtained by said (Inquest, Autopsy or Inquiry) to death on the

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exterminating Gas	

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Feb 2. 1939

Where did injury occur? 2820 Windsor Ave. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Gas from kitchen stove

Nature of injury Asphyxiation by Gas

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner, M. D.

(Address) 210 Hamburg

HEALTH DEPARTMENT—CITY OF BALTIMORE

54726

CERTIFICATE OF DEATH

V 108

F 54726

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyden Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR ✓

2. FULL NAME Annie Hardy

(a) Residence: No. 715 Lombard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 25, 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Winslow Hardy

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Victoria N

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Husband.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 1-4-39

19. UNDERTAKER Goode & Nelson

(Address) 1303 Baltimore St

20. FILED 1-4-1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1939 to 2-2, 1939

I last saw her alive on 2-2, 1939 Death is said to have occurred on the date stated above, at 9:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2-2-39
Cardiac Failure	2-2-39
Other contributory causes of importance: Congested Heart Failure	—

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Hyman G. Feld M. D.

(Address) Lyden

Spec.—1-30—M. & T.—250 Bks.

54727

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

94-B F 54727

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 526 N. Monroe ST. 20-1 WARD)

2-FULL NAME Georgia A. Servary

(a) RESIDENCE NO. 526 N. Monroe ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Edward B. Servary

DATE OF BIRTH (month, day, and year) May 4, 1875

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	8	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Charles County

(State or country) Maryland

10 NAME OF FATHER John R. Wade

11 BIRTHPLACE OF FATHER (city or town) ------

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah Jane Edelen

13 BIRTHPLACE OF MOTHER (city or town) ------

(State or country) Maryland

Informant Edward B. Servary

(Address) 526 N. Monroe Street

Filed FEB 4 - 1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3d 1939

17 I HEREBY CERTIFY, That I attended deceased from January 14 1939, to Feb 3d 1939, that I last saw her alive on Feb 2nd 1939, and that death occurred, on the date stated above, at 4-30 P m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) - yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) H. D. Bammer, M. D.

Feb 3d 1939 (Address) 1926 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 2/6 1939

20 UNDERTAKER Henry W. Mears

ADDRESS 505 N. Eutaw

HEALTH DEPARTMENT—CITY OF BALTIMORE

54728 CERTIFICATE OF DEATH 40956 (MB) F 54728

Registered No. 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 12 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Pearce (or Louise Williams) If U. S. Veteran specify WAR

(a) Residence: No. 442 E. 23rd St. St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Miguil

7. DATE OF BIRTH (month, day, year) 5/?/1892 1893

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46 45 46	8	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Ed. Murray

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Jossie Williams

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT City Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvery Date Jan-4 1939

19. UNDERTAKER Mrs M. C. Elliott-Slaughter (Address) 1129 N. Carolina St

20. FILED FEB 4 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 14, 1939 to January 30, 1939

I last saw her alive on January 30, 1939. Death is said to have occurred on the date stated above, at 10:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. De Santelle M. D.

(Address) Baltimore City Hospitals

AACo. 5-31 250B

54729 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54729

CERTIFICATE OF DEATH

93-C

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2122 Longwood St., 17 Ward)

Length of residence in city or town where death occurred 9 yrs. ..... mos. 20 ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edwin Clendaniel Collins

(a) Residence: No. 2122 Longwood St., Ward. 17
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nancy E. Tatem

6. DATE OF BIRTH (month, day, year) March 24 - 1847

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	91	10	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Lab.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foreman

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 36

12. BIRTHPLACE (city or town) (State or country) Delaware City Delaware

13. NAME Jacob T. Collins

14. BIRTHPLACE (city or town) (State or country) Delaware

15. MAIDEN NAME Eliza E. Jackson

16. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

17. INFORMANT Nancy E. Gill

(Address) 2122 Longwood St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Feb 7, 1939

19. UNDERTAKER H. W. Pippin

(Address) Elkton, Maryland

Hunting for Williams, M.D.
Registrar.

20. FILED 2-5-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1934, to Feb 4, 1939

I last saw h.. alive on Feb 4, 1939 death is said to have occurred on the date stated above, at 6:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1934

Other contributory causes of importance:

Senile Pneumonia Edema	2 1 39

Name of operation ..... Date of .....

What test confirmed diagnosis? ✓ Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) Robert L. Mitchell, M. D.

(Address) 2122 Longwood St.

54730

F 54730

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√72-a 40424-FS

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isaac Gaither — If U. S. Veteran specify WAR

(a) Residence: No. 1414 Pennsylvania Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 20, 1874 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen House Work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ellizabeth Holland

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION OR REMOVAL Place Mt. Calvary Date 2/6 39, 19

19. UNDERTAKER William A. Jackson
(Address) 976 Pennsylvania

20. FILED 19 Registrar.

2-5-1939 Hattie Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 30, 1938, to February 2, 1939

I last saw him alive on February 2, 1939. Death is said to have occurred on the date stated above, at 8:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myeloid Leukemia	Dec. 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospitals

54731 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 54731

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1911 N. Payson St., 15-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fannie A. Hutton

If U. S. Veteran specify WAR .....

(a) Residence: No. 1911 N. Payson St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed or divorced: ~~HUSBAND of~~ (or) WIFE of: Richard Hutton

7. DATE OF BIRTH (month, day, year): June 9 1863

8. AGE: Years: 75 | Months: 7 | Days: 24 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): 9/26

11. Total time (years) spent in this occupation: 45

12. BIRTHPLACE (city or town) (State or country): Frederick, Md

13. NAME: Julius Hafner

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Henrietta VanDecker

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Josephine D. Cooker
(Address) 3102 Chesley Ave

18. BURIAL, CREMATION, OR REMOVAL. Place: Loudon Park Date: 2/6/39

19. UNDERTAKER: William Cook
(Address) 1219 St Paul St

20. FILED: Feb 7 1939 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH 10:15 PM

21. DATE OF DEATH (month, day, year): Feb 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1931, to February 1, 1939

I last saw h[er] alive on February 1, 1939. Death is said to have occurred on the date stated above, at 10:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General arteriosclerosis	1923
Chronic myocarditis	1923
Old Hemiplegia	1924

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Milton H. Solomon M. D.

(Address) 127 S. Bway

54732 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 54732

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1/2 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. James Barry Wisner (Goldie) 13

If U.S. Veteran specify WAR

(a) Residence: No. 2946 Keswick Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of James Deale Wisner

7. DATE OF BIRTH (month, day, year) Nov. 30, 1890

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	2	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Baltimore, Md (State or country)

13. NAME Mr. Sullivan

14. BIRTHPLACE (city or town) ? (State or country)

15. MAIDEN NAME Anna McCauley

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT James B. Wisner

(Address) 2946 Keswick Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's (Hampstead) Date Feb 6 1939

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED , 19 Registrar.

Attending Physician, M.D.

5-1939

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb. 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1939, to Feb. 2, 1939

I last saw her alive on Feb. 2, 1939 Death is said to have occurred on the date stated above, at 3:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Schizophrenic catatonic stupor	Dec. 1938
Other contributory causes of importance: Terminal pneumonia (Bronchial)	Jan. 31, 1939
Pulmonary edema (Hypertension)	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. Bowdoin Davis, M. D.

(Address) Union Memorial Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 9-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Guy C. Henze

If U. S. Veteran specify WAR .....

(a) Residence: No. 2112 Lakeman, Balto. Ward d
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence E. Henze

6. DATE OF BIRTH (month, day, year) Dec 8, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	1	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Train Dispatcher

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Penna.

13. NAME John W. Henze

14. BIRTHPLACE (city or town) (State or country) Penna

15. MAIDEN NAME Ida Mongingstar Hendricks

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 2-6 1939

19. UNDERTAKER J. McCabe & Son
(Address) 1217 E. Baltimore St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2/1/39, 19..... to 2/3/39, 19.....

I last saw him alive on Feb 3, 1939. Death is said to have occurred on the date stated above, at 7.45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial asthma	1934
Pneumonia	2-1-39
Emphysema	

Other contributory causes of importance: (Over)

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Roger P. Scott M. D.

(Address) Johns Hopkins Hospital

2-5-1939 Huntington Williams, M.D.

54734 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 54734

CERTIFICATE OF DEATH ✓ 107-96 39999 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 26-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 86 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Benjamin Creamer

(a) Residence: No. 1242 62nd St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine

6. DATE OF BIRTH (month, day, year) 9-19-1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	4	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Const

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Valentine Creamer

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Martha Kirkwood

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Feb 7th 1939

19. UNDERTAKER Wm Cook
(Address) 127 St. Paul st

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) February 4. 1939

22. I HEREBY CERTIFY, That I attended deceased from December 15, 1938, to February 4, 1939

I last saw him alive on February 4, 1939. Death is said to have occurred on the date stated above, at 6.35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-30-39
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Lautille M. D.

(Address) Baltimore City Hospitals

Registrar of Vitals Statistics, Md.

5-1939

735

F 54735

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen. Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lydia R. Pilleghan

(a) Residence: No. 1609 E. 25th St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Pilleghan

6. DATE OF BIRTH (month, day, year) Mar. 5th 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mauricetown N.J.

MOTHER FATHER

13. NAME Levi Robbins

14. BIRTHPLACE (city or town) (State or country) N.J.

15. MAIDEN NAME Hannah Z.

16. BIRTHPLACE (city or town) (State or country) N.J.

17. INFORMANT George Pilleghan

(Address) 1609 E. 25th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Park Date Feb 6th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED 19

Registrar

5-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2 1934

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterial Sclerosis	

Other contributory causes of importance Due To High Blood Pressure

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased

If so, specify.

(Signed) Coroner, M. D.

(Address) City Hall

E 54736

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. 357609

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 15-2 Ward)

Length of residence in city or town where death occurred 65 yrs. 1 mos. 3 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME George Wilmering

(a) Residence: No. 1811 Presbury St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Laura

6. DATE OF BIRTH (month, day, year): 1-1-74

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	1	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Watchmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ...

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Md

13. NAME: Frank Wilmering

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Anna Tucken

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Records
(Address): JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL: Holy Redeemer Date 2-7-1939

19. UNDERTAKER: Bernard C. Harle
(Address): 121 E West St.

20. FILED: 2-7-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1939, to Feb 4, 1939

I last saw him alive on Feb 4, 1939 Death is said to have occurred on the date stated above, at 1:15 A m.

The principal cause of death and related causes of importance were as follows:	Date of onset
Hypertensive arterio-sclerotic cardiovascular disease.	
Congestive heart failure	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Logan B. Scott M. D.

(Address) Johns Hopkins Hosp.

37 E 54737

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2920 Glenmore Ave St., 27-6 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel W. Lawder

If U. S. Veteran specify WAR .....

(a) Residence: No. 2920 Glenmore Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jessie Barnswell

7. DATE OF BIRTH (month, day, year) Nov. 21, 1863

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	2	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Comm. Ver Co

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Samuel W. Lawder

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Amanda Willey

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Jessie Lawder
(Address) 2920 Glenmore Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Feb. 1939

19. UNDERTAKER Pitz Wiedefeld
(Address) 914 Greenmount Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1938, to Feb. 3, 1939.

I last saw him alive on Feb. 3, 1939. Death is said to have occurred on the date stated above, at 1:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular renal disease	1933
Chr. myocarditis	1935
Other contributory causes of importance: senility	1937

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) S. A. Alessi M. D.

(Address) 621 Harford Rd.

B39

B39 621 N. Harford Road

54738 HEALTH DEPARTMENT—CITY OF BALTIMORE F 54738

CERTIFICATE OF DEATH

12-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) St Josephs Hosp. [redacted] Ward) 3

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Vincent Enoch TRESCH — If U. S. Veteran specify WAR

(a) Residence: No. 2020 Fountain St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single
6. If married, widowed, or divorced: HUSBAND of (or) WIFE of
7. DATE OF BIRTH (month, day, year): Nov. 30 - 1865

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	73	2	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Foots Packing
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:
12. BIRTHPLACE (city or town) (State or country): Baltimore Md
13. NAME: Adam Tresch
14. BIRTHPLACE (city or town) (State or country): Germany
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Germany
17. INFORMANT: Joseph Smearman (nephew)
(Address) 124 N. Luzerne Ave
18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb. 6, 19 39
19. UNDERTAKER: Lilly & Zeiler INC
(Address) 453 S. Wolfe St.
20. FILED: Huntington Williams M.D. Registrar.

2-5-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2-3-39 19

22. I HEREBY CERTIFY, That I attended deceased from 1-29 39 to 2-3 39, 19..
I last saw him alive on 2-3 39. Death is said to have occurred on the date stated above, at 4:15 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Lymphatic Leukemia	2
Arteriosclerotic Cardiovascular	9
Adhesions	
Fibrillation of Heart	2
Myocarditis Hypostatic	2
Pneumonia Left	2
Secondary Anaemia	2

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ...
What test confirmed diagnosis? Blood Smear Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19..
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) John Costantinos M. D.
(Address) St. Joseph's Hospital

I. D. B. 1268-9

54739 F 54739

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH Franklin Sqr. Hosp.

CITY OF BALTIMORE: (No. Fayette & Calhoun St., 12-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Morris Hersch (Morris Hirsch)

(a) Residence: No. 210 E. 25th Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan 21-1877

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62		14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Confectioner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Candy 0019

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chicago. Ill

13. NAME Abram Hirsch

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Babette Lehman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs William Harrison
(Address) 210 East 25th St

18. BURIAL, CREMATION, OR REMOVAL
Hebrew Friendship Cem Feb 5-39 19...
Place Date

19. UNDERTAKER J. Aheus Co.
(Address) 2 Reisterstown Road

20. FILED ... Hunter for Williams ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Febry. 3 . 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30. , 1939 to Feb 3 , 1939

I last saw him alive on 2.3 , 1939 Death occurred to have occurred on the date stated above, at 3.35 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio-vascular disease	
Other contributory causes of importance:	
pulmonary edema	

Name of operation — Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? nu

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? nu Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
nu If so, specify .....

(Signed) E. T. Bufkin M. D.

(Address) Franklin Sqr. Hosp.

54740

HEALTH DEPARTMENT—CITY OF BALTIMORE

54740

CERTIFICATE OF DEATH

54-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. St. 13-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 45 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frances Silberg

(a) Residence: No. 809 Whitelock St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis H Silberg

6. DATE OF BIRTH (month, day, year) 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jacob Goldstein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Jennie Berlin

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Louis H Silberg

(Address) 809 Whitelock St.

18. BURIAL, CREMATION, OR REMOVAL Date Feb 5 1939

Place Pikesville Cem.

19. UNDERTAKER Sol Levinson - Prod

(Address) 1124-26 W. North ave

Huntington Williams, M.D.

Registrar.

FILED FEB 3 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-3- 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-30- 1939 to 2-3- 1939

I last saw h[illegible] alive on 2-3- 1939 Death is said to have occurred on the date stated above, at 920 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post operative shock E	2-1-39
circulatory collapse	
Other contributory causes of importance:	

Was an operation performed? yes Date of 1-31-39

For what disease or injury? Fibroids over

Name of operation Supravaginal Hysterectomy

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Leo. L. Brouillet, M. D.

(Address) Bon Secours Hosp.

54741 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54741

93-C

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2502 Elsinor Ave 5-8 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jessica Eltonhead
If U. S. Veteran specify WAR

(a) Residence: No. 2502 Elsinor Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Apr. 14, 1881

7. AGE: Years 57 | Months 8 | Days 20 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Abingdon Md.
13. NAME of Father: Wm. T. Eltonhead
14. BIRTHPLACE (city or town) (State or country): Balto. Md.
15. MAIDEN NAME of Mother: Agnes L. Johns.
16. BIRTHPLACE (city or town) (State or country): Abingdon Md.
17. INFORMANT: Mrs. Lue B. Woodall
(Address): 2502 Elsinor Ave.
18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Olivet Cem. Feb. 7 1939
19. UNDERTAKER: Wm. H. Leyer Sons.
(Address): North & Pa Aves.
20. FILED: Feb 8 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1 1938 to Feb 3 1939
I last saw her alive on Feb 3 1939 Death is said to have occurred on the date stated above, at 7:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	June 1/38
Other contributory causes of importance:	
Arterio-sclerosis	?
Hypertension	?

Was an operation performed? — Date of —
For what disease or injury?
Name of operation: none
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter Dublin M. D.
(Address) 2 2 Garrison Blvd

54742 F 54742

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

43-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1853 N Lafayette Ave Ward) 16-6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Rosa C. Bailey

If U. S. Veteran specify WAR

(a) Residence: No. 1853 Lafayette Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of: Benjamin M. Bailey

6. DATE OF BIRTH (month, day, year): Dec 24-1865

7. AGE: Years 73; Months 1; Days 9; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ✓

10. Date deceased last worked at this occupation (month and year): ✓

11. Total time (years) spent in this occupation: ✓

12. BIRTHPLACE (city or town) (State or country): Portsmouth Va

13. NAME: Daniel Cherry

14. BIRTHPLACE (city or town) (State or country): Portsmouth Va

15. MAIDEN NAME: Virginia Harrison

16. BIRTHPLACE (city or town) (State or country): Portsmouth Va

17. INFORMANT: Mr & E Bailey

(Address) 5214 N Charles Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Lorraine Cem Date: Feb 7 1939

19. UNDERTAKER: J H Dickson & Bro

(Address) Balto Md

20. FILED 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 3 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 3 1938 to Feb 3 1939

last saw her alive on Feb 3 1939. Death is said to have occurred on the date stated above, at 10.20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Acute	✓
Dilatation of Heart	✓
Other contributory causes of importance: Chronic Nephritis	✓
Uremia	✓

Was an operation performed? no Date of ✓

For what disease or injury? ✓

Name of operation ✓ Autopsy?

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓

(Signed) John A. Friedland M. D.

(Address) 1219 Eutaw Place

4743 F 54743

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore St. General Hospital Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Helen May Gross

(a) Residence: No. 2016 Braddish Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
(or) WIFE of Herman Gross

DATE OF BIRTH (month, day, year) Oct. 9, 1898

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	3	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation. .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Harry E. Bayer

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Margaret Eckstine

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hosp. Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Feb 7 19 39

19. UNDERTAKER Wm. J. Tipton & Son
(Address) North & Pine

20. FILED ... 19 ... Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 4th 1939

22. I HEREBY CERTIFY, That I attended deceased from January 31st 1939 to Feb. 4th 1939

I last saw her alive on Feb. 4th 1939 Death is said to have occurred on the date stated above, at 10:26 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thyrotoxicosis	1930
Generalized Peritonitis	1-31-39

Other contributory causes of importance:

Acute Appendicitis	1-29-39
Diabetes Mellitus	

Was an operation performed? Yes Date of 1-31-39

For what disease or injury? Acute Appendicitis

Name of operation Appendectomy

What test confirmed diagnosis? Operation Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Harry Bayer M. D.

(Address) U. B. G. H.

54744 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 54744

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. 211 W. Pleasant St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Gee Ott — If U. S. Veteran specify WAR None

(a) Residence: No. 211 W. Pleasant St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Yellow	Married

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha G. Ott

6. DATE OF BIRTH (month, day, year) abt 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
abt 85	?	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) abt 10yrs

11. Total time (years) spent in this occupation abt 40yrs

12. BIRTHPLACE (city or town) (State or country) Canton China

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) ? ? China

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) ? ? China

17. INFORMANT Mr. Charlie Gee

(Address) 2228 E Monument Street

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date Feb 6 39 19

19. UNDERTAKER STEWART & MOWEN COMPANY

(Address) (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

20. FILED ..... 19 ..... Registrar.

2 5 10A

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3 , 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 12 , 1935 to Feb 3 , 1939

I last saw him alive on Feb 2 , 1939 Death is said to have occurred on the date stated above, at 5.02 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Tabular Heart Disease (Rheumatic)	3 yrs
Other contributory causes of importance: Decompensation	2 days

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. Lee Wright M. D.

(Address) 117 N. Broadway St.

54745 RICHARD W. SHRIVER 54745

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 46-C

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St. 2-S Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard W. Shriver
If U. S. Veteran specify WAR

(a) Residence: No. 1800 No. Arlington St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Harriet B. Shriver

DATE OF BIRTH (month, day, year) July 4, 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	6	30	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. manager
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. apartment house
10. Date deceased last worked at this occupation (month and year) Feb. 1934
11. Total time (years) spent in this occupation 31
12. BIRTHPLACE (city or town) (State or country) Frederick Md.
13. NAME Alfred Alexander Shriver
14. BIRTHPLACE (city or town) (State or country) Md.
15. MAIDEN NAME Hannah Wood
16. BIRTHPLACE (city or town) (State or country) Balto. Md.
17. INFORMANT Wife Harriet Shriver
(Address) 1800 N. Charles St.
18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feb. 6- 1939
19. UNDERTAKER Horace H. Burgan
(Address) 3631 Falls Road
20. FILED 19 Registrar.
2-5-1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 3, 1939
22. I HEREBY CERTIFY, That I attended deceased from 12-16, 1938, to 1-3, 1939
I last saw h[illegible] alive on Feb. 3, 1939. Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma-Large bowel	2
Other contributory causes of importance: Hypertensive Cardio-vascular Renal Disease	2

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Lucey M. D.
(Address) Mercy Hosp.
John F. Schaefer

4746 E 54746

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2085 Druid Park Drive St. 138 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. - mos. - ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Keith

If U. S. Veteran specify WAR --

(a) Residence: No. 2085 Druid Park Drive St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Elizabeth Keith

6. DATE OF BIRTH (month, day, year) Sept. 28, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Textile Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W. E. Hooper & Sons

10. Date deceased last worked at this occupation (month and year) 1906

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Montgomery Co.

FATHER

13. NAME Horatio Keith

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah Ellen Hill

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Elizabeth Keith
(Address) 2085 Druid Park Drive

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Feb. 6 1939

19. UNDERTAKER Jorach F. Burgee
(Address) 3631 Falls Road

20. FILED 19 Registrar.

2-5-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	2/1/39

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. J. Evans, M. D.
Coroner

(Address)

54747 HEALTH DEPARTMENT—CITY OF BALTIMORE F 54747

CERTIFICATE OF DEATH

Registered No. 107-as 1939

1. PLACE OF DEATH Hebrew Home for Aged & Infirm
CITY OF BALTIMORE: (No. Belvedere & Greenspring St. 21-W Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 34 yr. mo. da. How long in U. S. if of foreign birth 55 yr. mo. da.
If U. S. Veteran specify WAR

2. FULL NAME Mr Abraham Scharfman
(a) Residence: No. Belvedere & Greenspring St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

6a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Ida

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
89			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Michael

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Ethel

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sig. Pemberton
(Address) Belvedere & Greenspring

18. BURIAL, CREMATION, OR REMOVAL Hebrew Rodelph Date 2-5-38 19

19. UNDERTAKER Jacob Lewis
(Address) 1434 E Balto St

20. FILED Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-4, 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-4, 1938, to 2-4, 1939
I last saw h[illegible] alive on 2-4, 1939. Death is said to have occurred on the date stated above, at 7:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	2-1-39
Arteria Sclerosis	

Other contributory causes of importance:
Chr Bronchitis

Was an operation performed? Yes Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
Yes If so, specify

(Signed) H Edmund Levin, M. D.
(Address) Levindale

F-1939 1c

54748 HEALTH DEPARTMENT—CITY OF BALTIMORE 54748

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH Hebrew Home for Aged & Infirm — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Belvedere and Greenspring Ave. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Louis Dragowitz — If U. S. Veteran specify WAR .....

(a) Residence: No. Belvedere and Greenspring Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year) 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Aged Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland.

13. NAME Abrahamson

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Vokrman

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Sig. Kimball

(Address) Belvedere & Greenspring Ave

18. BURIAL, CREMATION, OR REMOVAL Loch Raven Date 2-6-39 19

19. UNDERTAKER Jos. Louis Inc.

(Address) 4326 Park Ave

20. FILED 2-6-1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-5, 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-30, 1935 to 2-5, 1939

I last saw him alive on 2-4, 1939. Death is said to have occurred on the date stated above, at 1.10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-2-39
Chr. card. vascular disease	
Other contributory causes of importance: Chr. Bronchitis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Edmund Levin, M. D.

(Address) Levindale

F 54749 HEALTH DEPARTMENT—CITY OF BALTIMORE F 54749

CERTIFICATE OF DEATH

46-B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2100 Mt Holly St., 15-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Perry Grim

If U. S. Veteran specify WAR .....

(a) Residence: No. 2100 Mt Holly St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cassandra Grim

6. DATE OF BIRTH (month, day, year) Oct. 19 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Edward C. Grim

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Amanda O'Neil

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Curtis Grim

(Address) 2100 Mt. Holly St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb. 6 1939

19. UNDERTAKER J Vernon Kuhner

(Address) 230 Edmondson Ave

20. FILED ..... 19..... Registrar.

B5—2000 Hunting for Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb-4-, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec-20-, 1938, to Feb-4, 1939

I last saw him alive on Feb-3-, 1939. Death is said to have occurred on the date stated above, at 5-30 P-m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	12/20/38
Other contributory causes of importance: Pyloric obstruction	1/20/39

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury No injury

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) E. Gill Hall M. D.

(Address) 1631 E North Ave

54750

HEALTH DEPARTMENT—CITY OF BALTIMORE

54750

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1922 Breitwert Ave St. 25-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. de.

If U. S. Veteran specify WAR

2. FULL NAME Robert C Baxter

(a) Residence: No. 1922 Breitwert Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine

6. DATE OF BIRTH (month, day, year) Nov 3 1356

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	3	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Glass Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furnace

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Robert Baxter

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Robert Baxter
(Address) 1922 Breitwert Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Date Feburary 16 19

19. UNDERTAKER Edward Toulson
(Address) 2359 Washington Blvd

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3 , 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 7 , 1937 to Feb 3 , 1939

I last saw him alive on Feb 3 , 1939 Death is said to have occurred on the date stated above, at 3 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-Vascular Disease	1937
Chronic Nephritis	1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Edward F. Miller M. D.

(Address) 682 Washington Blvd

✓ F 54751

54751

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 168

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. General Hospital St., 3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Etta Benson

If U. S. Veteran specify WAR .....

(a) Residence: No. ... Westminster St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry E. Benson

6. DATE OF BIRTH (month, day, year) June 14, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

FATHER

13. NAME Lewis M. Bush

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Anna M. Shilling

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Harry E. Benson.

(Address) Westminster

18. BURIAL, CREMATION, OR REMOVAL

Place Carroll County Cem. Date Feb 8, 1939

19. UNDERTAKER J. Francis Rae

(Address) Westminster, Md.

20. FILED ... 19 ... Registrar

2-3-1939 Huntington Williams, M.D.

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry) to ... death on the day stated above. 8-16 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage due to Cutting throat	

Other contributory causes of importance: ...

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 1/3, 1939

Where did injury occur? Home Westminster (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Own home

Manner of Injury Cut Throat

Nature of injury Hemorrhage

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) C. Mann, M. D.

Coroner

(Address) 125 Harvey

54752 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54752

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3725 Fifth St. Brooklyn Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert E. Lee.

If U. S. Veteran specify WAR

(a) Residence: No. 3725 Fifth St. Brooklyn, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adele S. Lee

6. DATE OF BIRTH (month, day, year) Nov. 7, 1865

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	73	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter Ref.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. O. R. R. 015

10. Date deceased last worked at this occupation (month and year) May 1937

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Colesville Montgomery Co. Md.

13. NAME Curtis M. Lee.

14. BIRTHPLACE (city or town) (State or country) Colesville Montgomery Co. Md.

15. MAIDEN NAME Alberta M. Jacobs.

16. BIRTHPLACE (city or town) (State or country) Cedar Hill. A. A. Co. Md.

17. INFORMANT Mrs. Robert E. Lee
(Address) 3725 Fifth St. Brooklyn, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill. Date 2-7-39

19. UNDERTAKER Thomas W. Singleton.
(Address) Glen Burnie, Md.

20. FILED 2-7-1939 Huntington Hall, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 5th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1st, 1938 to Feb. 5th, 1939

I last saw him alive on Feb. 4, 1939 Death is said to have occurred on the date stated above, at 4:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic insufficiency	July 1938
Other contributory causes of importance: Chronic Interstitial Nephritis	1934

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William S. Scott, M. D.

(Address) 4815 - Pennington Ave.

54753 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 54753

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. 436 N. Pulaski St. 20-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Carroll Madison Imles — If U. S. Veteran specify WAR .....

(a) Residence: No. 436 N. Pulaski St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed or divorced: HUSBAND of (or) WIFE of Ethel Grace Imles

7. DATE OF BIRTH (month, day, year) April 14-1891

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	9	21/20	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance agent

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

11. Date deceased last worked at this occupation (month and year) ..... 12. Total time (years) spent in this occupation .....

13. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md

14. NAME William Imles.

15. BIRTHPLACE (city or town) (State or country) Baltimore Md.

16. MAIDEN NAME Catherine Tyndal

17. BIRTHPLACE (city or town) (State or country) Baltimore Md

18. INFORMANT Mrs. Ethel Grace Imles
(Address) 436 N. Pulaski St.

19. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feb. 7 1939

20. UNDERTAKER George L. Schwab
(Address) 2101 Frederick Ave.

21. FILED FEB 8 1939 Thomas J. Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1939 to Feb. 4, 1939

I last saw him alive on Feb. 3, 1939. Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Coronary Thrombosis	2/1/39
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Wallace Laughlin, M. D.

(Address) 400 N. Broadway St.

754

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54754

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 S. Longwood St., 20-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME George H. Blackert

If U. S. Veteran specify WAR

(a) Residence: No. 524 S. Longwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Anna J. Blackert

6. DATE OF BIRTH (month, day, year): Oct 23 - 1863

7. AGE: Years 75 | Months 3 | Days 11/10 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Wheelwright

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

13. NAME: Conrad Blackert

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: William J. Blackert

(Address): 524 S. Longwood St.

18. BURIAL, CREMATION, OR REMOVAL: Place: Our Cathedral Date: Feb. 6 19 39

19. UNDERTAKER: George L. Schwab

(Address): 2101 Frederick Ave.

FEB 6 1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 3 19 39

22. I HEREBY CERTIFY, That I attended deceased from January 25 19 39 to Feb 3 19 39

I last saw alive on Feb 3 19 39 Death is said to have occurred on the date stated above, at 6 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia Arteriosclerosis	
Senile Brain Disease	
Chronic Nephritis	
Other contributory causes of importance: Pulmonary Oedema	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Norbert C. Nickels, M. D.

(Address) 2151 - Wilkens Ave

F 54755

54755 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1215 N. Bradford St. 8-A Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Johanna (Hoffman) Peters

(a) Residence: No. 1215 N. Bradford St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

6. If ~~married, widowed, or divorced~~ (or) WIFE of John Peters

DATE OF BIRTH (month, day, year) Aug 10th 1866

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	5	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 933

11. Total time (years) spent in this occupation. 2

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME John Ruddath

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Amelia ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Minnie Banahan

(Address) 135 N. Pulaski St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb 7th 1939

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED Huntington Williams M.D. Registrar.

FEB 6 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4th 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1939 to Feb 4 1939

I last saw her alive on Feb 1 1939. Death is said to have occurred on the date stated above at ..... M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Hypertension	
Cerebral Arteriosclerosis	
Arthritis Deformans	
Other contributory causes of importance:	
Hypertension	
Coronary Disease	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Fred August M. D.

(Address) 100 N. Collins Park

54756 HEALTH DEPARTMENT—CITY OF BALTIMORE 54756

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1819 Linden Ave 38-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edwin Earecksom Jr

(a) Residence: No. 4505 Fernhill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word)
Male	White	Married

6. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Marie Earecksom

DATE OF BIRTH (month, day, year) May 15th 1867

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	8	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation. 52

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME OF FATHER Edwin Earecksom

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME OF MOTHER Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Edwin Earecksom III

(Address) 506 Kensington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Feb 7th 193

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

20. FILED [illegible] by Wilhelmina [illegible]

Feb 6 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4th 1939

22. I HEREBY CERTIFY, That I attended deceased from March 1938 to Feb. 4 1939

I last saw him alive on Feb - 3 - 1939 Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Arteriosclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis Jacobs M. D.

(Address) 1700 Eutaw Place

HEALTH DEPARTMENT--CITY OF BALTIMORE

T 54757

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. William H. Hayward

If U. S. Veteran specify WAR

(a) Residence: No. 726 Reservoir St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced (HUSBAND of / WIFE of) Amy Bond Hayward

DATE OF BIRTH (month, day, year) July 2, 1865

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	73	8	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grain Broker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME John Hayward

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Sarah Curtis

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Amy Bond Hayward (wife)
(Address) 726 Reservoir Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Homelawn Cem. Date July. 6 1939

19. UNDERTAKER John Dittrich & Son
(Address) 1900 Eutaw Place

20. FILED JUL 6 1939 19 Huntington Williams (Registrar.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/4/39, 19

22. I HEREBY CERTIFY, That I attended deceased from 2/1/39, 19, to 2/4/39, 19

I last saw him alive on 2/4/39, 19. Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforation of gall bladder	1/21/39
Peritonitis	"
Acute toxemia infection	1935
Pulmonary tuberculosis	1/29/38
Obstruction jaundice	
Other contributory causes of importance:	
Lobular pneumonia	
Angina pectoris	1928

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was illness or injury in any way related to occupation of deceased?
If so, specify

(Signed) Wesley J. Keller, M. D.

(Address) Church Home & Infirmary

758

F 54758

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-B cc

1. PLACE OF DEATH Balto. City Hospitals

CITY OF BALTIMORE: (No. Bay View St., 76 Ward) Registered No. 877

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mths. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Edwin L. Yahn

(a) Residence: No. 745 Edmondson Ave, St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Grace Yahn

6. DATE OF BIRTH (month, day, year) April 18-1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47		6 15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westminster Md.

FATHER

13. NAME Edwin L. Yahn (d)

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Elizabeth Seas (d)

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Bertha G. Yahn (wife)

(Address) 745 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn, Date Feb 6. 1939

19. UNDERTAKER John Mitchell & Sons

(Address) 700 Eutaw Place

FEB 6 1939 Huntington Williams, M.D. Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 3, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1 year
Chronic Bronchitis	2 mos
	7 yrs

Other contributory causes of importance: Arteriosclerosis, Phlebitis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas. E. Ward, M. D. Coroner

(Address) 17 N. Howard St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 82-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martha Scott

If U. S. Veteran specify WAR .....

(a) Residence: No. 323 Lennox ave St., ... Ward. Towson Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 1-14-74

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65		19	

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 7 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME James Bardley

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Martha ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Pleasant Rest Cem. Date Feb. 6 1939

19. UNDERTAKER Mrs Frances A. Hemsley
(Address) 575 N. Biddle St.

20. FILED FEB 6 - 1939 Martha E. Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1939 to Feb 3, 1939

Last saw her alive on Feb 3, 1939 Death is said to have occurred on the date stated above, at 7 15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral vascular accident	2-3-39
	own
Other contributory causes of importance: Hypertension & heart failure	
Renal insufficiency	

Was an operation performed? No Date of —

For what disease or injury? .....

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dr. W. Hayes M. D.

(Address) Johns Hopkins Hosp.

54760 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54760

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital — Registered No. 108

CITY OF BALTIMORE: (No. Madison & Linden Ave St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. William F. Single — If U. S. Veteran specify WAR ...

(a) Residence: No. 349 Cornwall St., St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Single

7. DATE OF BIRTH (month, day, year) Jan 3 - 1881

8. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	58	1	4	1

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Janitor

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Michael Single

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Klumm

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Geo Single
(Address) 716 N Luzerne Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date Feby 7, 1939

19. UNDERTAKER John Ullrich
(Address) 2007 Eastern

20. FILED ... 19... Registrar.

86-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-4, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-1-, 1939 to 2-4, 1939

I last saw him alive on 2-4 1939. Death is said to have occurred on the date stated above, at 7:40 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance	
Cardiac Failure	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. L. Ewalt, M. D.

(Address) Md. Gen'l. Hosp.

54761 HEALTH DEPARTMENT—CITY OF BALTIMORE E 54761

CERTIFICATE OF DEATH

93-C

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2007 Jefferson St., 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Hans Geiwitz

(a) Residence: No. 2007 Jefferson St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ida C Geiwitz

DATE OF BIRTH (month, day, year) May 8-1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	8	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Casket factory

10. Date deceased last worked at this occupation (month and year) Jan 13-1938

11. Total time (years) spent in this occupation 55

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Ida Geiwitz

(Address) 2007 Jefferson St

18. BURIAL, CREMATION, OR REMOVAL

Place BALTIMORE CEM. Date 2/7/38 19..

19. UNDERTAKER John Ulrich

(Address) 1202 Eutaw St

20. FILED ..... 19.... ..... Registrar.

36-1039 Hans G. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/4/38 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 13 1938 to Feb 4 1938

I last saw him alive on Feb 3 1938. Death is said to have occurred on the date stated above, at 7 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	
Complicated by Pneumonia	1 day
Other contributory causes of importance: Cerebral Hemorrhage	7 Days

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edward L Loos M. D.

(Address) 2630 E Baltimore St

54762 HEALTH DEPARTMENT—CITY OF BALTIMORE F 54762

CERTIFICATE OF DEATH

V 127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Infirmary St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Walter Turner

(a) Residence: No. 1909 Orleans St., Street Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 17, 1897

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42 41		7	15 17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Orderly

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital

10. Date deceased last worked at this occupation (month and year) 1-30-39

11. Total time (years) spent in this occupation 21 yrs

12. BIRTHPLACE (city or town) (State or country) England

13. NAME Walter Turner

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Clara Smith

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Hospital Records
(Address) Church Home

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Feby 7. 1939

19. UNDERTAKER John Ellis
(Address) 2008 Gilmore St

20. FILED Feb 8 1939 [illegible] Williams, M.D. Registrar.

6-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 31, 1939, to February 4, 1939

I last saw him alive on February 4, 1939. Death is said to have occurred on the date stated above, at 6 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Liver death - Post Cholecystectomy	2-3-39
Other contributory causes of importance: Cholecystitis, Acute	1-31-39

Was an operation performed? yes Date of 2-3-39

For what disease or injury? [redacted] Cholecystitis, Acute

Name of operation Cholecystectomy

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) Howard W. Lowe, M. D.

(Address) Church Home & Infirmary

54763 811

HEALTH DEPARTMENT—CITY OF BALTIMORE 54763

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St., 27-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Edw Burkett If U. S. Veteran specify WAR

(a) Residence: No. 6006 Prescott ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Black	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Etta

6. DATE OF BIRTH (month, day, year): 7-23-04

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	6	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chauffier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Comercial

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 8 yrs

12. BIRTHPLACE (city or town) (State or country): Md

13. NAME: Joseph Burkett

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Emma Lee

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cemety Date Feb 8, 1939

19. UNDERTAKER: Charles H Burkett

(Address) 224 Lawrence st

20. FILED 19 Registrar.

5-1039 Thomas E. McKeever, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1939 to Feb 4, 1939

I last saw him alive on Feb 4, 1939 Death is said to have occurred on the date stated above, at 1.33 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Appendicitis, perforated, with peritonitis	Jan 6, 1939
(2) Liver abscess	
(3) Septicemia	

Other contributory causes of importance:

Was an operation performed? Yes Date of 1/7/39

For what disease or injury? Peritonitis, appendicitis

Name of operation Appendectomy & drainage

What test confirmed diagnosis? operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) D. Hooker M. D.

(Address) Johns Hopkins Hospital

4764 HEALTH DEPARTMENT—CITY OF BALTIMORE E 54764

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H. Coates (39189) If U. S. Veteran specify WAR

(a) Residence: No. 1013 Carrollton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Daisy

DATE OF BIRTH (month, day, year) April ? 1907

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	9 10		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Thomas

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Annie Henson

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Records
(Address) Balto. City Hospital

BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Feb 6th 1939

UNDERTAKER Edwin O Wilson
(Address) 1000 Pennsylvania Ave

FILED Feb 6 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-1- 1939

22. I HEREBY CERTIFY, That I attended deceased from November 21, 1938 to Feb 1, 1939.
I last saw h alive on Feb 1, 1939. Death is said to have occurred on the date stated above, at 10:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Leo M. Curtis M. D.

(Address) Balto. City Hospitals

54765

F 54765

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 N Augusta St., 10-2 Ward)

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E Brown

If U. S. Veteran specify WAR ____

(a) Residence: No. 2 N Augusta St (St., ____ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew E Brown

6. DATE OF BIRTH (month, day, year) Feb 15 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
67	67	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

MOTHER FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) —

15. MAIDEN NAME Abbie Sanders

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Andrew E Brown (Address) 2 N Augusta St

18. BURIAL, CREMATION, OR REMOVAL Place Zion Cem Date 2/6 1939

19. UNDERTAKER Payne Sanders (Address) 1413 E. Preston St

20. FILED Huntington Williams, M.D. Registrar.

FEB 6 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Neoplasm	Jan 1939

Other contributory causes of importance: —

Was an operation performed? ____ Date of ____

For what disease or injury? ____

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) S O Allen M. D.

Coroner

(Address) 2 N Augusta St

66

39 P93
ahe/cee

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 54766

23-3 92-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1617 Race St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. de. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James F. Gill

If U. S. Veteran specify WAR

(a) Residence: No. 1617 Race St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of - - - -

DATE OF BIRTH (month, day, year) Dec. 10, 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	1	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lonaconing, Md.

13. NAME Peter Gill

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Bridget--??????

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT Mrs. Theresa Scheidt (Niece)

(Address) 1617 Race St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date Feb. 7, 1939

19. UNDERTAKER A. Donald Evans

(Address) 1200-02 S. Charles St.

FILED FEB 6 - 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 21, 1939 to Feb. 4, 1939

I last saw him alive on Feb. 4, 1939. Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation (Indefinite)	
Other contributory causes of importance: Acute dilatation of heart	2/3/39

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

Signed P. K. Campbell M. D.

2/6/39 (Address) 1644 Hanover St

54767

HEALTH DEPARTMENT—CITY OF BALTIMORE F 54767

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH 552 W. Saratoga St.

CITY OF BALTIMORE: (No. ..... St., 4-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Concetta Maranto

If U. S. Veteran specify WAR .....

(a) Residence: No. 552 W. Saratoga St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Wid.

6. If married, widowed, ~~or divorced~~ ~~HUSBAND~~ of (or) WIFE of late-Salvatore Maranto

7. DATE OF BIRTH (month, day, year) Aug. 9 1858

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	5	25 26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at own home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Cefalu' Italy

13. NAME Salvatore Magliolo

14. BIRTHPLACE (city or town) (State or country) Cefalu' Italy

15. MAIDEN NAME Francesca Barrucchia

16. BIRTHPLACE (city or town) (State or country) Cefalu' Italy

17. INFORMANT Anthony Maranto (Son)
(Address) 552 W. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Vincent Cem. Date Feb. 7 1939

19. UNDERTAKER Frank Della Rocca
(Address) 52 N. Mosley St

20. FILED 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 4 1939

22. I HEREBY CERTIFY, That I attended deceased from 1 27 1939 to 2 4 1939

I last saw her alive on Feb 3d 1939. Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Cardio. Vascular Renal disease	1937

Other contributory causes of importance: senility

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Phy + Lab diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) B. Lucien Rocco M. D.

(Address) 1901 Eutaw Pl

86-939

Wiszinckas

HEALTH DEPARTMENT—CITY OF BALTIMORE

4768 E 54768

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH Sinai Hospital 26-2 Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.....St. 26-2 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Rosie Wiszinckas If U. S. Veteran specify WAR.....

(a) Residence: No. 4612 Maunsade Ave Ward.....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John Wiszinckas

7. DATE OF BIRTH (month, day, year) Oct 2 - 1876?

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62 (?)	4		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

13. NAME Wiszinckas

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Vincent Wiszinckas

(Address) 4612 Maunsade Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 2-7 19 39

19. UNDERTAKER Leonard Funeral Home

(Address) 505 Hartford Rd

20. FILED ..... 19.... Registrar.

B6-1039 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-6 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20 1939 to Feb. 6 1939

I last saw her alive on Feb. 6 1939. Death is said to have occurred on the date stated above, at 1:35 A m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Strep. Septicemia	1-20 ?
Gangrene of leg	1-20 ?

Other contributory causes of importance:

Diabetes	5 yrs

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) Paul Fersé, M. D.

(Address) Sinai Hospital

54769 HEALTH DEPARTMENT—CITY OF BALTIMORE 54769

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3011 White ave. St. 27-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Helene D. Frank

(a) Residence: No. 3011 White ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Wht	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Frank

DATE OF BIRTH (month, day, year) May 25, 1864

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	8	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Md.

13. NAME Ferdinand W. Huth

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Abbie Anne Schaeder

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr Frank

(Address) 3011 White ave

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Feb 7 39

19. UNDERTAKER Leonard J. Ruck

(Address) 5305 Harford ave.

20. FILED FEB 6 1939 Hunter & Williams H.P. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Febr. Nr 4. 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1939, to Febr 4, 1939

I last saw her alive on Febr. 2, 1939 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	Dec 28-1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation None.

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. S. Harding, M. D.

(Address) 4810 Belair Rd.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54770

770) CERTIFICATE OF DEATH √131

1. PLACE OF DEATH Good Shepherd General Hospital

Registered No.

CITY OF BALTIMORE: (No. 1512 N. Gilmor St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME Mary Grant

If U. S. Veteran specify WAR

(a) Residence: No. 1209 N. Carrollton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	negro	Widow

6. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Edward Grant

DATE OF BIRTH (month, day, year) 7/1855

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80 years	July		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Michael Gailes

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

INFORMANT (Address) Willie Grant 1209 Carrollton

BURIAL, CREMATION, OR REMOVAL

Place W. T. Andrews Date Feb 6, 1939

UNDERTAKER Mrs. Scott Holland

(Address) 1031 Edmondson Ave.

FILED FEB 6 - 1939 Huntington Williams M.D.

DFL

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1938 to Feb 3, 1939

I last saw her alive on 2-30-, 1939. Death is said to have occurred on the date stated above, at 12:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Coma	3 dys

Other contributory causes of importance:

Chronic Nephritis

Senile arterio-sclerosis

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. R. Boy Kins, M. D.

(Address) 1512 Gilmor St.

771

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54771

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., Monument & Wolfe 5-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? 50 yrs. mos. ds.

2. FULL NAME Rebecca Silverman

If U. S. Veteran specify WAR

(a) Residence: No. 3800 Egerton Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	~~S~~ W

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harris

6. DATE OF BIRTH (month, day, year) 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restricted Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 10 37

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Harry Burbus

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Louis Silverman

(Address) 2502 Lawnia Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Lexington Blvd Date 2/5/39 19

19. UNDERTAKER Jack Levin Inc

(Address) 1439 E. Baltimore St.

FILED 2-6-1939 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1939 to Feb 5, 1939

I last saw her alive on Feb 5, 1939 Death is said to have occurred on the date stated above, at 8:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive Heart Failure	Jan 31, 1939
Other contributory causes of importance:	
Pulmonary Edema	wk

Was an operation performed? Venesection Date of 2-3-39

For what disease or injury? Pul. Edema

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No(?) If so, specify

(Signed) A. J. Silverman, M. D.

(Address) Sinai Hospital

54772

HEALTH DEPARTMENT—CITY OF BALTIMORE

54772

CERTIFICATE OF DEATH

1-3 92-6

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 140 S. Ellwood Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Archibald Eccleston

(a) Residence: No. 140 S. Ellwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Eccleston

DATE OF BIRTH (month, day, year) Aug. 26. 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
78	77	5	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plasterer 57

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Maryland

13. NAME Archibald Eccleston

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs Florence Colly

(Address) Eastern Ave Middle River

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Feb 7 1939

19. UNDERTAKER H. Sander Sons Inc.

(Address) 1710 Eutaw St Huntington Williams, M.D.

20. FILED FEB 6 - 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb. 4. 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 1937, 19, to Feb 4, 39

I last saw him alive on Feb 3. 1939 Death is said to have occurred on the date stated above, at 10:20 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	Feb. 1937
Other contributory causes of importance: Bronchial Pneumonia	Jan 28 1939

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) H. L. Rothard M. D.

(Address) 3211 St Paul St

54773

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54773

CERTIFICATE OF DEATH

34-B-

1. PLACE OF DEATH: Provident Hospital

CITY OF BALTIMORE: (No.) 1514- Eliza St., 5th Ward

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME: Samuel Albert

If U. S. Veteran specify WAR .....

(a) Residence: No. 2206 - Oak St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: mary albert

6. DATE OF BIRTH (month, day, year) 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Greenwood S. C.

FATHER

13. NAME: Sandy Albert

14. BIRTHPLACE (city or town) (State or country): Greenwood S. C.

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Mary Albert
(Address) 2206 Oak St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Feb 7, 1939

19. UNDERTAKER: Mrs Katie R Williams
(Address) 322 S Schroeder St

FILED FEB 6 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-4-, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-2-, 1939 to 2-4-, 1939

I last saw him alive on 2-4-, 1939. Death is said to have occurred on the date stated above, at 4.05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aneurism of Transverse Arch	?
Other contributory cause of importance: Rupture	2-4-39

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. F. Maloney M. D.

(Address) Provident Hospital Baltimore, Md

54774 HEALTH DEPARTMENT—CITY OF BALTIMORE F 54774

CERTIFICATE OF DEATH

Registered No. 82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 440 N. Rose St. 6-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph R. Green

(a) Residence: No. 440 N. Rose St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christina Green

6. DATE OF BIRTH (month, day, year) Aug 14-1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oyster Schucker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1949

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME John Green

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Susie Buckey

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Christina Green
(Address) 440 N. Rose St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date Feb. 6-39

19. UNDERTAKER John A. Miller
(Address) 2334 Jefferson St

20. FILED Feb 6-1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1939 to Feb 3, 1939.

I last saw him alive on Feb 3, 1939. Death is said to have occurred on the date stated above, at 6.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7 days
Other contributory causes of importance: Arteriosclerosis	1 yr

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. F. Wheeler M. D.

(Address) 1279 Hillsdale Rd

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54775

CERTIFICATE OF DEATH

54775

95-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Sinai Hosp. St. 8-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward S. Rainey

If U. S. Veteran specify WAR

(a) Residence: No. 2108 E Hoffman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) March 4 1899

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	10	30	9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk, P.R.R.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John T Rainey

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Louise Sirley

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Louise Rainey

(Address) 2108 E Hoffman St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb 7 1939

19. UNDERTAKER William H Mareck

(Address) 710 Light St

20. FILED 19 Registrar.

6-1939 Permit for Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 3 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 25 1939 to Feb. 3 1939

I last saw him alive on Feb. 3 1939. Death is said to have occurred on the date stated above, at 9 P.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease.	
Other contributory causes of importance: Bronchial Pneumonia	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Jerome Hirsh M. D.

(Address) Sinai Hosp.

F 54778 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 54778

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 E Biddle St. E-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Annie Scherrer

(a) Residence: No. 2211 E Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced (or) WIFE of Peter Scherrer

7. DATE OF BIRTH (month, day, year) April 7 1875

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	9	28?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

13. NAME James Marbursek

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Mary Ruzak

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mr Peter Scherrer
(Address) 2211 E Biddle St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb 8, 1939

19. UNDERTAKER William M Marech
(Address) 715 Eager St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-4 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1939 to Feb. 4, 1939

I last saw her alive on Feb 4 1939 Death is said to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy (Left sided Hemiplegia)	1/30/39
Other contributory causes of importance: Myocarditis Hypertension	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation Cervical Fundings No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (Violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Eugene F. Zoska M. D.

(Address) 845 N. Patterson Pk Ave

Feb 6 1939 Filing for William M.

54777 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54777

CERTIFICATE OF DEATH

34J-33

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 7 Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Bell (41379)

If U. S. Veteran specify WAR

(a) Residence: No. 2222 Oak St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Separated

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year): January 18, 1911

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28		17 16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Va.

13. NAME: Simon Green

14. BIRTHPLACE (city or town) (State or country): Va.

15. MAIDEN NAME: Anne

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 2/8 19 39

19. UNDERTAKER: Thomas E. Kelly
(Address) 1303 Bressingham

FEB 6 - 1939 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): February 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 28, 1939 to February 4, 1939

I last saw her alive on February 4, 1939 Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute nephritis	1 wk.
Lobar pneumonia	3 days
Other contributory causes of importance: Tuberculous empyema	1 mo

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. H. Curtis M. D.

(Address) Balto. City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

54778

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1619 Presbury St., 15-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Caldwell Morgan

If U. S. Veteran specify WAR

(a) Residence: No. 1619 Presbury St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Jane Morgan

6. DATE OF BIRTH (month, day, year) Nov. 25 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	2	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Apt. House

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) N. C.

13. NAME Sort Kerr

14. BIRTHPLACE (city or town) (State or country) —

15. MAIDEN NAME Easter morgan

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Gertrude Turner

(Address) 1619 Presbury St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 2/6 19 39

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Pennsylvania Ave

20. FILED Hattie Taylor Williams, M.D. Registrar.

FEB 6 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1939 to Feb. 2, 1939

I last saw him alive on Feb. 2, 1939 Death is said to have occurred on the date stated above, at 12:25 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis	1932
Ath. Sclerotic Nephritis	1932

Other contributory causes of importance:

Asthma	1936

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Microscopic Examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) James Dorsey M. D.

(Address) 1663 W. North Ave.

4779 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54779

CERTIFICATE OF DEATH

348-23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Earl Howard (4088?) If U. S. Veteran specify WAR

(a) Residence: No. 128 N. Amity St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hilda

6. DATE OF BIRTH (month, day, year) July 9, 1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	6	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME Herman

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Pauline Washington

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date Feb 9, 1939

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 E Lanvale St

20. FILED FEB 6 1939 19 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 12, 1939 to February 4, 1939

I last saw him alive on February 4, 1939 Death is said to have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	Nov. 1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

54780 V F 54780

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-E

1. PLACE OF DEATH Hospital for the Women of Maryland Registered No.

CITY OF BALTIMORE: (No. St., 15-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Roche

If U.S. Veteran specify WAR

(a) Residence: No. 2115 Westwood Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 15, 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	4	20	19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Martinsburg W. Va.

13. NAME William Roche

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine Shiland

16. BIRTHPLACE (city or town) (State or country) Ireland.

INFORMANT Anna Roche
(Address) 2115 Westwood Ave.

BURIAL, CREMATION, OR REMOVAL
Place Martinsburg W. Va. Date Feb 7, 1939

UNDERTAKER Martin Taylor & Son
(Address) 1827 E. North Ave.

1939 FEB 7 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1939, to Feb 4, 1939.

I last saw h[illegible] alive on Feb. 4, 1939 Death is said to have occurred on the date stated above, at 5:45 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary embolism — Date of onset

Cerebro meningeal

meningitis purulenta

Other contributory causes of importance:

Exploratory laparotomy

Was an operation performed? Yes Date of Jan 26, 1939

For what disease or injury? Cerebro meningeal meningitis purulenta (PERITONAEI)

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geraldine T. Powell, M. D.

(Address) Woman's Hospital

4781. HEALTH DEPARTMENT—CITY OF BALTIMORE 54781

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3519 Roland Ave St., 43-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Daniel Howard Hoover

If U. S. Veteran specify WAR .....

(a) Residence: No. 4203 Lib 37 Fol 25 St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret E. Hoover

6. DATE OF BIRTH (month, day, year) Aug 1, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt Co Md

MOTHER FATHER

13. NAME Peter Hoover

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Elizabeth Gunnor

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Lester E. V. Miller.

(Address) 3519 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St Mary's Hampden Date Feb 8, 1939

19. UNDERTAKER Ehrenwerth & Miller

(Address) 3615-17 Elmwood Ave

20. FILED FEB 6 1939 Huntington Williamson Jr.

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	1/29/39

Other contributory causes of importance:

Was an operation performed? None

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John A Evans, M. D. Coroner

(Address) .....

54782

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54782

CERTIFICATE OF DEATH

93c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2012 Rockrose Ave 13-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME William H. H. Shipley

If U. S. Veteran specify WAR .....

(a) Residence: No. 2012 Rockrose Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Myrtle Shipley

6. DATE OF BIRTH (month, day, year) May 1, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Alfred Shipley

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Laura McBee

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Myrtle Shipley

(Address) 2012 Rockrose Ave.

18. BURIAL, CREMATION, OR REMOVAL

Loudon Park Cem Date Feb 7, 1939

19. UNDERTAKER C. Hempstone & Son

(Address) 3647 Chestnut Ave

20. FILED ....., 19.... Huntington Williams, M.D.

FEB 6 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset Jan 15/39

Other contributory causes of importance: Anemia

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John A Evans, M. D. Coroner

(Address) .....

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

1783 — 1 54783

CERTIFICATE OF DEATH

180

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Md. General Hospital (St.) (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bertha M. Kettler — If U. S. Veteran specify WAR .....

(a) Residence: No. 1731 Park Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred J. Kettler

6. DATE OF BIRTH (month, day, year) May 22, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Delaware

FATHER

13. NAME Elmer Earl Likens
14. BIRTHPLACE (city or town) (State or country) Delaware

MOTHER

15. MAIDEN NAME Rachael Talley
16. BIRTHPLACE (city or town) (State or country) Delaware

17. INFORMANT Mrs. Likens
(Address) 4201 Falls Road.

18. BURIAL, CREMATION, OR REMOVAL
London Park Date Feb 6, 1939

19. UNDERTAKER Chenoweth Bro.
(Address) 3615-17 Eastern Ave

20. FILED FEB 6 1939 Hunter Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry) to death on the day stated above, at about 1 P.M.,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Feb 4, 1939

Where did injury occur? 1731 Park Ave.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Slipped on floor & fell to floor.

Nature of injury Fx. of Rt. femur near hip

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. Haiss M. D.
Coroner

(Address) 1210 Park Ave

784 F 54784

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2829 Miles ave St. 12-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ida O Burke (Hyphen) (Mrs.)

Veteran of WAR

(a) Residence: No. 2829 Miles ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Burke

6. DATE OF BIRTH (month, day, year) July 25, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
58	59	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1937

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Wm W. Eaton

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lucretia Palmer

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Charles E. Eaton

(Address) 1813 N. Payson St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Feb 7 1939

19. UNDERTAKER C. Kenney Hs & Son

(Address) 2615-17 E. Lanvale St.

20. FILED FEB 6 1939 Huntington Williams Registrar

FEB 6 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to (Inquest, Autopsy or Inquiry) death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide From Cooking Gas.	2/4/39

Other contributory causes of importance: Despondency,

Was an operation performed? Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? 2829 Miles ave

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of Injury Laid on Stove

Nature of Injury Burned body - 2nd degree burns

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Evans, M. D.

Coroner

(Address)

54785

✓ F 54785

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 cc

1. PLACE OF DEATH Bacts. City Hospitals

Registered No. 872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bay View St. 22-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Leroy Walter Johnson

(a) Residence: No. 843 Bevans St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Elizabeth Johnson

6. DATE OF BIRTH (month, day, year) Jan. 3-1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50		30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

MOTHER FATHER

13. NAME Walter Johnson

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Elizabeth Gregg

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Elizabeth Johnson

(Address) 843 Bevans St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 2/6 1939

19. UNDERTAKER Joseph L. Brown Son

(Address) 1250 Druid Hill Ave

Hunter & Williams, Registrar

FILED 2-6-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	days
Other contributory causes of importance: Alcoholic Psychosis	Some time

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas. W. Wood M. D.
Coroner

(Address) 1712 N. Bond St.

6-1939

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54786

786

CERTIFICATE OF DEATH

91

131

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1527 Eden St. 9-9 (Ward)

Length of residence in city or town where death occurred 15 yrs. — mos. — ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Isadora Richards

(a) Residence: No. 1527 Eden St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles W Richards

6. DATE OF BIRTH (month, day, year) Sept 28-1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	84	4	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " "

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME — Rupp

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Elizabeth Rousseau

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Newton Lee

(Address) 1527 Eden St

18. BURIAL, CREMATION, OR REMOVAL

Place Cumberland Md Date Feb 8 1939

19. UNDERTAKER Edw C Upton

(Address) Cumberland Md

20. FILED ... 19 ... By ...

FEB 6 1939 Register for Baltimore City

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1939 to Feb 4 1939

I last saw h[illegible] alive on Feb 4 1939 death is said to have occurred on the date stated above, at 12:17 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic poisoning.	2/3/39
Other contributory causes of importance:	
Cerebral softening.	?
Hypertensive cardio vascular	
Renal disease	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm N. McFaydr, M. D.

(Address) 1800 N. Charles St.

M. D. B. 1268-9

54787

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54787

CERTIFICATE OF DEATH

93 C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2904 Huntingdon Ave St., 12-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rose T. Kleinfelter

(a) Residence: No. 2904 Huntingdon Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James G. Kleinfelter

6. DATE OF BIRTH (month, day, year) July 20 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Jos. W. Schmaing

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dorthy Pawlander

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT James T. Kleinfelter

(Address) 2904 Huntingdon

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Feb 8 1939

19. UNDERTAKER Margaret G. Flynn

(Address) 1522 Light St

20. FILED FEB 6 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from July, 1936 to Feb 5, 1939

I last saw her alive on Feb 5, 1939. Death is said to have occurred on the date stated above, at 7:48 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Arteriosclerotic-Cardio vascular disease	
Myocardial degeneration	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. Weiss, Md. M. D.

(Address) 2902 Huntingdon Ave

54788 HEALTH DEPARTMENT—CITY OF BALTIMORE F 54788

CERTIFICATE OF DEATH

11-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3118 N. Calvert St. 12-X Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James T. Keenan
If U. S. Veteran specify WAR
(a) Residence: No. 3118 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6a. If married, widowed, or divorced HUSBAND of (or WIFE of) Agnes P. Keenan

6. DATE OF BIRTH (month, day, year) May 18, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	8	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pharmacist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drug business
10. Date deceased last worked at this occupation (month and year) 1928
11. Total time (yrs.) spent in this occupation 39
12. BIRTHPLACE (city or town) (State or country) Baltimore Md
13. NAME Daniel Keenan
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME Katherine Turner
16. BIRTHPLACE (city or town) (State or country) Balto Co Md
17. INFORMANT Agnes C. Keenan
(Address) 3118 N Calvert
18. BURIAL, CREMATION, OR REMOVAL Place Cath Cem Date 2/7/39
19. UNDERTAKER Chas. E. Sauerhoefer Inc
(Address) 11 W. Madison Ave
20. FILED 2-7-1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 31 1939 to Feb 4 1939
I last saw h[illegible] alive on Feb 2 1939 Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1930
Lc	
Other contributory causes of importance: La Grippe	1939

Was an operation performed? No Date of
For what disease or injury?
Name of operation None
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard L. Esslinger M. D.
(Address) 1514 E. Baltimore St Balto. Md

54789 F 54789

HEALTH DEPARTMENT—CITY OF BALTIMORE #40130

CERTIFICATE OF DEATH

72-a SF

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth 52 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Kenny

(a) Residence: No. 1045 Ridgely St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS:

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married (sep.)

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Esther Kenny

6. DATE OF BIRTH (month, day, year) 9/24/1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
67	67	4	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. marble polisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 07 b

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME John Kenny

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Sarah Kenny

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Cathedral Cem. Date 2-7 1939

19. UNDERTAKER Albert L. Feldstein

(Address) 1106 N. Chester Street

FILED 1939 Huntington Pittsburgh

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/3/39, 19

22. I HEREBY CERTIFY, That I attended deceased from December 20, 1938, to February 3, 1939

I last saw him alive on February 3, 1939. Death is said to have occurred on the date stated above, at 12 noon m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute lymphoid leukemia	Oct. 1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. DeSantelle M. D.

(Address) Baltimore City Hospitals

54790 F 54790

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No. 15-13

CITY OF BALTIMORE: (No. Maryland General Hospital St. / Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Anderson F. Horner

If U. S. Veteran specify WAR

(a) Residence: No. 2409 Oswego Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marietta Z. Horner

6. DATE OF BIRTH (month, day, year) Sept. 21 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	4	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Broker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Food Products

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Trenton N.J.

13. NAME Lafayette Horner

14. BIRTHPLACE (city or town) (State or country) N.J.

15. MAIDEN NAME ? Carter

16. BIRTHPLACE (city or town) (State or country) N.J.

17. INFORMANT Mrs. Helen H. Young

(Address) 2409 Oswego Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Feb. 7 1939

19. UNDERTAKER William J. Tickner & Sons

(Address) North & Pennsylvania Aves

20. FILED 2-7-1939 19 Planning for Withdrawal

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10 1939 to Feb. 4 1939

I last saw him alive on Feb 4 1939 Death is said to have occurred on the date stated above, at 10 25 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Advanced Myocarditis	1938
Possible Senile Psychosis	
Chr. Bronchitis	?
Other contributory causes of importance:	
Terminal Hypostatic	4 days
Pneumonia	2 yrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis T. Jamuszeski M. D.

(Address) Maryland Gen. Hosp.

4791 ✓ F 54791

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Western Cemetery St., 8-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William C. Hidey, If U. S. Veteran specify WAR

(a) Residence: No. 1908 N. Wolfe Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie L. Hidey

6. DATE OF BIRTH (month, day, year) Dec. 4, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cemetery Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0681

10. Date deceased last worked at this occupation (month and year) Feb. 4, 1939

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

MOTHER FATHER

13. NAME Christopher Hidey

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

15. MAIDEN NAME Eliza J. Jones

16. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

17. INFORMANT Mrs. Ruth Renner,
(Address) 1748 E. North Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date Feb. 8, 1939

19. UNDERTAKER Frederick Lazenby & Son
(Address) 7401 Belair Road

20. FILED Huntington Williams, M.D.
2-6-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 5th, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	2/5
Other contributory causes of importance:	

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) M. J. Keane, M. D.
Coroner

(Address) 1822 W. Baltimore St.,

F 54792

54792

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1627 W Pratt St. 19-4 Ward)

Length of residence in city or town where death occurred 72 yrs. 1 mos. 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Charles P. March Sr.

(a) Residence: No. 1627 W. Pratt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Ma	Wh.	Widowed.

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret March.

6. DATE OF BIRTH (month, day, year) Nov 16th 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	1	18.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. Postman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foreman (City)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Phillip March

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Caroline Hillier

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Chas P. March Jr.
(Address) 726 Lennox St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem. Date Feb. 8th 1939

19. UNDERTAKER E. Schlosman & Son
(Address) 1039 Hanover ste.

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by ... Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage (Apoplexy) — Date of onset 2/4.

Other contributory causes of importance:

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ...

(Signed) W. Mauro M. D.
Coroner

(Address) 1822 W Baltimore St

HEALTH DEPARTMENT—CITY OF BALTIMORE

54793 CERTIFICATE OF DEATH F 54793

92-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Goebel

If U. S. Veteran specify WAR

(a) Residence: No. 21 Ridgeway Rd. Catonsville, Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helene Klinzmeier Goebel

7. DATE OF BIRTH (month, day, year) Dec. 31, 1880

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	1	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief Engineer 30

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Crown Cork & Seal Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Ralph Goebel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Rosalie Grunow

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Helene Goebel

(Address) Ridgeway Rd Catonsville

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Pk Date 2/7/39

19. UNDERTAKER Harry H. Nuttle

(Address) 4101 Edmondson Av

FILED 1939 Hartigan Will Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1939 to Feb 4, 1939

I last saw him alive on Feb 4, 1939 Death is said to have occurred on the date stated above, at 9 05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. aortic stenosis and insufficiency	Apx. 1936
b. myocarditis	Apx. 1936
Other contributory causes of importance: uremia	Feb 1939

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Partial

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. A. Mason Kurtz M.D., M. D.

(Address) Union Memorial Hosp

K 3961

54794

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 F 54794

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Pronounced dead at Md. Gen. Hospital St., Ward) (If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME W. Frank J. Doyle. If U. S. Veteran specify WAR

(a) Residence: No. 1327 West Royal St., East Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: "

6. DATE OF BIRTH (month, day, year): Sept 25 1879

7. AGE: Years 59 | Months 4 | Days 9 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 50

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Salem N.J.

FATHER

13. NAME: John J. Doyle

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Mary McDonnell

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Nellie Doyle 1327 West Royal ave

18. BURIAL, CREMATION, OR REMOVAL: Salem N.J. Date Feb 8 1937

19. UNDERTAKER (Address): Wm. J. Turner & Sons 1315 Eutaw St.

20. FEB 6 1937 Huntington Williams, M.D.

S 8

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 6 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death at 12 30 am. Feb 6 1937

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Valvular Heart lesion.	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O'Rourke, Coroner M. D.

(Address) 1215 Hanover

WARZYNIAK

HEALTH DEPARTMENT—CITY OF BALTIMORE

54795

CERTIFICATE OF DEATH

13 F 54795

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Hommel & Rutland St., 2-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Benjamin Warzyniak

(a) Residence: No. 713 S. Wolfe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

6a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Martha Warzyniak

6. DATE OF BIRTH (month, day, year) Jan 29, 1899

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40	-	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W.P.A.

10. Date deceased last worked at this occupation (month and year) Jan, 1939

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Andrew Warzyniak

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Ethel Warzyniak

(Address) 118 S. Eaton.

18. BURIAL, CREMATION, OR REMOVAL. Place St. Stanislaus Date 2/7 1939

19. UNDERTAKER Sunward & Co. Funeral Dr.

(Address) 21 W. 25th St.

20. FILED ..... 19..... Registrar.

FEB 6 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1939, to Feb. 4, 1939

I last saw h.. alive on Feb 4, 1939 Death is said to have occurred on the date stated above, at 3:55 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Surgical Shock	Feb 3, 1939
Other contributory causes of importance: Bi-lateral renal calculi	

Was an operation performed? Yes Date of Feb 3, 1939

For what disease or injury? Left renal calculus

Name of operation Left Nephrolithotomy

What test confirmed diagnosis? Op. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Elliot Michelson M. D.

(Address) .....

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 54796

82-F 54796

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3017 Frederick Ave. St. 20-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Patrick McDermott

If U. S. Veteran specify WAR

(a) Residence: No. 3017 Frederick Ave., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Bridget T. McDermott

7. DATE OF BIRTH (month, day, year): Oct 6th. 1884.

8. AGE: Years 54 | Months 3 | Days 29 28 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Plumber helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 59

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ireland

13. NAME: Patrick McDermott

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Bridget Edwards

16. BIRTHPLACE (city or town) (State or country): Ireland.

17. INFORMANT: Mrs Bridget McDermott

(Address) # 3017 Frederick Ave.,

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 2 / 7 / 1939

19. UNDERTAKER: John J. Cowan & Son

(Address) Hollins & Poppleton Sts.

20. FEB 6 - 1939 Harrington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Febry 4th. 1939

22. I HEREBY CERTIFY, That I attended deceased from June 29 1939 to Feb 4 1939

I last saw him alive on Feb 4 1939 Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	
Hypertension	indefinite
Other contributory causes of importance:	
Cerebral embolism	1 Day

Was an operation performed? ✓ Date of

For what disease or injury? ✓

Name of operation ✓

What test confirmed diagnosis el & Phy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) J. T. Lynch M. D.

(Address) 3331 Frederick Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54797

CERTIFICATE OF DEATH

93-6 F 54797

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1835 Eagle St. 14-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Laura E. Keller

If U. S. Veteran specify WAR

(a) Residence: No. 1835 Eagle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of late James R. Keller

7. DATE OF BIRTH (month, day, year) Unknown 1863

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick, Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Fredreick, Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Frederick, Md.

17. INFORMANT Mr John F. Yinger (Son
(Address) # 1835 Eagle Street

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem Date Feb 7th 1939

19. UNDERTAKER John J. Cowan & Son
(Address) Hollins & Poppleton Sts

20. FILED Feb 8 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4th., 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1939 to Feb 4, 1939.

I last saw her alive on Feb 4, 1939. Death is said to have occurred on the date stated above, at 8 P. a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance: Senility	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert Kennard, M. D.

(Address) 1934 W Lexington Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 54798 — 94-a F 54798

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 1101 OSTEND St. 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. 7 mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME ANNIE R HELLMAN — If U. S. Veteran specify WAR

(a) Residence: No. 1101 OSTEND St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of HENRY H. HELLMAN

6. DATE OF BIRTH (month, day, year) JUNE 25 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	7	11 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MD

MOTHER FATHER

13. NAME THOMAS LEO HIGGINS

14. BIRTHPLACE (city or town) (State or country) IRELAND

15. MAIDEN NAME CATHERINE BURNS

16. BIRTHPLACE (city or town) (State or country) IRELAND

17. INFORMANT HENRY H. HELLMAN (Address) 1101 W OSTEND ST.

18. BURIAL, CREMATION, OR REMOVAL Place CATHEDRAL Date FEB. 8 1939

19. UNDERTAKER BERNARD C. HARLE (Address) 121 E WEST ST.

FEB 6 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEBRUARY 5th 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 3 1939 to Feb 5 1939

I last saw her alive on Feb 5 1939 Death is said to have occurred on the date stated above, at 2.10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	1/4/39
Other contributory causes of importance: arterial Sclerosis	1/6/39

Was an operation performed? no Date of

For what disease or injury? no

Name of operation none

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard Bruns M. D.

(Address) 1 W Mt Royal Blvd

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54799

CERTIFICATE OF DEATH

93-C F 54799

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2339 Edmondson Ave. St. 20-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sadie W. Brown,

If U. S. Veteran specify WAR .....

(a) Residence: No. 2339 Edmondson Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Charles R. Brown,

6. DATE OF BIRTH (month, day, year) July 17. 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	6	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Smithville
(State or country) Kent Co. Md.

13. NAME William K. Copper,

14. BIRTHPLACE (city or town) Smithville
(State or country) Kent Co. Md.

15. MAIDEN NAME Sarah Watts,

16. BIRTHPLACE (city or town) Worton
(State or country) Kent Co. Md.

17. INFORMANT Miss Mary E. Brown,
(Address) 2339 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date FEB 7 1939

19. UNDERTAKER Scott Little
(Address) 2700 Edmondson Ave.

20. FILED FEB 8 1939 Hugh [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 4 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1933 to Feb 4 1939

I last saw him alive on Feb 4 1939. Death is said to have occurred on the date stated above, at 5-30 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1933
Hypertension	1933

Other contributory causes of importance: None

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None clinical

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. Eugene Covington M. D.

(Address) Medical Arts Bldg. Baltimore

54800

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

F 54800

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2932 E. Monument St. 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Anna Slifka

If U. S. Veteran specify WAR

(a) Residence: No. 2932 E. Monument St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Slifka

DATE OF BIRTH (month, day, year) June 14 1848

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	90	7	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

13. NAME Joseph Slifka

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Hoffman

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mary Lubinski (Address) 2932 E. Monument St.

18. BURIAL, CREMATION, OR REMOVAL Place Abbington Md. Date Feb. 8, 1939

19. UNDERTAKER Frank Leach & Son (Address) 1901 Ashland Ave.

FEB 6 - 1939 Huntington Williams Undertaker

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 39 to Feb 5 39

I last saw her alive on Feb 5 39. Death is said to have occurred on the date stated above, at 11.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/20/39
Other contributory causes of Pneumonia etc: Arterio Sclerosis	1929

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) William P. Bauer M. D.

(Address) 801 Fulton Ave

Spec. 6-9-10 H. P. Co.—1000 Bks.

54801 F 54801

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. √ + 93-C

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1732 N. Monroe St ST. 15 WARD)

2-FULL NAME Julia A. Beall

(a) RESIDENCE (No.) 1732 N. Monroe St ST., 15 WARD Rocks, Harford Co. Md.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4V ds. How long in U. S., if of foreign birth? yrs. mos. 36

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur Beall

6 DATE OF BIRTH (month, day, and year) Apr 24 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
80	79	9	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Penna.

PARENTS

10 NAME OF FATHER John Martin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

14 Informant Samuel Pyle (Address) Street Md

15 Filed 7-1939, 19 H. Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/7/39. 19

17 I HEREBY CERTIFY, That I attended deceased from Jan 7 39 to Feb 7 39

that I last saw h[illegible] alive on Feb 6 39

and that death occurred, on the date stated above, at 9 V. 25 a.m.

The CAUSE OF DEATH was as follows: Chronic Myocarditis

(duration) Many Yrs.

CONTRIBUTORY (Secondary) Cystitis (duration) yrs. mos. V ds.

18 Where was disease contracted if not at place of death? V

Did an operation precede death? V Date of V

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) H. Mary C. Hoagland M. D.

19 (Address) 1937 W. Mulberry

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys - Pylesville Md

DATE OF BURIAL Feb 9 39

20 UNDERTAKER E. B. Kenny & Son

ADDRESS Jarrettsville Md.

1802
358019

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54802

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Registered No. .....

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Doris Voight Beaumont

If U. S. Veteran specify WAR .....

(a) Residence: No. 2614 Union ave St., ... Ward. Wesleyville Pa

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William

6. DATE OF BIRTH (month, day, year): 4-30-12

7. AGE — Years: 26 — Months: 9 — Days: 6 — If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): N. Y.

13. NAME: Fred Bengel

14. BIRTHPLACE (city or town) (State or country): N. Y.

15. MAIDEN NAME: Grace Von Karff

16. BIRTHPLACE (city or town) (State or country): N. Y.

17. INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Erie Penn Date Feb 7, 1939

19. UNDERTAKER: John T. Mitchell

(Address) 1900 Eutaw Pl.

FILED Feb 8 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1939 to Feb 6, 1939

I last saw her alive on Feb 6, 1939. Death is said to have occurred on the date stated above, at ..... P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis meningitis	
Pulmonary tuberculosis	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation —

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Samuel B. Pickrell M. D.

(Address) Johns Hopkins Hosp.

54803 HEALTH DEPARTMENT—CITY OF BALTIMORE F 54803

CERTIFICATE OF DEATH

53-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Henry Brown

If U. S. Veteran specify WAR ...

(a) Residence: No. 197 Prince George St., Ward. Annapolis Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or WIFE of) Frances C. Brown.

7. DATE OF BIRTH (month, day, year) Feb. 15 1897

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
41	11	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber 059

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Annapolis Md.

10. Date deceased last worked at this occupation (month and year) June 1938

11. Total time (years) spent in this occupation 23 yr.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Travis T. Brown.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Catherine Naumann.

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT P.W. Nelson.

(Address) 4010 Edmondson Ave. Baltimore

18. BURIAL, CREMATION, OR REMOVAL (Cemetery) Loudon Park Date Feb. 8, 1939

19. UNDERTAKER Chas. Grossman

(Address) 1003 W. Baltimore St.

20. FILED Feb 8 1939 Registrar. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 6th, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 31, 1939, to February 6, 1939.

I last saw him alive on February 6th, 1939. Death is said to have occurred on the date stated above, at 2:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor	Dec 1938
Other contributory causes of importance:	

Was an operation performed? Yes Date of Feb 4, 1939

For what disease or injury? Brain tumor

Name of operation Craniotomy

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. Gardner Jr. M. D.

(Address) University Hospital

4804 **HEALTH DEPARTMENT—CITY OF BALTIMORE** № 54804

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secour Hospital St., 12-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Nellie Barber

If U. S. Veteran specify WAR

(a) Residence: No. 2449 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

6a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of: Harvey R Barber

6b. DATE OF BIRTH (month, day, year): Jan 20th 1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
56	56	0	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Ohio

13. NAME: Thomas Gilbert

14. BIRTHPLACE (city or town) (State or country): Ohio

15. MAIDEN NAME: Sarah Ann Gill

16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMANT: Harvey R. Barber
(Address) 2449 N. Calvert St

18. BURIAL, CREMATION, OR REMOVAL
Place: Chicago Ill Date: Feb 7th 1939

19. UNDERTAKER: Wm Cook
(Address) 1217 St Paul St

20. FILED: Feb 7th 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 22, 1938 to Feb 6, 1939

Last saw h[illegible] alive on Feb 6, 1939 Death is said to have occurred on the date stated above, at 10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pleurisy & effusion and fibrous metapneumony of liver	Dec 1-38
Other contributory causes of importance: Cirrhosis of liver	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Leo H. Brouillet M. D.

(Address) Bon Secour Hosp

4805 CERTIFICATE CORRECTED 3-19-51 54805

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

/108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 604 Wyanoke Ave (St.) 9-1 (Ward)

Length of residence in city or town where death occurred 43 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Charlie D. Shirkey

(a) Residence: No. 604 (Usual place of abode) Wyanoke St., ... Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Male	White	Widowed

6. If ~~married~~, widowed, HUSBAND of ~~(or WIFE of)~~ Sallie A. Shirkey

DATE OF BIRTH (month, day, year) April 8th 1861

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	9	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Charlton Shirkey

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Mary S. Keyser

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT M. Josephine Powell

(Address) 604 Wyanoke Ave

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date Feb 7th 1939

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5th 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1939 to Feb 6 1939

I last saw him alive on Feb 4, 1939 Death is said to have occurred on the date stated above, at 1130 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Pneumonia	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Wound Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Fred B Jarrett M. D.

(Address) 2546 Penna Ave

54806 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54806

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH Little Sisters of the Poor — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1200 Valley St., 10-1 Ward)

Length of residence in city or town where death occurred 77 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma Hawkhurst (HAWKHURST) — If U. S. Veteran specify WAR .....

(a) Residence: No. 1200 Valley St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elmer Hawkhurst

7. DATE OF BIRTH (month, day, year) April 25, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	7	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self do

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME William Forsyth

14. BIRTHPLACE (city or town) (State or country) U.S.A.

15. MAIDEN NAME Sarah Owings

16. BIRTHPLACE (city or town) (State or country) U.S.A.

17. INFORMANT Little Sisters of the Poor
(Address) 1200 Valley St. Baltimore

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Feb 8th 1939

19. UNDERTAKER Wm Cook
(Address) 1217 E. Paul St

20. FILED Feb 8 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 Feb 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 3 1939 to Feb 6 1939

I last saw her alive on Feb 6 1939 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	4 D.
Other contributory causes of importance: Pleurisy with Chronic endocarditis	4 Ds. ?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. M. Carter, M. D.

(Address) 1114 Harford Ave

2-7-1939

54807 HEALTH DEPARTMENT—CITY OF BALTIMORE F 54807

CERTIFICATE OF DEATH 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3102 Chesley Ave. St. 15-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Clara Virginia Hafner

If U. S. Veteran specify WAR

(a) Residence: No. 1911 N. Payson St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) January 4 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Frederick Md.

FATHER

13. NAME Julius Hafner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Henrietta Wardleber

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Nettie Hafner

(Address) 3102 Chesley Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb 7th 1939

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Huntington Hollifield, M.D. Registrar.

Feb 7 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 5, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	

Other contributory causes of importance: None

Was an operation performed? No Date of

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Paul Schenken Coroner, M. D.

(Address) Coroner

54808 HEALTH DEPARTMENT—CITY OF BALTIMORE FE 54808

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3436 Cardenas Ave. St., 8-1 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran — specify WAR .....

2. FULL NAME Robert M. Kingsbury

(a) Residence: No. 3436 Cardenas Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Alice E. Kingsbury

6. DATE OF BIRTH (month, day, year) November 3 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~Printer~~ Ad Agency

10. Date deceased last worked at this occupation (month and year) 2/39

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Ely Kingsbury

14. BIRTHPLACE (city or town) (State or country) N. Y. C

MOTHER

15. MAIDEN NAME Amanda Yonkers

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Alice E. Kingsbury
(Address) 3436 Cardenas Ave

18. BURIAL, CREMATION, OR REMOVAL
Place St. Marys - Hampden Date Feb 9 1939

19. UNDERTAKER Wm Cook
(Address) 217 St. Paul St

20. FILED ..... 19 ..... Registrar

Huntington Pittsville, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 6, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~Inquest~~ Autopsy thereon and from the evidence obtained by said ~~Inquest~~ Autopsy find that said deceased came to ~~his~~ death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schenken Coroner, M. D.

(Address) Cam

54809 HEALTH DEPARTMENT—CITY OF BALTIMORE F 54809

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4912 Grindon Ave. St. 27-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Margaret F. Fowler

(a) Residence: No. 4912 Grindon Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of David S. L. Fowler

6. DATE OF BIRTH (month, day, year) Jan. 21, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	10	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.,
(State or country) Md.

13. NAME John Schafer

14. BIRTHPLACE (city or town) Unknown
(State or country) Germany

15. MAIDEN NAME ---- Mun

16. BIRTHPLACE (city or town) Unknown
(State or country) Germany

17. INFORMANT Mr. John P. Fowler,
(Address) 6208 Wishahickon, Phila.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Feb. 8 1939

19. UNDERTAKER Frederick Lancaster Sons
(Address) 7401 Belair Road

20. FILED 19 Registrar.

FEB 7 - 1939 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 1-39, 1939, to Feb 6-39, 1939

I last saw her alive on Feb 0-39, 1939. Death is said to have occurred on the date stated above, at 4 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	2-1-39
	own
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A. L. Gordy M. D.

(Address) 5106 Harford Road

E 54810

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1579

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Daniel Magsamen

(a) Residence: No. Raspeburg St., ... Ward. md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	—

a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 10th 1931

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	7	8	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto City Md.

13. NAME George Magsamen

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME Olivie Sappington

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Morland Date Feb. 8th 1939

19. UNDERTAKER Fuchs Lansburgh & Son
(Address) 7 Yes, Belair Rd.

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 3 1939 to Feb 5 1939

I last saw him alive on Feb 5 1939. Death is said to have occurred on the date stated above, at 2 40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital malformation of brain	
Other contributory causes of importance: Otitis media,	2-3-39

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did Injury occur? ...
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) ...

37-1939 Huntington Williams, M.D.

54811 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54811

CERTIFICATE OF DEATH

✓ 127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Infirmary St. 13-6 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Richard Henry Thomas

If U. S. Veteran specify WAR NONE

(a) Residence: No. 3348 Gilman Terrace St., ... Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Bertha Thomas

DATE OF BIRTH (month, day, year) Feb. 18, 1881

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	11	17	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Standard Shipping Co
10. Date deceased last worked at this occupation (month and year) Jan 29/39
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Darlington Maryland

13. NAME Charles Thomas

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Rebecca Edge

16. BIRTHPLACE (city or town) (State or country) Coatesville Penna

17. INFORMANT Mr. R. H. Thomas Jr. (Son)
(Address) Convent N.J.

18. BURIAL, CREMATION, OR REMOVAL
Place Darlington Md. Date Feb 7/39

19. UNDERTAKER (W. F. WOODER SUC.) 108 W. NORTH AVENUE
(Address)

20. FILED Feb 7 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4 1939

22. I HEREBY CERTIFY, That I attended deceased from January 29, 1939, to Feb. 4, 1939.
I last saw him alive on Feb 4, 1939. Death is said to have occurred on the date stated above, at 11.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Broncho, Post-Op	2-1-'39
Coronary Occlusion	2-29-39

Other contributory causes of importance:

Cholecystitis,	1-29-'39

Was an operation performed? Yes Date of Jan. 29, 1939
For what disease or injury? Cholecystitis,
Name of operation Cholecystectomy. Appendectomy.
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...
(Signed) Wesley J. Keetz M. D.
(Address) The Church Home & Inf.

54812 F 54812

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hospital (Ward) 3
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 12 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alice F Brown
If U. S. Veteran specify WAR .....
(a) Residence: No. 2228 Eltong St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR or RACE: Col
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John Brown
6. DATE OF BIRTH (month, day, year): 10-23-1911
7. AGE: Years 27 | Months 3 | Days 11 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto md

FATHER
13. NAME: Joseph Cross
14. BIRTHPLACE (city or town) (State or country): Harrisburg Penna

MOTHER
15. MAIDEN NAME: Mary Ellen Jeffers
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Arlene Brown 2228 Eltong St

18. BURIAL, CREMATION, OR REMOVAL: Place Westminster Md Date 2/7 '39

19. UNDERTAKER: Williams & Jackson
(Address) 916 Pennsylvania Ave

20. FILED ..... 19 ..... Registrar

8-7-1939 3/C

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 4, 19 39

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Feb 1 1939

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Geo L Allen M. D. Coroner
(Address) 509 Fairmount Ave

4813 F 54813

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital (21-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Theodore R. Mosley

U. S. Veteran (specify WAR)

(a) Residence: No. 1120 Russell St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 15, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Jackson Mosley

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Martha Bolar

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Martha Mosley

(Address) 1306 W. Lombard

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 2-7-39

19. UNDERTAKER James A. Stamps

(Address) 142 Wost Fayette St

20. FILED 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 4, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest and that said deceased came (Inquest, Autopsy or Inquiry) His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date Feb. 3, 1939

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Crossing Sharp St at Camden St

Nature of injury struck by Auto.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ... M. D.

(Address) ... Coroner

B7-1555

54814

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 54814

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

Registered No.....

CITY OF BALTIMORE: (No. 1807 Division St. 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Franklin

If U. S. Veteran specify WAR .....

(a) Residence: No. 1807 Division St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

7. DATE OF BIRTH (month, day, year) 1/7, 1868

8. AGE: Years 70 | Months 2 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) City MD

13. NAME OF FATHER James Franklin

14. BIRTHPLACE (city or town) (State or country) MD

15. MAIDEN NAME OF MOTHER Mary Smith

16. BIRTHPLACE (city or town) (State or country) MD

17. INFORMANT Son Franklin

(Address) 807 Division

18. BURIAL, CREMATION OR REMOVAL

Place Mt. Auburn Cem. Date Feb-5 1929

19. UNDERTAKER Mrs Frances A. Humphry

(Address) 575 W. Biddle St

20. FILED Feb 19, 29 Thomas H. Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/4/29 19

22. I HEREBY CERTIFY, That I attended deceased from 1/27/29, 19..., to 2/4/29, 19...

I last saw her alive on 2/4/29, 19... Death is said to have occurred on the date stated above, at 7:10 P.M.

The principal cause of death and related causes of importance were as follows:

Bursting pain in head 3 hrs

Coma 1 day

Other contributory causes of importance:

Hypertension 25 yrs

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

20. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert Elliott, M. D.

(Address) 324 Mad Ave

F 54815 HEALTH DEPARTMENT—CITY OF BALTIMORE F 54815

Beverly

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1610 Druid Hill Ave St. [illegible] Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Beverly

If U. S. Veteran specify WAR

(a) Residence: No. 1610 Druid Hill Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Not known

6. DATE OF BIRTH (month, day, year) Dec 10 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

MOTHER FATHER

13. NAME James Beverly

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Sarah Madison

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Emma Beverly

(Address) 1610 Druid Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Feb 8 1939

19. UNDERTAKER Mrs. Frances A. Hensley

(Address) 579 N. Bradford

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/5, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1/1, 1939, to 2/5, 1939

I last saw him alive on 1/29, 1939. Death is said to have occurred on the date stated above, at 4:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. Rustig, M. D.

(Address) 2134 [illegible]

37-1939

F 54816 HEALTH DEPARTMENT—CITY OF BALTIMORE F 54816

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 822 N. Carrollton Av St. 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Taylor

If U. S. Veteran specify WAR

(a) Residence: No. Aged Men's Home St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Ada Taylor

6. DATE OF BIRTH (month, day, year): July 13 1868

7. AGE: Years 70; Months 6; Days 21; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

13. NAME: James A. Taylor

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Mary Murray

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Aged Home
(Address) 822 Carrollton Av.

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Auburn Cem. Date: Feb. 7, 1939

19. UNDERTAKER: Mrs Frances A. Hemsley
(Address) 575 W. Baltimore St.

20. FILED, 19..... Hunting Tom Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1939, to Feb 4, 1939.

I last saw him alive on Feb 4, 1939. Death is said to have occurred on the date stated above, at 6:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	?
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edw. J. Wheatley, M. D.

(Address) 1230 Druid Hill Av

B7-1939

F 54817

54817 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 400 Whitridge Ave 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Gunning

If U.S Veteran specify WAR

(a) Residence: No. 400 Whitridge Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Gunning

6. DATE OF BIRTH (month, day, year) Sept 4 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	5	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) Nov 1938

11. Total time (years) spent in this occupation 49 yrs

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Michael Ellis

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Bridget Gordon

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Joseph Gunning (Son)

(Address) 400 Whitridge Ave

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Cathedral Cem Date Feb 8, 1939

19. UNDERTAKER Elmer W. Conklin

(Address) 924 E. Eager St.

20. FILED Feb 7 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5th 1939

22. I HEREBY CERTIFY, That I attended deceased from January 21, 1939 to February 5 1939

I last saw her alive on February 5 1939. Death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia — Date of onset 1/21/39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Thos Montgomery MD M. D.

(Address) 401 E. 25th St.

54818 F 54818

HEALTH DEPARTMENT—CITY OF BALTIMORE

41346-FS

CERTIFICATE OF DEATH

95-B

Registered No.....

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St., 13-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds. life

If U. S. Veteran specify WAR .....

2. FULL NAME Jane Thomas

(a) Residence: No. 3351 Chestnut Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph

7. DATE OF BIRTH (month, day, year) 9-5-1893

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	45	5	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Md.
(State or country)

13. NAME Francis Burke

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Jennie Porter

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Lorraine Cem. Date Feb 9. 1939

19. UNDERTAKER Thanhouser Co.

(Address) 3615-17 Chestnut Ave.

20. FILED ..... 19.... Registrar.

FEB 7 - 1939 Hunter & Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 6. 1939

22. I HEREBY CERTIFY, That I attended deceased from January 27. 1939 to February 6. 1939

I last saw her alive on February 6 1939 Death is said to have occurred on the date stated above, at 5:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. De Sanctis M. D.

(Address) Baltimore City Hospitals

54819 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 54819

CERTIFICATE OF DEATH

X 46-E

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Maryland — Registered No.

CITY OF BALTIMORE: (No. ... St., 13-L Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. 5 mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harold Brandon Shipley — If U. S. Veteran specify WAR ...

(a) Residence: No. 3361 Beech Ave St., ... Ward. Jessups, Maryland
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ena ~~Baker~~ Shipley

7. DATE OF BIRTH (month, day, year) April 23, 1888

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Guard-House of Correction

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S.

10. Date deceased last worked at this occupation (month and year) Sept. 7, 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

13. NAME Charles L. Shipley

14. BIRTHPLACE (city or town) (State or country) Carroll County Maryland

15. MAIDEN NAME Wilhelmina Powble

16. BIRTHPLACE (city or town) (State or country) Baltimore, County Maryland

17. INFORMANT Mrs Emma L. Shipley, (Address) 3361 Beech. Ave

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore National Cemetery Date Feb 7, 1939

19. UNDERTAKER Howard K. Bishop Jr (Address) 4914 Belair Road

20. FILED ... 19... Registrar. Huntington Hitchcock, M.D.

2-7-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 5, , 19 39

22. I HEREBY CERTIFY, That I attended deceased from October 19, , 1938, to February 5, , 1939

I last saw him alive on February 5, , 19 39. Death is said to have occurred on the date stated above, at 9:48a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, adeno, gall bladder	Unknown
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. H. Bryant, M. D.

(Address) U. S. Marine Hospital, Baltimore, Maryland.

F 54820 HEALTH DEPARTMENT—CITY OF BALTIMORE F 54820

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 Parkin St. 18-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Adolph Hanebe

If U. S. Veteran specify WAR

(a) Residence: No. 108 Parkin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) November 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69 70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Adolph Hanebe

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Minnie Klitzel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Chas F Conway & Son (Address) 901 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date 2/7/ 1939

19. UNDERTAKER Chas F Conway & Son (Address) 901 Eastern Ave

20. FILED FEB 7 1939 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/3/ 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Coma	12 hrs.
Fatty Cardio - Respiratory Failure	
Other contributory causes of importance: Diabetes	yrs.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical history Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A. Hranek M. D.

Coroner

(Address) 2360 Eastern Ave

Bennie Johnson

54821 HEALTH DEPARTMENT—CITY OF BALTIMORE 54821

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bennie Johnson If U. S. Veteran specify WAR .....

(a) Residence: No. 934 McElderry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M | 4. Color or Race Col. | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edna Johnson

6. DATE OF BIRTH (month, day, year) Sept 5 - 1912

7. AGE Years 26 | Months 4 | Days 30 | If LESS than 1 day, hrs. or min. 29

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Smithfield Va

FATHER

13. NAME James Johnson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Perla Johnson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Edna Johnson
(Address) 934 McElderry St

18. BURIAL, CREMATION, OR REMOVAL
Place Smithfield Va Date 2-7 1939

19. UNDERTAKER Jno R. Co Elliott-Dir
(Address) 1299 E. Baltimore St

FEB 7 - 1939

Huntington Williams M.D.

S. C. L.

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4 39

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	Feb 2 1939

Other contributory causes of importance:

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Post Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Geo W. Wisner I Coroner M. D.

(Address) 509 Wisner

54822 **HEALTH DEPARTMENT—CITY OF BALTIMORE** J-54822

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

Registered No.....

CITY OF BALTIMORE: (No. 1810 Walbrook Ave St., 15-H Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. 7 mos. 18 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Emma Amelia Houck

If U. S. Veteran specify WAR .....

(a) Residence: No. 1810 Walbrook Ave, St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George E. Houck

6. DATE OF BIRTH (month, day, year) June 18-1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	7	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month, day, year) 2/5/39

11. Total time (years) spent in this occupation 39

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Abraham Hausdorfer

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Pauline Hausman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Geo. E. Houck

(Address) 1810 Walbrook Av.

18. BURIAL, CREMATION, OR REMOVAL.

Place Woodlawn Cemetery Feb 7th 1939

19. UNDERTAKER R. B. Mayshall

(Address) 1539 Edmondson Ave

20. FILED ... 19... Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Febry. 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from Febry. 4, 1939 to Febry. 5 1939

I last saw h... alive on Feb 5, 1939 Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1/30/39
Ac. Myocarditis	1935

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify —

(Signed) Paul Brown M. D.

(Address) 1663 North Ave.

54823 F 54823

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 348 N. Bentalou St. 20-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

Is U. S. Veteran specify WAR .....

2. FULL NAME Henry Lindenbaum

(a) Residence: No. 348 N. Bentalou St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Mrs Estate

7. DATE OF BIRTH (month, day, year) 1840

8. AGE: Years 99 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Isaac

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Martha

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mary Katz (Address) 348 N. Bentalou

BURIAL, CREMATION, OR REMOVAL Mt. Wilson Lawn Feb 2-7- 1939

18. UNDERTAKER Jack Levy Inc (Address) 1739 E. Baltimore St

19. FILED Feb 7 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-6-39. 19

22. I HEREBY CERTIFY, That I attended deceased from June 1938 to 2-6 1939

I last saw him alive on 2-6 1939. Death is said to have occurred on the date stated above, at 3.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	2/6/39
Hypertension	
Chr nephritis.	
arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Course Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Preston B Kirk M. D.

(Address) 7904 Reisterstown Rd

Spec.—9 30—A. & Co.—250 Bks.

F 54824

HEALTH DEPARTMENT—CITY OF BALTIMORE

54824

CERTIFICATE OF DEATH.

95-B

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 6111 York Road ST. 27-8 WARD)

2. FULL NAME Martha Polley

(a) RESIDENCE NO. 6111 York Road ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos ds. How long in U. S., if of foreign birth? 55 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of James R. Polley

6 DATE OF BIRTH (month, day, and year) Aug 26 1862

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
76	5	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Emanuel Zukoff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER — Reamer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mrs Anna L. Jones 6111 York Rd

15 Filed ..... 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Febry 5th 39.

17

I HEREBY CERTIFY, That I attended deceased from October 17th, 1935, to Febry 5th, 1939

that I last saw h— alive on January 15th, 1939

and that death occurred, on the date stated above, at 9 30 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic Heart disease

(duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary) Coronary occlusion

(duration) yrs. mos. ds. terminal

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? Physical signs

(Signed) A.S. Chalfant M. D.

Feb 5th, 1939 (Address) 6210 York Road

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakwood Lawn

DATE OF BURIAL 2/9/39

20 UNDERTAKER Phillips Herring Sons

ADDRESS 20 Calvert St

54825 [1]

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54825

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2634 Maryland Ave St. 12-7 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Susie Marie Whitney

(a) Residence: No. 2634 Maryland Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alvah G. Whitney

7. DATE OF BIRTH (month, day, year) Nov 23 1871

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	2	14 15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0039

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Catonsville Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT S. Marie Whitney

(Address) 2634 Maryland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date Feb 9 1939

19. UNDERTAKER Harry T. Amacker

(Address) 4204 Ridgewood Ave

20. FILED Huntington Williams, M.D.

FEB 7 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1939, to Feb. 7, 1939

I last saw her alive on Feb. 4, 1939. Death is said to have occurred on the date stated above, at 5:50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Jan. 26
Right side paralysis	

Other contributory causes of importance:

Artery — sclerosis with high pressure

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) J. Wesley Cole, M. D.

(Address) 2202 Garrison Blvd.

per. Jean C. Peterson

54826 F 54826

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hosp for Women S. Md. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Lydia H. Charnock

If U.S. Veteran specify WAR .....

(a) Residence: No. 538 Maude Ave St., Berlin Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Alonza B Charnock

DATE OF BIRTH (month, day, year) April 16, 1893

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45	9	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tangier Va.

13. NAME Andrew Crockett

14. BIRTHPLACE (city or town) (State or country) Tangier Va.

15. MAIDEN NAME Triffie Crockett

16. BIRTHPLACE (city or town) (State or country) Tangier Va.

17. INFORMANT Miss Lena Crockett

(Address) 515 Maude Ave.

18. BURIAL, CREMATION, OR REMOVAL.

Place Parks Cem Tangier Va. Date Feb. 9, 1939

19. UNDERTAKER J. S. Lawson & Son

(Address) Crisfield Md.

FILED ....., 19.... ..... Registrar.

2-7-1939 Hunting for Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1939 to Feb. 6, 1939

I last saw her alive on Feb. 6, 1939 Death is said to have occurred on the date stated above, at 3 00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Renal Disease	
Uremia	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geraldine K. Powell M. D.

(Address) Hosp for Women S Md.

F 54827

54827 HEALTH DEPARTMENT—CITY OF BALTIMORE #40648 SF

CERTIFICATE OF DEATH

95-13

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 96-7 Ward)
1116

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....da. How long in U. S. If of foreign birth?.....yrs.....mos.....da.

If U. S. Veteran specify WAR.....

2. FULL NAME John Frank

(a) Residence: No. 628 S. Lehigh St. St., ...Ward.....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary

7. DATE OF BIRTH (month, day, year) 12/1/1880

8. AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	58	2	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Gustav FRANK

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Eliz. Muly

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place OAKLAWN Date FEB. 7 1939

19. UNDERTAKER Lilly & Zeilenbach
(Address) 404 S. WOLFE ST.

20. FILED ..... 19..... ..... Registrar.

FEB 7 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/4/39 . 19

22. I HEREBY CERTIFY, That I attended deceased from January 5 1939 to Febmary 4 1939
I last saw him alive on Febmary 4 1939. Death is said to have occurred on the date stated above, at 7.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	1937

Other contributory causes of importance:

Was an operation performed? Yes Date of 1-17-39

For what disease or injury? Femoral embolism

Name of operation Amputation of leg

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?.....Date of injury.....19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify.....

(Signed) H. A. De Lautelle M. D.

(Address) Baltimore City Hospitals

F 54828

54828 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 34-C-2-3

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHN HOPKINS HOSP. St. 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME CAPT. MILES THOMAS HUDGINS

(a) Residence: No. 25. S. ELLWOOD AVE St., ...Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ROSE

6. DATE OF BIRTH (month, day, year) APR. 9/ 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
53	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. SEA. CAPT.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ARUNDEL CO

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) MATHEWS VA.

FATHER

13. NAME FILMORE HUDGINS

14. BIRTHPLACE (city or town) (State or country) MATHEWS VA

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) VA.

17. INFORMANT ROSE HUDGINS (WIFE)

(Address) 25 S. ELLWOOD AVE

18. BURIAL, CREMATION, OR REMOVAL

Place OAK LAWN Date FEB. 7. 1939

19. UNDERTAKER Lilly & Zadeck Inc.

(Address) 403 S. CHAPEL ST.

FEB 7 1939 Registrar.

S 6

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) FEB. 4. 1930

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Hemorrhage	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schreiber, M. D.

Coroner

(Address) Coroner

54829

HEALTH DEPARTMENT—CITY OF BALTIMORE

54829

CERTIFICATE OF DEATH

Registered No. 349-23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 6-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. d.

If U. S. Veteran, specify WAR

2. FULL NAME Frederick Kubran (37419)

(a) Residence: No. 2103 ~~Dentey~~ St. Lamley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Florence

DATE OF BIRTH (month, day, year) Sept. 14, 1899

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	4	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Henry

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Amelia Weber

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date 2/9/39 19

19. UNDERTAKER Philip Herwig Sons
(Address) 2016 Callahan st

20. FILED 19 Registrar

FEB 7-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from September 26, 1938 to February 6, 1939

I last saw him alive on February 6, 1939 Death is said to have occurred on the date stated above, at 11:55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	Aug. 1938
Mixed tuberculous empyema	2 wk
Other contributory causes of importance: Diabetes mellitus	2 yrs.

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

54830 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54830

CERTIFICATE OF DEATH

94-3

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 2040 E. Fayette St., 6-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James A. Le Compte

If U. S. Veteran specify WAR .....

(a) Residence: No. 2040 E. Fayette St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret Le Compte

6. DATE OF BIRTH (month, day, year) July 24 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	6	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oyster Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. State Dept

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME James Le Compte

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Mc Mann

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Margaret Le Compte

(Address) 2040 E. Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem. Date 2/9/39 19

19. UNDERTAKER Philip Henry Sons

(Address) 2018 Eastern Ave

20. FILED ... Registrar.

Transfer for Williams, M.P.

2-7-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 23d, 1939 to Feb 5th, 1939

I last saw h... alive on Feb 5th, 1939 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) H. J. Dantist M. D.

(Address) 119 N. Milton Ave

1834 012 / 35

HEALTH DEPARTMENT—CITY OF BALTIMORE 54831

CERTIFICATE OF DEATH

89-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 6-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Melvin Johnson

If U. S. Veteran specify WAR .....

(a) Residence: No. 1732 Orleans St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	-

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of -

7. DATE OF BIRTH (month, day, year) 10-3-38

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4		

OCCUPATION

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Bernard Johnson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Catharine Meyers

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Feb 7 1939

19. UNDERTAKER Robert D. Young

(Address) 804 N. Caroline St.

FILED ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1938 to Feb 3, 1939

I last saw him alive on Feb 3, 1939 Death is said to have occurred on the date stated above, at 9⁴⁰ p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus meningitis	1-25-39
Other contributory causes of importance:	
Otitis media.	

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Wm. C. Stauffer Jr., M. D.

(Address) Johns Hopkins Hosp.

54832 Mont

HEALTH DEPARTMENT—CITY OF BALTIMORE 54832

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1238 W. Gay St. St., 8-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. 6 mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Robert Edward Mount.

If U. S. Veteran specify WAR .....

(a) Residence: No. 1238 W. Gay St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Helen Mount.

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE: Years: about 44 | Months: | Days: | If LESS than 1 day, ... hrs. or ... min.:

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Bethlehem Steel Co

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Bowling Green Va.

13. NAME: Robert Henry Mount

14. BIRTHPLACE (city or town) (State or country): Bowling Green Va.

15. MAIDEN NAME: Julia Latney

16. BIRTHPLACE (city or town) (State or country): Bowling Green Va.

17. INFORMANT: Mrs. Mary Freeman (Sister)

(Address) 2132 E. Hanbelburg St. Steelton Pa.

18. BURIAL, CREMATION, OR REMOVAL: Bowling Green Va. Feb. 7 1939

19. UNDERTAKER: Roberts Funeral

(Address) 501 N. Caroline St.

20. FILED ..... 19..... Registrar.

37-1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1939, to Feb. 5, 1939

I last saw h.. alive on Feb 5 1939 Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Miliary Tuberculosis	?
	coma

Other contributory causes of importance:

Tuberculosis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Wm. L. Lucy M. D.

(Address) 1420 E. Eager St.

F 54833

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54833

CERTIFICATE OF DEATH

Registered No. 94 B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5006 Belair Rd St., 27-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alice V. Hudson

If U. S. Veteran specify WAR .....

(a) Residence: No. 5006 Belair Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles E. Hudson

6. DATE OF BIRTH (month, day, year) Nov. 26-1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Ronalty

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Hoga

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Charles E Hudson

(Address) 5006 Belair Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 2/8, 1939

19. UNDERTAKER Leonard Post

(Address) 1201 Hartford Rd

Huntington Williams, M.D.

Registrar.

FEB 7 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-6-39

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, and that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schenker Coroner, M. D.

(Address) Coroner

4834

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54834

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH Belair Rd & Brendan Ave

CITY OF BALTIMORE: (No. Little Flower St., Emerson Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sister Marylynn Amelia Tango

(a) Residence: No. Little Flower Convent St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 27-1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nun

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Michael J Tango

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Anna D Long

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mother Genevieve. (Address) St Joseph Hospital

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cemetery 2-8-39

19. UNDERTAKER Leonard J Rapp (Address) 5305 Harford Road

FEB 7-1939

Huntington Station, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 6, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schneider Coroner, M. D.

(Address) .....

1835

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54835

CERTIFICATE OF DEATH

51-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 S. Benkert Ave St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 11 mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William K. Duncan.

If U. S. Veteran specify WAR none.

(a) Residence: No. 8 S. Benkert Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed.

6a. If married, widowed or divorced HUSBAND of (or) WIFE of: Lollie E. Duncan.

6. DATE OF BIRTH (month, day, year): March 3 1861

7. AGE: Years 77. Months 11. Days 2. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Stationery Engineer

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Thomas M. Duncan.

14. BIRTHPLACE (city or town) (State or country): Ohio.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown.

17. INFORMANT: Mrs. Gladys W. Holland

(Address) Linthicum Heights Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date Feb. 7- 39

19. UNDERTAKER: Charles J. Schwab.

(Address) 505 N. Monroe St.

20. FILED ..... 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 15 38 to Feb 5 39

I last saw him alive on Feb 3 1939 Death is said to have occurred on the date stated above, at 3:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Prostate	unknown
Myocardial Insufficiency Uraemia	Oct. 1938
Coronary Embolism	Sudden

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical & Microscopical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Eliot W. Johnson M. D.

(Address) 343 E. Fredrick Ave

Huntington Williams, M.D.

836

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54836

CERTIFICATE OF DEATH

91-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1606 Lamman St. 15-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Goldie Butler

(a) Residence: No. 1606 Lamman St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

☐ U. S. Veteran
specify WAR ...

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Married

3a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Furman Butler

6. DATE OF BIRTH (month, day, year): Aug. 2, 1905

7. AGE: 33 Years | 6 Months | 2 Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: Green Mack
14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Sarah Johnson
16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Emma Butler
(Address) 1606 Lamman St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Auburn Date: 2/7 1939

19. UNDERTAKER: Thomas E. Kelson
(Address) 1383 Presstman st

FEB 7 - 1939

Huntington Milligan

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 4, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) found that said deceased came to death on the day stated above at 9:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Endocarditis,	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) A Dan Coroner, M. D.

(Address) 1215 Hanover

54837

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54837

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No.....

CITY OF BALTIMORE: (No. 1707 Aliceanna St St. 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....da. How long in U. S. If of foreign birth? ....yrs. ....mos. ....da.

2. FULL NAME Romauld Siewierski

If U. S. Veteran specify WAR .....

(a) Residence: No. 1707 Aliceanna Street St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of [redacted] Mary Siewierski

7. DATE OF BIRTH (month, day, year) February 7-1870

8. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	11	28	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Wladyslaw Siewierski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Mary Siewierski (Wife)
(Address) 1707 Aliceanna Street

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus. Date Feb. 8th. 39

19. UNDERTAKER George A. Weber
(Address) 705 S. Ann Street

20. FILED ..... 19 ..... Registrar.

F-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb, 5th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 in 39 to Feb 5 39

I last saw h... alive on Feb 5 39. Death is said to have occurred on the date stated above, at 5:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb 5
Other contributory causes of importance: Hypertension	?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Required .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) A. J. Pendergrass M. D.

(Address) 726 S. Broadway

F 54838 HEALTH DEPARTMENT—CITY OF BALTIMORE F 54838

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 16-L Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine Dennis (22253)

If U. S. Veteran specify WAR

(a) Residence: No. 2816 W. Lanvale St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 14, 1911

7. AGE	Years	Months	Days 22	If LESS than 1 day, hrs. or min.
	27	9	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0005

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Leila Crowson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Rockburn Cemetery Date Feb 7, 1939

19. UNDERTAKER John F. Mitchell
(Address) 1900 Eutaw Pl.

20. FILED Registrar

2-7-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1937 to February 6, 1939

I last saw her alive on February 6, 1939. Death is said to have occurred on the date stated above, at 1:30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	Dec. 1928
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. M. Curtis, M. D.

(Address) Balto. City Hospitals

54839 HEALTH DEPARTMENT—CITY OF BALTIMORE RE54839

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 915 W Fayette St. 18-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Wallace

If U. S. Veteran specify WAR

(a) Residence: No. 915 W Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Mal

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Clorie Wallace

6. DATE OF BIRTH (month, day, year): April 15-1874

7. AGE: Years 64 | Months 9 | Days 20 | If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Georgia Co S C

FATHER

13. NAME: Oliver Wallace

14. BIRTHPLACE (city or town) (State or country): S C

MOTHER

15. MAIDEN NAME:

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): Hattie Rice 915 W Fayette St

18. BURIAL, CREMATION, OR REMOVAL: Place Mt. Zion Date Feb 7, 1939

19. UNDERTAKER (Address): Mrs Katie R Williams 322 N. Schroeder St.

Feb 7 1939 Hunting for Williams M.D. Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 4 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) Mrs

learned by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Uremia Lobar Pneumonia	Feb 2 1939

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) M. D.

(Address)

54840

HEALTH DEPARTMENT—CITY OF BALTIMORE

54840

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Marine Hospital St., 19-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Heborn

If U. S. Veteran specify WAR .....

(a) Residence: No. 1519 Saratoga St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Heborn

6. DATE OF BIRTH (month, day, year) 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Laurel, Md

MOTHER / FATHER

13. NAME Richard Heborn

14. BIRTHPLACE (city or town) (State or country) Laurel Md

MOTHER / FATHER

15. MAIDEN NAME Henrietta ?

16. BIRTHPLACE (city or town) (State or country) Laurel Md

17. INFORMANT Richard Heborn

(Address) 503 E Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Feb. 8, 39

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 N. Sibroden St

20. FILED ..... 19 ..... Registrar

2—1939 Huntington Williams, M.D.

Vs 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4 , 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest and from the evidence

(Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1/29/39

Other contributory causes of importance:

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? .....

Date of .....

Was there an autopsy? No

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) John A Evans M. D.

Coroner

(Address)

841

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54841

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 561 Monroe St. 17-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walter Butcher

If U. S. Veteran specify WAR ...

(a) Residence: No. 561 Monroe St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	?

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT No Information

(Address) Ella Butcher

18. BURIAL, CREMATION, OR REMOVAL

Wellville Va Date Feb. 7 1939

19. UNDERTAKER Adolphus Halstead

(Address) 918 Druid Hill

FEB 7 1939 Huntington Williams, M.D.

Registrar

Dept

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 29, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Found 7 a.m.,	
Probably,	
Intracerebral	
	Jan

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. Nauu, M. D. Coroner

(Address) 1215 Hanover

S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

54842

CERTIFICATE OF DEATH

82 F 54842

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3627 Greenmount Ave. St., 9-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Martin J. Steffan

(a) Residence: No. 3627 Greenmount Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
BUSBAND of (or) WIFE of XXXXXX

6. DATE OF BIRTH (month, day, year) About 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hosiery Mill

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

MOTHER'S MAIDEN

13. NAME Edward W. Steffan

14. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

15. MAIDEN NAME Louisa Haas

16. BIRTHPLACE (city or town) (State or country) ~~Philadelphia~~ Pa.

17. INFORMANT Mrs. Jessie Steffan
(Address) 3627 Greenmount Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Peace-Phila. Pa. Date Feb. 8 19 39

19. UNDERTAKER Wm. J. Tickner and Sons
(Address) North and Penna. Aves.

20. FILED Feb 8 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1939 to Feb. 5 1939. I last saw him alive on Feb. 5 1939. Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Cerebral Hemorrhage	1931 Feb 5
Other contributory causes of importance: Angina	

Was an operation performed? No Date of

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. O. L. Long, M. D.

(Address) 418 Lanvale

F 54843

F 54843 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 22-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Nicholson

(a) Residence: No. 809 Plum alley St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 2/3/39

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			1 2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — none

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Washington Nicholson

14. BIRTHPLACE (city or town) (State or country) N. Carolina

MOTHER

15. MAIDEN NAME Pauline Johnson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Washington Nicholson
(Address) 809 Plum alley

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 2/7 1939

19. UNDERTAKER Isaac L Brown Son
(Address) 1618 Montgomery St

20. FILED Huntington Williams M.D.
(Registrar)

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardio Respiratory Failure	2 hrs
~~Acute Cranial Hemorrhage~~	
Other contributory causes of importance: Acute Cranial Hemorrhage	2 days

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? clinical findings & history Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Michael A. Adams Coroner, M. D.

(Address) 1360 Eutaw place

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 F 54844

54844

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 14 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Hardy (35450)

(a) Residence: No. 1308 Madison Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 29, 1916

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	7	3 2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Car.

13. NAME Alex

14. BIRTHPLACE (city or town) (State or country) ??

15. MAIDEN NAME Anne

16. BIRTHPLACE (city or town) (State or country) ??

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
JOHNS HOPKINS MEDICAL SCHOOL FEB 7 - 1939 19

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Monro

FEB 7 - 1939 Huntington Williams, M.D.
Registrar.

4581

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1938, to February 2, 1939

I last saw him alive on February 2, 1939. Death is said to have occurred on the date stated above, at 12:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	March 1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. McCurtis M. D.

(Address) Balto. City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

54845

CERTIFICATE OF DEATH

9 F 54845
Registered No.

1. PLACE OF DEATH 610 W. Lanvale
CITY OF BALTIMORE: (No. ..... St. 17-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lola Mary Grace
If U. S. Veteran specify WAR

(a) Residence: No. 610 W. Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of "

6. DATE OF BIRTH (month, day, year) July 1, 1938

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Harvey Grace
14. BIRTHPLACE (city or town) (State or country) Baltimore Md.
15. MAIDEN NAME Bernice Smallwood
16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Bernice Grace
(Address) 610 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date FEB 7 - 1939

19. UNDERTAKER Commissioner of Health
(Address)
Per H. A. Boore
FEB 7 - 1939, 19 Huntington Williams M.D.
Registrar
1579

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance: Whooping Cough	

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) C. Norris M. D.
Coroner
(Address) 125 Hanover

S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

54846

CERTIFICATE OF DEATH

82 F 54846

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1940 Lemmon St., 20-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lulu Smith

If U. S. Veteran specify WAR .....

(a) Residence: No. 1940 Lemmon St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col.	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry Smith

6. DATE OF BIRTH (month, day, year) 1883 ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. W.W. 0057

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Henry Smith

(Address) 1940 Lemmon St

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date FEB 7 - 1939

Commissioner of Health

19. UNDERTAKER .....

(Address) Per H. A. Moore

FEB 7 - 1939 Huntington Williams, M.D.

Registrar

4580

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Apoplexy)	1/26
Chronic Alcoholism	?

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Manna M. D.

(Address) 1822 W Baltimore Coroner

V S 6

54847

HEALTH DEPARTMENT—CITY OF BALTIMORE

54847

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp St. 30-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Wilson

If U. S. Veteran specify WAR

(a) Residence: No. 1801 Vine St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Ma	negro	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME unknown.

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Geo Brown.

(Address) 1801 Vine St.

18. BURIAL, CREMATION, OR REMOVAL

JOHNS HOPKINS MEDICAL SCHOOL FEB. 7 - 1939, 19

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

20. FILED FEB 7 - 1939 19 Huntington Williams M.D. Registrar

4582 8

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorhage (Apoplexy)	1/30

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M. J. Hanna Coroner, M. D.

(Address) 1824 20 Baltimore St.

S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

54848

CERTIFICATE OF DEATH

125-a

Registered No. F 54848

1. PLACE OF DEATH: St. Agnes Hospital 1600 W. Caton St., 16-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ....)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR ....

2. FULL NAME: Vera Mason

(a) Residence: No. 337 S. Woodyear St., ...Ward. ....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Oliver M. Mason

7. DATE OF BIRTH (month, day, year): Oct 3rd 1918

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	20	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: — 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): ....

11. Total time (years) spent in this occupation: ....

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Charles Hebler

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Marie Slothower

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Mrs Marie Hebler

(Address) 327 S. Calhoun st

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Feb 9th 1939

19. UNDERTAKER: A. J. Jones

(Address) 111 E. Fitzhugh st

20. FEB 7 - 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1939, to Feb. 4, 1939

I last saw her alive on Feb. 4, 1939 Death is said to have occurred on the date stated above, at 9 50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Acute Yellow Atrophy of Liver	Dec 1938
Other contributory causes of importance: Obstructive Jaundice	Dec 1938

Was an operation performed? No Date of ....

For what disease or injury? ....

Name of operation ....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ....Date of injury ...., 19....

Where did injury occur? ....(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) Joseph E. Wise Jr. M. D.

(Address) St. Agnes Hospital

M. D. B. 1268-9

54849 HEALTH DEPARTMENT—CITY OF BALTIMORE F 54849

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 714 N. Bradford St., 7-3 Ward)

(If death occurred in a hospital or institution, give NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? 53 yrs. mos. ds.

2. FULL NAME Joseph Benda

(a) Residence: No. 714 N. Bradford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Marie Benda

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME John Benda

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Marie Benda

(Address) 714 N. Bradford St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb 9, 1939

19. UNDERTAKER Frank Leach & Son

(Address) 1406 Eastern Ave

20. FILED 2-7-1939 Hunting for Williams M.E. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1938 to Feb. 6, 1939

I last saw h[illegible] alive on Feb. 5, 1939 Death is said to have occurred on the date stated above, at 3A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Valvular Heart Disease	?

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Warren K. Joslin M. D.

(Address) 845 N. Patterson Park Ave

54850

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-a-1 F 54850

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Volunteers of America Hosp.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Lewis

If U. S. Veteran specify WAR

(a) Residence: No. none St., Ward 627 W. Fayette St

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Se

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ns.

6. DATE OF BIRTH (month, day, year) Feb 6, 1939

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME OF FATHER Fred Lewis (Deceased)

14. BIRTHPLACE (city or town) (State or country) Keyser W. Va.

15. MAIDEN NAME OF MOTHER Minnie Woods

16. BIRTHPLACE (city or town) (State or country) Westernport Md.

17. INFORMANT Mother (Address) 627 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL JOHNS HOPKINS MEDICAL SCHOOL FEB 7 - 1939 19

Commissioner of Health

19. UNDERTAKER For H. A. Moore (Address)

20. FEB 7 - 1939 Huntington Williams M.D. Registrar.

4584

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1939 to Feb 6, 1939

I last saw him alive on Feb 6, 1939 Death is said to have occurred on the date stated above, at 3:50 P.M.

The principal cause of death and related causes of importance were as follows:

Congenital Syphilis — Date of onset 2/4/39

Other contributory causes of importance: Pneumonia 8 hrs.

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lemuel M. Lawrence M.D.

(Address) 415 W. Lexington St

Md. of Homeless Boys

54851 F 54851

54851 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH OGK--41619 160-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 16-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Baby Boy Floyd

If U. S. Veteran specify WAR.....

(a) Residence: No. 904 Harlem Ave. St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-3-39

7. AGE Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
34 hours		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mubra Floyd

16. BIRTHPLACE (city or town) (State or country) N.J.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Cremation
Place Balto. City Hosp's Date 2-6-39 19

19. UNDERTAKER
(Address)

20. FILED ..... 19.... Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1939, to Feb. 4, 1939

I last saw him alive on Feb. 4, 1939. Death is said to have occurred on the date stated above, at 10:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra cranial hemorrhage	
	none
Other contributory causes of importance: Hemorrhagic diathesis of newborn	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) Ernest Jones, M. D.

(Address) Balto City Hosp.

FEB 7 - 1939

Ernest Jones

HEALTH DEPARTMENT—CITY OF BALTIMORE

54852 — CERTIFICATE OF DEATH — F 54852

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 705 W. Lexington St. 4th Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Peters — If U. S. Veteran specify WAR .....

(a) Residence: No. 708 W. Lexington St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	?

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, year): [illegible] ?

7. AGE — Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sailor (?)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: [illegible]

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Nashville, Tenn ?

FATHER

13. NAME: — —

14. BIRTHPLACE (city or town) (State or country): —

MOTHER

15. MAIDEN NAME: — —

16. BIRTHPLACE (city or town) (State or country): —

17. INFORMANT: — —
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date FEB 7 - 1939 19

19. UNDERTAKER
(Address) Per H. A. Reece

FEB 7 - 1939 19 Huntington Williams Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Hemorrhage (Non Tuberculous)	2 hrs
Congestive Heart Failure	

Other contributory causes of importance:
Chr Myocarditis; Chr Alcoholism

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Clinical findings & history Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Michael A. Abrams M. D.
Coroner

(Address) 2360 Entrance Place

4585

HEALTH DEPARTMENT—CITY OF BALTIMORE

54853

CERTIFICATE OF DEATH

107-a F 54853

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 828 W. Fayette St. 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Jones.

If U. S. Veteran specify WAR

(a) Residence: No. 828 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George A. Jones.

6. DATE OF BIRTH (month, day, year) Jan. 11. 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	0	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wash. D. C.

FATHER

13. NAME Kearney

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Josephine Tucker

16. BIRTHPLACE (city or town) (State or country) Wash D. C.

17. INFORMANT Emma M. Huster

(Address) 5 N. Rosedale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Feb 8 1939

19. UNDERTAKER Mr. & Mrs. John F. Feufel & Son

(Address) 801 W. Fayette St.

20. FILED FEB 9 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1939 to Feb 6, 1939

I last saw h[illegible] alive on Feb 5, 1939. Death is said to have occurred on the date stated above, at 10:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jacob Frahm, M. D.

(Address) 15 N. Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE

54854

CERTIFICATE OF DEATH

46-B F 54854

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3146 Remington Ave St., 12-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 4 mos. 24 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Isaac Henry Dandy

If U. S. Veteran specify WAR —

(a) Residence: No. 3146 Remington Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Carrie M. Dandy

6. DATE OF BIRTH (month, day, year) Sept 12-1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Freight Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pennsylvania R.R.

10. Date deceased last worked at this occupation (month and year) Retired 4 years 3 — 11. Total time (years) (months) (days)

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Joseph A. Dandy

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Swam

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Carrie M. Dandy
(Address) 3146 Remington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Mem. Park Date Feb. 8 1939

19. UNDERTAKER Horace F. Burgee
(Address) 3631 Falls Road
Huntington Williams M.D.
Registrar.

FEB 7 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1938 to Feb 6, 1939

I last saw him alive on Feb 5 1939. Death is said to have occurred on the date stated above, at 5:45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Aug 1938
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Isaac Dandy M. D.

(Address) 846 W 36th St Balto

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54855

CERTIFICATE OF DEATH

9-a

Registered No. F 54855

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John McKoy

(a) Residence: No. 1006 Harford Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) November 11, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper on Truck
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Elec. Motor Transportation Company
10. Date deceased last worked at this occupation (month and year) January, 1939
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fayetteville North Carolina

MOTHER FATHER

13. NAME John McKoy
14. BIRTHPLACE (city or town) (State or country) Fayetteville North Carolina
15. MAIDEN NAME Eliza Farmer
16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Records-U. S. Marine Hospital
(Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL
Place Lake Nat. Ill. Date 2/8 1939

19. UNDERTAKER Joseph O. Lord, Jr.
(Address) 708 N. Eutaw St.

20. FILED FEB 7 — 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 11, 1939, to February 4, 1939.

I last saw him alive on February 4, 1939. Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis, subacute bacterial	2 wks.
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) T. B. Anderson, M. D.

(Address) U. S. Marine Hospital, Baltimore, Maryland.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

4856

93 F 54856

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 North Monroe St. 20-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME JOHN J. CARROLL

(a) Residence: No. 108 North Monroe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of EMMA B. Carroll

6. DATE OF BIRTH (month, day, year) July. 31. 1861

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
77	8 6	25 4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Realestate 4 5

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 80

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME James Edward Carroll

14. BIRTHPLACE (city or town) (State or country) Richmond Va.

MOTHER

15. MAIDEN NAME Emma Mc. Kiney.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT John Carroll

(Address) 108 N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 2. 8. 39. 19..

19. UNDERTAKER Robt Brooks & Son

(Address) Calhoun & Hollins Sts.

20. FILED ... 19.. Huntington Williams, M.D. Registrar.

FEB 7 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2. 5. 39. 19

22. I HEREBY CERTIFY, That I attended deceased from April 4th, 1938 to 2. 5. 39, 19..

I last saw him alive on 2. 5. 1939 Death is said to have occurred on the date stated above, at 745 A m.

The principal cause of death and related causes of Importance were as follows:

	Date of onset
Chronic Myocarditis	2.
Other contributory causes of importance:	
arter. sclerosis	
Hypertension	

Was an operation performed? no Date of

For what disease or injury? none

Name of operation none

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of Injury ... 19..

Where did injury occur? none
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place no

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) H. J. Tankersley M. D.

2.6.39 (Address) 119 N. Milton Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54857

CERTIFICATE OF DEATH

/31/ F 54857

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Anna F Lyon

If U. S. Veteran specify WAR

(a) Residence: No. 204 Davis Avenue St., Brooklyn Md Anne Arundel Co Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Martinsburg W Va Date Feb 6 1939

19. UNDERTAKER J Vernon Kehrer

(Address) 200 Edmondson Ave

20. FILED Huntington Williamson

FEB 7 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-7-39, 19

22. I HEREBY CERTIFY, That I attended deceased from 2-4-39, 19, to 2-7-39, 19

I last saw h alive on 2-7-39, 19. Death is said to have occurred on the date stated above, at a.m./p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	
Cerebral Hemorrhage	

Other contributory causes of importance:

Chronic Nephritis

Arteriosclerosis

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jos Lotterstein M. D.

(Address) St. Joseph's Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-[illegible] F 54858

F 54858

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2404 Lanvale Ave. St., 20-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Register James

(a) Residence: No. 2404 Lanvale Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Anna James

6. DATE OF BIRTH (month, day, year) March 1-1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer 0[illegible]3

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pennsylvania Railroad.

10. Date deceased last worked at this occupation (month and year) 1-11-39

11. Total time (years) spent in this occupation 48

12. BIRTHPLACE (city or town) (State or country) Howard Co, Maryland.

FATHER

13. NAME William James.

14. BIRTHPLACE (city or town) (State or country) Howard Co, Maryland.

MOTHER

15. MAIDEN NAME Jane Ruth Bowen

16. BIRTHPLACE (city or town) (State or country) Howard Co, Maryland.

17. INFORMANT Mary Anna James

(Address) 2404 Lanvale Ave

18. BURIAL, CREMATION, OR REMOVAL Place St Marys Hampden Date Feb 9, 1939

19. UNDERTAKER J. Vernon Eichner

(Address) 2301 Edmondson Ave

20. FILED FEB 7 1939 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 7-, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 5, 1938, to February 7-, 1939

I last saw h[illegible] alive on February 6-, 1939 Death is said to have occurred on the date stated above, at 1:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorhage	2-6-39.
Other contributory causes of importance:	
acute Bronchopneumonia Nephritis	1-16-39
Hypertension	1-16-39

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Urinalysis & B.S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Chester Riland, M. D.

(Address) 2532 Edmondson Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

54859

CERTIFICATE OF DEATH

50 F 54859

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 32 S. Caloverton Road) (Ward) 30-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Annie A. Cramer

If U. S. Veteran specify WAR

(a) Residence: No. 32 S. Caloverton Road Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph F. Cramer

6. DATE OF BIRTH (month, day, year) Nov. 23 - 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	2	13 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James L. Boyton

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Sarah Warfield

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT David F. Cramer

(Address) 32 S. Caloverton Road.

18. BURIAL, CREMATION, OR REMOVAL Place London Park. Date February 9, 1939

19. UNDERTAKER George L. Schwatt.

(Address) 7101 Frederick Ave.

FILED FEB 7 1939 Harrington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1937 to Feb 6, 1939

I last saw h[illegible] alive on Feb 6, 1939. Death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Laryngeal Cancer	Jan 1937
Lupus-breast	
Other contributory causes of importance:	
Metastasis in Liver	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, how?

(Signed) D. Milton Stray, M. D.

(Address) 1 N. Broadway Blvd.

54860

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

37506 (MB) F 54860

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 26-7 Ward) 46-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harvey Shank

If U. S. Veteran specify WAR

(a) Residence: No. 401 S. Lehigh St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dorothy Shank

6. DATE OF BIRTH (month, day, year) 11/5/1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
45	45	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Crane man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME Calvin Shank (d)

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Annie Snyder (d)

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Stratton St. Date Feb 8th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED Huntington Williams M.D. Registrar.

FEB 7 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-7 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-27 1935 to 2-7 1937

I last saw him alive on 2-7 1937 Death is said to have occurred on the date stated above, at 10 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Rectum with metastasis	
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward L. M. D.

(Address) 3-6 to City Hosp

61
357493

HEALTH DEPARTMENT—CITY OF BALTIMORE

No. 54861

CERTIFICATE OF DEATH

47-B

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. St 28-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Protzman

(a) Residence: No. 2807 Silver Hill Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 5-30-91

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ? 6047

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER / FATHER

13. NAME Abraham Protzman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Pikesville Cem. Date 2/9 1939

19. UNDERTAKER Edgar A. Moffett

(Address) Catonsville, Md.

DATE RECD. 1939 Hunting & Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1939 to Feb 6, 1939

I last saw him alive on Feb 6, 1939. Death is said to have occurred on the date stated above, at 12.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung (Rt.)	April '38
Pleural Effusion (Rt.) Non-Tbc.	
? Metastases to Bone & Cerebrum	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Roger B. Scott, M. D.

(Address) Johns Hopkins Hosp.

54862

HEALTH DEPARTMENT—CITY OF BALTIMORE

54862

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5708 Greenspring Ave Ward) 27-15

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran ——— specify WAR .....

2. FULL NAME Martha Jane Eichelberger

(a) Residence: No. 5708 Greenspring Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

6a. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of George C. Eichelberger

6. DATE OF BIRTH (month, day, year) Sept 12th 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
86	4	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Joseph T. Baldwin

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Hannah Gorsuch

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Lawrence Eichelberger

(Address) 5708 Greenspring Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Maryland Park Date Feb 9th 1939

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb 6th 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 14 1939 to Feb 6 1939

I last saw her alive on Feb 6 1939 Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	2-4-39
Chronic Interstitial Nephritis	
Advanced Arterio-sclerosis	
Senility	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) O. H. Culver M. D.

(Address) 5611 Pimlico Rd

68-1939

54863 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54863

CERTIFICATE OF DEATH

47-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1721 Lamont St. 49-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Lawrence A. Hollenshade

If U. S. Veteran specify WAR .....

(a) Residence: No. 1721 Lamont Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Virginia Brooke

6. DATE OF BIRTH (month, day, year) Feb-22-1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Robert Hollenshade

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Alberta Hunt

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Ida M Barrett

(Address) 1721 Lamont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Marys Date Feb 9th 39

19. UNDERTAKER Williams Cook

(Address) 1217 St Paul St.

20. FILED ... By ... Deputy

FEB 8 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 6 1939

22. I HEREBY CERTIFY, That I attended deceased from June 20 1939 to Feb 4 1939

I last saw him alive on Feb 4 1939 Death is said to have occurred on the date stated above, at 1:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Larynx	
Other contributory causes of importance: —	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Physical

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. L. Hornstein M. D.

(Address) 733 Argyle St

HEALTH DEPARTMENT—CITY OF BALTIMORE

54864 F 54864

CERTIFICATE OF DEATH

✓ 46-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 E. 33rd St. 42-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph H. Pentz

(a) Residence: No. 2 E. 33rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Matilda M. Pentz

6. DATE OF BIRTH (month, day, year) Jan 22nd 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	0	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Real Estate

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Norfolk Va

FATHER

13. NAME Donald McKay Pentz

14. BIRTHPLACE (city or town) (State or country) Kirkhoven

MOTHER

15. MAIDEN NAME Margaret Pentress

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Matilda M. Pentz

(Address) 2 E 33rd st

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb 5th 1939

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED FEB 8 - 1939 Herrington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 6 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 25. 1939 to Feb. 6. 1939

I last saw h alive on Feb. 6. 1939 Death is said to have occurred on the date stated above, at P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	6 mo.
Other contributory causes of importance: old age + Exhaustion	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter C. Black M. D.

(Address) Med Arts Bldg

F 54865

54865

HEALTH DEPARTMENT—CITY OF BALTIMORE #35806

SF

CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 15-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME David Hurley

(a) Residence: No. 3403 Liberty Heights Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of unk.

6. DATE OF BIRTH (month, day, year) 5/16/1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
75	75	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) N.J.

MOTHER FATHER

13. NAME Henry

14. BIRTHPLACE (city or town) (State or country) N.J.

15. MAIDEN NAME Ella

16. BIRTHPLACE (city or town) (State or country) N.J.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Balto Date Feb 10th 1939

19. UNDERTAKER Wm Cook

(Address) 317 E Paul St

20. FILED ..... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/7/39 , 19

22. I HEREBY CERTIFY, That I attended deceased from August 3, 1938, to February 7, 1939

I last saw him alive on February 7, 1939. Death is said to have occurred on the date stated above, at 12 50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-1-39
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. de Sautelle M. D.

(Address) Baltimore City Hospitals

54866

HEALTH DEPARTMENT—CITY OF BALTIMORE

54866

CERTIFICATE OF DEATH

82-2 F 54866

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 656 Washington Blvd St.) (23-2 Ward)

Length of residence in city or town where death occurred 77 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ——

2. FULL NAME Catherine Reder

(a) Residence: No. 656 Washington Blvd St., Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

6a. If ~~married~~ widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of George L. Reder

6. DATE OF BIRTH (month, day, year) April 22nd 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 00 37

10. Date deceased last worked at this occupation (month and year) 7/38

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Conrad Velt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Miller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elizabeth M. Reder

(Address) 656 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb 9th 1939

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED FEB 8 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6th 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5th 1939 to Feb 6th 1939

I last saw her alive on Feb. 5th 1939 Death is said to have occurred on the date stated above, at 3:25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/6/39
Other contributory causes of importance: Cerebral arteriosclerosis Senility	1937

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) F. E. Poulton M. D.

(Address) 3431 Garrison Blvd

54867

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54867

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1339 Sargent St. 21-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles H. Lehmann

If U. S. Veteran specify WAR World

(a) Residence: No. 1339 Sargent St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Bertha A. Lehmann

6. DATE OF BIRTH (month, day, year) March 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer, Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 50 yrs

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John J. Lehmann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Bertha A. Lehmann

(Address) 1339 Sargent St Md

18. BURIAL, CREMATION, OR REMOVAL

Place Fairmount Date 2/10 39

19. UNDERTAKER Jno. F. Cook & Son

(Address) 1210 E. Fayette St

20. FILED FEB 8 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1938 to Feb 7, 1939

I last saw h alive on Feb 7, 1939 Death is said to have occurred on the date stated above, at 9.20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Edema	2/7/39
Other contributory causes of importance: Cerebral Hemorrhage	12/31/38
Arteriosclerosis	

Was an operation performed? Date of

For what disease or injury?

Name of operation Cerebral Puncture

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jno. F. Cook M. D.

(Address) 926 N. Howard St

54868

F 54868

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 18-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Catherine Taylor

If U. S. Veteran specify WAR

(a) Residence: No. 844 Boyd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... 10

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc H. W.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Fairfax Braxton

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Accenia Water

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Wm Vessel

(Address) 847 Boyd St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 2-8 39 19

19. UNDERTAKER William a Jackson

(Address) 916 Pennsylvania Ave

2-8-1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 3, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Accident Date of injury Jan. 28, 1939 19...

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Specify activity at time of injury Struck by Auto in 800 Bl. Pratt St.

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. R. Weller M. D.

(Address) 3757 Wash Coroner

V S 6

54869 F 54869

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Infirmary 6-5 Ward)

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. F mos 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ....

2. FULL NAME Jacob Schmidt

(a) Residence: No. 226 South Market St., Ward Fredrick, Maryland

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Cora Schmidt

6. DATE OF BIRTH (month, day, year) July 11, 1877

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
61	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Fredrick Maryland

MOTHER FATHER

13. NAME William Schmidt

14. BIRTHPLACE (city or town) (State or country) Fredrick Maryland

15. MAIDEN NAME Annie Hooper

16. BIRTHPLACE (city or town) (State or country) Fredrick Maryland.

17. INFORMANT John Smith (Address) Frederick Md Route

18. BURIAL, CREMATION, OR REMOVAL Place Frederick Md Date 2/11/39 19..

19. UNDERTAKER Hart M. Etchison (Address) Frederick, Md

2-11-1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 2, 1939, to February 8, 1939

I last saw him alive on February 8, 1939. Death is said to have occurred on the date stated above, at 5:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Polycythemia Rubra (Osler's Dis.)	1932
Other contributory causes of importance: Post-Operative Hemorrhage	1-6-39
Benign Prostatic Hypertrophy	1935

Was an operation performed? Yes. Date of 1-6-39

For what disease or injury? Prostate - Bladder Stones

Name of operation 1). Removal Bladder Stones 2). Benign Prostatic Hypertrophy

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19..

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ....

(Signed) Wesley J. Kutz M. D.

(Address) The Fredrick Home & Inf

870

HEALTH DEPARTMENT—CITY OF BALTIMORE

54870

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH St. Francis Convent

Registered No.

CITY OF BALTIMORE: (No. 501 E. Chase St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sister Antonia Jones

If U. S. Veteran specify WAR

(a) Residence: No. 501 E. Chase St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Religious Sister

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 16, 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56		19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alexandria Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Sister M. Teresa, C. S. J.

(Address) 501 E. Chase St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Feb. 8 1939

19. UNDERTAKER Mrs. R. A. Elliott's Daughter

(Address) 1129 N. Caroline St.

20. FILED FEB 8 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3rd 1939

22. I HEREBY CERTIFY, That I attended deceased from January 10th 1939 to Feb 8th 1939

I last saw h alive on Feb 2nd 1939. Death is said to have occurred on the date stated above, at 11 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Jan 39

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. A. Chatard M. D.

(Address) 300 N. Calvert St.

Registrar.

Budd

1871 HEALTH DEPARTMENT—CITY OF BALTIMORE F 54871

CERTIFICATE OF DEATH ✓ 107-B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 641 E 28th St. 9th Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hugh Price Budd
(a) Residence: No. 641 E 28th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 4, 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2 3	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER
13. NAME Lester L. Budd
14. BIRTHPLACE (city or town) (State or country) Carroll Co Md

MOTHER
15. MAIDEN NAME Mammie Ridgely
16. BIRTHPLACE (city or town) (State or country) Mt Airy Md.

17. INFORMANT Lester Budd
(Address) 641 E 28th St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvery Date Feb. 8, 1939

19. UNDERTAKER Mrs. A. A. Elliott & Daughter
(Address) 1129 N. Caroline St

20. FILED ... 19... Huntington Interment Co
Registrar

FEB 8 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Capillary Bronchitis	2 days
	2/6/39
Convulsions	

Other contributory causes of importance:

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation None Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) J. H. Craig M. D.
Coroner
(Address)

F 54872

72

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenham Hosp St. 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. 6 mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Alonzo Ermey

(a) Residence: No. 911 N. Caroline St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 19, 1910

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28 years	6 7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME James Ermey

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Rita Ermey

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Eva Baston

(Address) 1237 McElderry St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Feb. 8 1939

19. UNDERTAKER Mrs R. A. Elliott & Daughter

(Address) 1129 N. Caroline St.

20. FILED 19 Registrar.

FEB 8-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 2 1939

22. I HEREBY CERTIFY, That I attended deceased from February 1 1939 to February 2 1939

I last saw h[illegible]live on February 2, 1939 Death is said to have occurred on the date stated above, at 8 20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus meningitis	unknown
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harry S. Limbert M. D.

(Address) Lyndenham Hospital

54873

F 54873

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital 16-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lillian Saulbury

If U. S. Veteran specify WAR

(a) Residence: No. 924 N. Carrolton Av. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of UnKnown

6. DATE OF BIRTH (month, day, year) 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME UnKnown

14. BIRTHPLACE (city or town) (State or country) Un Known

MOTHER

15. MAIDEN NAME Elizabeth Saulbury

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Leon Saulbury
(Address) 119 S. Stockton St.

18. BURIAL, CREMATION, OR REMOVAL.
Place Mt. Zion Date Feb 9, 1939

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 N Schroeder St.

20. FILED Feb 8 1939 Hunter for Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day) Feb. 1, 1939 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest found that said deceased came (Inquest, Autopsy or Inquiry)
to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, Suicide or Homicide? Accident Date of injury Feb. 1, 1939 . 19

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Crossing Park Av at Preston St

Nature of injury struck by Auto.

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) H. R. Ackerman M. D.
Coroner

(Address) 2757 W Mts

54874 HEALTH DEPARTMENT—CITY OF BALTIMORE 54874

CERTIFICATE OF DEATH 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 11-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harvey Noble

If U. S. Veteran specify WAR .....

(a) Residence: No. 1008 McCulloh St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mary Newman

(Address) 1008 McCulloh St.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. National Date 2/9 19 39

19. UNDERTAKER Saml. W. Chase & Son

(Address) 628 N. Gilmor St.

FILED FEB 8 - 1939 Huntington Williams M.D. Registrar

EKG

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 5, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest found that said deceased came (Inquest, Autopsy or Inquiry) his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Of Skull	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Accident Feb. 4, 1939 ... 19 ...

Where did injury occur? Balto. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ... Street

Manner of injury Crossing McCulloh St in 1000 Bl.

Nature of injury Struck by Auto.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. O. Mollenberg M. D. Coroner

(Address) 2757 W. ...

V S 6

54875 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54875

CERTIFICATE OF DEATH

95-B 41463-FS

1. PLACE OF DEATH Baltimore City Hospitals — Registered No.

CITY OF BALTIMORE: (No. ..... St., 16-1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. life ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Pansy Marshall — If U. S. Veteran specify WAR .....

(a) Residence: No. 1218 N. Fremont Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John

6. DATE OF BIRTH (month, day, year) 2-20-~~1895~~ 1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~48~~ 38 ~~43~~	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W. 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Tillman Johnson

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Georgeanna Peters

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cemetery Date 2/10/39

19. UNDERTAKER T. E. Kelson
(Address) 1303 Pennsylvania Ave

20. FILED ..... 19.....

FEB 8 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 30, 1939 to February 6, 1939

I last saw her alive on February 6, 1939. Death is said to have occured on the date stated above, at 8:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	1938

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. de Sanctis M. D.

(Address) Baltimore City Hospitals

54876

HEALTH DEPARTMENT—CITY OF BALTIMORE

54876

41626-FS

CERTIFICATE OF DEATH

47-B

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Max Katz — If U. S. Veteran specify WAR

(a) Residence: No. 1157 Carrollton Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie

6. DATE OF BIRTH (month, day, year) 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Daniel

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Toby

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT B.C.H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 2/8/39 19

19. UNDERTAKER Isaac Levin Sons

(Address) 1439 E. Fayette St

20. FILED 19 Registrar

FEB 8 1939

Huntington Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 3, 1939 to February 7, 1939

I last saw him alive on February 7, 1939. Death is said to have occurred on the date stated above, at 5:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lung	1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Lantelle M. D.

(Address) Baltimore City Hospitals

Baer

HEALTH DEPARTMENT—CITY OF BALTIMORE

877 F 54877

CERTIFICATE OF DEATH

✓ 107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 816 E Chauncey Ave 13th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Rose Baer

If U. S. Veteran specify WAR

(a) Residence: No. 816 Chauncey Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harris

6. DATE OF BIRTH (month, day, year) 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Myrnion Mayer

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Fittle

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Dr. Seidel

(Address) 2404 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL

Place Herring Run Date 2/8/39. 19

19. UNDERTAKER Jack Young Inc

(Address) 1738 E. Fayette St.

20. FILED 19 Registrar.

FEB 8 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb - 8 -. 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan - 2 - 1939 to Feb - 8 - 1939

I last saw her alive on Feb - 8 - 1939 Death is said to have occurred on the date stated above, at 4 45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	
Other contributory causes of importance: none	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify —

(Signed) Herman Seidel M. D.

(Address) 2404 Eutaw Pl

878

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54878

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH West Baltimore General Hospital

Registered No.

CITY OF BALTIMORE: (No. St. 15-43 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth 35 yrs. mos. da.

2. FULL NAME Louis Desmond.

If U. S. Veteran specify WAR

(a) Residence: No. 4335 Reisterstown Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House P.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Rosedale Date 2/8/39 19

19. UNDERTAKER Jos. L. Levin Inc.
(Address) 1439 E. Balto St.

20. FILED FEB 8 - 1939 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 1939 to Feb 7 1939

I last saw him alive on Feb 7 1939. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Glomerular Nephritis	
Hypertension	
Hypertensive H. D. - Compensated.	
Cerebral Hemorrhage	
Other contributory causes of importance:	
Pneumonia	
Hypostatic of the Prostate	

Was an operation performed? Date of

For what disease or injury?

Name of operation No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert Shear M. D.

(Address) 6 W. Lex. St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

879 F 54879

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital 53-E Registered No.

CITY OF BALTIMORE: (No. St., 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Diegel - Harry Franz

If U. S. Veteran specify WAR

(a) Residence: No. 2322 E. Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 15 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Parcel Post for Park Davis Co.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Adam J. Franz

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Mary E. Murray

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Genevieve Schysiak (Address) 2322 E. Madison St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb 11, 1939

19. UNDERTAKER Martin W. E. Dippel (Address) 371 S. Conkling St

20. FILED ..., 19... Registrar

FEB 8 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1938 to Feb. 7, 1939

I last saw him alive on Feb 7, 1939 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Neurofibromatosis (Von Recklinghausen's Disease) with Sarcomatous change in one or more of the neurofibromata with or without metastases	
Other contributory causes of importance:	
1. Cachexia	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Biopsies Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Robert Shear, M. D.

(Address) U. of B. H.

Huntington Hennessy, M.D.

4380

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54880

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 S Wolfe St. 2-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Hirschmann

If U. S. Veteran specify WAR .....

(a) Residence: No. 108 S Wolfe St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 17 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Martin Hirschmann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Veronica Theresa Hirschmann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Hirschmann

(Address) 131 S. Bonaling St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb 10 1939

19. UNDERTAKER Martin H. & F. Dippel

(Address) 32 S. Ann St

20. FILED FEB 8 - 1939 Hunting for Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to Feb 6, 1939

I last saw her alive on Feb 6, 19.... Death is said to have occurred on the date stated above, at 2 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1938
Senile Debility.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George A. Tipton M. D.

(Address) 432 S. Patterson Pl Dr

F 54881 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54881

CERTIFICATE OF DEATH

94 E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 521 E. 41st St., 9-1 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Frank A. Lochary

(a) Residence: No. 521 E. 41st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug. 16, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Postal Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P.O.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md. Baltimore

FATHER

13. NAME Thomas Lochary

14. BIRTHPLACE (city or town) (State or country) Md. Baltimore

MOTHER

15. MAIDEN NAME Cassandra Wilson

16. BIRTHPLACE (city or town) (State or country) Md. Baltimore

17. INFORMANT Agnes Lochary

(Address) 521 E. 41st St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Ignatius Cem. Harford Co. Md. Date 2/9 19 39

19. UNDERTAKER John A. Moran

(Address) 3009 E. Baltimore St. Huntington Pl. Md.

20. FILED FEB 8 1939 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 6, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schaefer, M. D. Coroner

(Address) Coroner

V S 6

4882 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54882

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2112 Denison St. 24-3 Ward)

Length of residence in city or town where death occurred 76 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna B McCuen

If U. S. Veteran specify WAR .....

(a) Residence: No. 311 Warren Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) about 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Adam McCuen

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Annabelle Watson

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs Samuel Murphy

(Address) 3814 Old Spring Lane

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb 9 1939

19. UNDERTAKER William J Tuckey & Son

(Address) North & Pennsylvania Ave

FEB 8 - 1939 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 17 1939 to Feb 6 1939

I last saw h.. alive on Feb 6 1939 Death is said to have occurred on the date stated above, at 10:05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	2/4/39
Arteriosclerosis	
Anemia	

Other contributory causes of importance

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Elbert C. Reigart M. D.

(Address) 2245 Reisterstown Rd Balto. Md.

1883 E-54883

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2730 Hugo Avenue St. 9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rose E. Friedheim

If U. S. Veteran specify WAR .....

(a) Residence: No. 2730 Hugo Avenue St. ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Feb 24 1870

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	68	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md

FATHER

13. NAME Thomas Friedheim

14. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md

MOTHER

15. MAIDEN NAME Margaret Brouther

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Md

17. INFORMANT Mrs. Ann E. Friedheim
(Address) 2730 Hugo Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Feb 9 1939

19. UNDERTAKER Mr. J. Richard Jones
(Address) Md.

20. FILED FEB 8 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov - 1930 to Nov 6 1939

I last saw h[illegible] alive on Nov 5 1939. Death is said to have occurred on the date stated above, at 9:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	1920
Chronic Interstitial Nephritis	1935
Myocarditis	1939

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature] M. D.

(Address) 846 W 36 St Balto

884 Mary T. Hedrick ✓ RE54884

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 431 Drury Lane St. 24-A Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary T. Hedrick

(a) Residence: No. 431 Drury Lane, Ten Hills St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 17, 1879.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William H. Hedrick

14. BIRTHPLACE (city or town) (State or country) Florida

MOTHER

15. MAIDEN NAME Mary Jane Taylor

16. BIRTHPLACE (city or town) (State or country) U. S.

17. INFORMANT Mr. Elmer T. Hedrick
(Address) 431 Drury Lane, Ten Hills

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feb 9 1939

19. UNDERTAKER Harry A. Little
(Address) 101 Edmondson Ave.

20. FILED FEB 8-1939 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1938, to Feb. 6, 1939

I last saw her alive on Feb. 5, 1939 Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma - intestines	11/1/38
Other contributory causes of importance:	

Was an operation performed? Yes Date of Dec 7, 1938

For what disease or injury? Exploratory

Name of operation →

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Eugene L. Pesson M. D.

(Address) 514 Drury Lane

54885

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C F 54885

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen'l Hospital St. 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Clara M. Waters

If U. S. Veteran specify WAR

(a) Residence: No. 2743 Mosher St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frank E. Waters

6. DATE OF BIRTH (month, day, year): Sept 22 - 1865

7. AGE: Years 73 | Months 4 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Harford Co. Md

FATHER

13. NAME: John A. Burkins

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Mary A. Logue

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: St. Thomas Keating

(Address) 2743 Mosher St

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cem. Date: Feb 10 1939

19. UNDERTAKER: Chas. S. Brandt Son Inc

(Address) 115 W. Mt. Royal Ave

20. FILED . 19 Registrar

Md. St. Co. Williams, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from ..., 1937 to Feb. 7, 1939

I last saw her alive on Feb. 7, 1939 Death is said to have occurred on the date stated above, at 2300 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular hypertension	Indef
Other contributory causes of importance: Cardiac decompensation	Feb 4 1939

Was an operation performed? No Date of

For what disease or injury?

Name of operation: clinical examinations

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas McSeffrey M. D.

(Address) 2435 Maryland Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

54886

CERTIFICATE OF DEATH

107 F 54886

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave 2.5-1 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sister Mary Oswald McClernon

If U. S. Veteran specify WAR

(a) Residence: No. St. Agnes' Hospital St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 18, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	11	20 19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sister of Charity

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Convent

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 46 yr

12. BIRTHPLACE (city or town) W. Troy N.Y.
(State or country)

FATHER

13. NAME Henry McClernon

14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME Anna Fox

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT St. Agnes Hospital
(Address) Caton & Wilkens Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Feb. 9 19 39

19. UNDERTAKER Martin Funeral Home
(Address) 1527 N. Gilmor St.

20. FILED FEB 8 - 1939 Hunting for Williamson Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1939 to Feb. 7, 1939

I last saw her alive on Feb. 6th, 1939 Death is said to have occurred on the date stated above, at 9:25A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia, bilateral	2-2-39
Other contributory causes of importance: Severe Nutritional Anemia	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Joseph E. Muse Jr. M. D.

(Address) St. Agnes Hospital

54887

HEALTH DEPARTMENT—CITY OF BALTIMORE

54887

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 9-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Vasili Tomovich

If U. S. Veteran specify WAR

(a) Residence: No. Turner's Station, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of —

6. DATE OF BIRTH (month, day, year) ? 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	?		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mr. Fred Thomas

(Address) Turners Station

18. BURIAL, CREMATION, OR REMOVAL Place Allen Home Idas Md. Date 2/9 1939

19. UNDERTAKER John G. Connolly

(Address) Essex Md.

20. FILED 2-8-1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-7-39, 19

22. I HEREBY CERTIFY, That I attended deceased from 2-2-39, 19, to 2-7-39, 19

I last saw h alive on 2-7-39, 19 Death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	
Tuberculosis of Lungs	
Other contributory causes of importance:	
Chronic Nephritis	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-ray Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John Costantine, M. D.

(Address) St. Joseph's Hospital

54888 54888

54888 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5719 KAVON AVE St., 26-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME JOHN A. BANZ

If U. S. Veteran specify WAR .....

(a) Residence: No. 5719 KAVON AVE St., 27 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of MARY E BANZ

6. DATE OF BIRTH (month, day, year) SEPT. 23 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. BUSINESS REP

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. LOBOR UNION

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) BALTO MD

FATHER

13. NAME JOHN M BANZ

14. BIRTHPLACE (city or town) (State or country) BALTO MD

MOTHER

15. MAIDEN NAME BARBARA HENSLER

16. BIRTHPLACE (city or town) (State or country) BALTO MD

17. INFORMANT MARY E BANZ (WIFE)
(Address) 5719 KAVON AVE

18. BURIAL, CREMATION, OR REMOVAL
Place SACRED HEARTS Date FEB. 9 1939

19. UNDERTAKER Lilly & Zeiler Inc
(Address) 403 N. Carrollton Ave

20. FILED ... (Registrar)

FEB 8 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 5 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5 1938 to Feb 5 1939

I last saw him alive on Feb 5 1939. Death is said to have occurred on the date stated above, at 11 55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach.	
Cerebral Embolus.	Feb 2, 1939

Other contributory causes of importance:

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? NO.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify .....

(Signed) Sol Smith M.D.

(Address) 1213 E. North Ave

54889 HEALTH DEPARTMENT—CITY OF BALTIMORE 54889

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3417 FOSTER AVE St., 26-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME LAWRENCE B. DIETZ

(a) Residence: No. 3417 FOSTER AVE St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of CATHERINE

6. DATE OF BIRTH (month, day, year) JUNE 24 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) BALTO. MD.

FATHER

13. NAME HIPPOLITUS DIETZ.

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME AUGUSTA STOCK

16. BIRTHPLACE (city or town) (State or country) GERMANY.

17. INFORMANT CATHERINE DIETZ (WIFE)

(Address) 3417 FOSTER AVE.

18. BURIAL, CREMATION, OR REMOVAL

Place SACRED HEART Date FEB. ... 39

19. UNDERTAKER Lilly & Parker Inc

(Address) 462 S. WOLFE ST.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) FEB. 5/ 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 29 1939 to Feb 5 1939

I last saw him alive on Feb. 5 1939 Death is said to have occurred on the date stated above, at 9:30 P.M.

The principal cause of death and related causes of importance were as follows:

a. Lobar Pneumonia Date of onset Jan. 30

Other contributory causes of importance:

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Thomas E. Milsaw M. D.

(Address) 3 W. Biddle St. Bal

54890 ✓ F 54890

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-13

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St. 26-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME John Albert Moser

(a) Residence: No. 304 N. Highland Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 16, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John R. Moser

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Susan S. Nichols

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Jennie F. Moser
(Address) 3138 Fait Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lantz Md Date Feb 9 38

19. UNDERTAKER John Uhrich & Sons
(Address) 2008 Orleans St

20. FILED Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 6, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry found that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance: —

Was an operation performed? No Date of ...

For what disease or injury? —

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify ...

(Signed) Paul Schreiber Coroner, M. D.

(Address) Coroner

Y 8 6

8 1939

54891 F 54891

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-13

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St., 6-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Helen Schwesinger

If U. S. Veteran specify WAR .....

(a) Residence: No. 2526 E. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Edw. Schwesinger
(Address) 2526 E Fayette

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Feb 10 39

19. UNDERTAKER John Uhlich
(Address) 2008 Oaleans st

20. FILED ..... By Huntington Williams, M.D. Registrar

FEB 8 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 25 1938 to Feb 7 1939

I last saw h... alive on Feb 7 1939. Death is said to have occurred on the date stated above, at 3.5 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	2 weeks
Other contributory causes of importance:	
Purulent adhesions	?

Was an operation performed? Yes Date of Jan 19, 1939

For what disease or injury? Pyloric Stenosis

Name of operation Gastroenterostomy

What test confirmed diagnosis? Op Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John L. Castellini M. D.

(Address) St. Joseph's Hospital

4892 HEALTH DEPARTMENT—CITY OF BALTIMORE F 54892

CERTIFICATE OF DEATH 194B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Md Gen. Hospital (St.) (Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Edward Giles.
If U. S. Veteran specify WAR

(a) Residence: No. 1426 Central ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. Color or Race Col.
5. Single, Married, Widowed, or Divorced (write the word) Married

3a. If married, widowed or divorced
HUSBAND of (or) WIFE of Mary Giles.

6. DATE OF BIRTH (month, day, year) Oct. 9, 1910

7. AGE 28 Years | Months 3 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Beaudam Va.

FATHER
13. NAME James P. Giles Sr.
14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER
15. MAIDEN NAME Mary Thamid
16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Frank P. Giles
(Address) 1429 Central ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Ashland Va. Date Feb 9 1939

19. UNDERTAKER Mrs. R. E. Elliott-Slaughter
(Address) 1125 N. Caroline St

20. FILED FEB 8 - 1939 19 Huntington Williams, M.P.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 6, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 6:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock Secondary to Burns	
Other contributory causes of importance:	

Was an operation performed? Date of
For what disease or injury?
Name of operation Amputation of L. Leg Date of 2/6/39
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1/23/39
Where did injury occur? 30 Miles Interstate Co
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Industry
Manner of injury Caught between Giles & Cat
Nature of injury Left Leg Crushed & Burned

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. Kaye, M. D.
Coroner
(Address) 12 St. Hanover

VS 6

54893

HEALTH DEPARTMENT—CITY OF BALTIMORE

54893

CERTIFICATE OF DEATH

82-W

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. 700 W 40th St. 16-E Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Cora Estella Gardner

If U. S. Veteran specify WAR .....

(a) Residence: No. ~~Home for Incurables~~ 709 Allendale St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single ✓

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 20 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	0	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telephone Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Telephone Co.

10. Date deceased last worked at this occupation (month, year) 1930

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Severn Maryland

FATHER

13. NAME John Gardner

14. BIRTHPLACE (city or town) (State or country) Severn Maryland

MOTHER

15. MAIDEN NAME Emily Disney

16. BIRTHPLACE (city or town) (State or country) Severn Maryland

17. INFORMANT Emily Bauchlet - Supt.
(Address) Home for Incurables

18. BURIAL, CREMATION, OR REMOVAL
Place Friendship A A Co. Date Feb 10 1939

19. UNDERTAKER Wilkens & Tuckner & Sons
(Address) North & Pennsylvania Ave

FEB 8 - 1939 Huntington, Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 1, 1939, to February 7, 1939

I last saw her alive on February 7, 1939. Death is said to have occurred on the date stated above, at 4:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia (Right)	1931
Hypertension	1929
	1931

Other contributory causes of importance:

Hypertension	1929

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. Grafton Hershberger M. D.

(Address) 214 Medical Arts Building

HEALTH DEPARTMENT—CITY OF BALTIMORE

54894

CERTIFICATE OF DEATH

F 54894

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. General Hospital (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph F. Roles

(a) Residence: No. 123 S. Bond St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 27, 1911

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William E. Roles

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Isabella Thomas

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Clara Jackson

(Address) 1502 E. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL Mt. Auburn Feb. 8 39

Place ... Date ... 19...

19. UNDERTAKER Joseph F. Young

(Address) 804 W. Oberlin St

20. FILED FEB 8 - 1939 19... Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 4, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, Suicide or Homicide? Date of injury Feb. 4, 1939, 19...

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Collision Truck & Auto. at Key Highway & Mc Commas St Truck upset

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Was working on Truck

(Signed) ... M. D.

(Address) 3937 Elm

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54895

CERTIFICATE OF DEATH

95 B 41386 (MB) F 54895

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 11-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillie Wilson, (Grant)

If U. S. Veteran specify WAR

(a) Residence: No. 814 Tyson St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of James

6. DATE OF BIRTH (month, day, year) 3/15/1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Charlie Morton

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Annie Estep

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 2-10 1939

19. UNDERTAKER Chas McCabe

(Address) 1200 W Fulton St

20. FILED FEB 8 1939 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 7 1939

22. I HEREBY CERTIFY, That I attended deceased from January 28 1939 to February 7 1939

I last saw her alive on February 7 1939. Death is said to have occurred on the date stated above, at 11:2A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospitals

BRADY

HEALTH DEPARTMENT—CITY OF BALTIMORE

54896

CERTIFICATE OF DEATH

94 I F 54896

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 926 Mad. ave St. 11-H Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William J. Brady

If U. S. Veteran specify WAR .....

(a) Residence: No. 926 Madison St, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/17/873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Patrick Brady

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Julia Kennedy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. J. Brady

(Address) 926 Madison

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date 2/11 1939

19. UNDERTAKER Chas. F. Evans & Son Inc

(Address) 118 W. Mt Royal Ave

20. FILED Feb 13 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/13/39, 19

22. I HEREBY CERTIFY, That I attended deceased from 4/24, 19... to 2/13/39, 19...

I last saw ... alive on 2/7/39, 19... Death is said to have occurred on the date stated above, at ... p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2/7/39
Cause	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. Lee Slingluff, M. D.

(Address) 926 Madison

HEALTH DEPARTMENT—CITY OF BALTIMORE

54897

CERTIFICATE OF DEATH

91 F 54897

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 834 Park ave' St. 11-3 Ward)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

If U. S. Veteran of any WAR

2. FULL NAME Thomas F. Corrigan. (O'Connor)

(a) Residence: No. 834 Park ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 1912.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	8	2.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Safe deposit

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York City

FATHER

13. NAME Thos Francis Corrigan

14. BIRTHPLACE (city or town) (State or country) New York City

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Ireland,

17. INFORMANT Thos Corrigan

(Address) 1300 Hanover ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New York City Date 2/11/39. 19

19. UNDERTAKER Hutchinson Undertaking Co

(Address) 1217 St Paul St

20. FILED 19 Registrar

FEB 8 - 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described thereon and from the evidence above, held an (Inquest, Autopsy or Inquiry) thereon and that said deceased came obtained by said (Inquest, Autopsy or Inquiry) death on the day aforesaid, 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Acute Endocarditis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. Coroner, M. D.

(Address) 1215 Hanover St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54898

CERTIFICATE OF DEATH

95-F 54898

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ... St. 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Jack Curran

If U. S. Veteran specify WAR

(a) Residence: No. 1605 Fleet St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/16/99

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Hugh Curran

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ann Riley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Columbus Ohio Date 2/11 1939

19. UNDERTAKER John A. Moran
(Address) 3000 E. Balto St.

20. FILED FEB 8 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 7 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6 1939 to Feb. 7 1939.

I last saw he alive on Feb 7 1939. Death is said to have occurred on the date stated above, at 1135 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Disease & death in Pulmonary Edema	± 1935

Other contributory causes of importance:

Chronic Bronchitis, Emphysema, Bronchial Asthma, ? Bronchiectasis	1920

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Roger B. Scott M. D.
(Address) Johns Hopkins Hosp.

54899 F 54899

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

141-82 B C

1. PLACE OF DEATH Balto City Hospitals Registered No. 1872

CITY OF BALTIMORE: (No. Bay View St., 501 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Kate Rose Gary If U. S. Veteran specify WAR

(a) Residence: No. 107 E. Lexington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 6, 1912

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26	2	11/2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER FATHER

13. NAME John Gary

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Kate Rose

16. BIRTHPLACE (city or town) (State or country) Abbeville

17. INFORMANT Jasper Sells (Address) 107 E. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL Place Greenville S.C. Date 2/9 19 39

19. UNDERTAKER William A. Jackson (Address) 910 Penna Ave

20. FILED 2-9-1939 Harrington Williams, M.D. Registrar.

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 7, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	Hour Feb.
Incomplete Abortion	2-7-39
	About Some
Other contributory causes of importance: Secondary Anemia	Time

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. W. Wood, M. D. Coroner

(Address) 1712 N. Wood St.

F 54900

54900 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 434 N. Eden St. 5-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME James F. Stewart

(a) Residence: No. 434 N. Eden St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Stewart

6. DATE OF BIRTH (month, day, year) [illegible] 2, 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Charles F. Stewart

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Adline Tall

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mary J. Stewart

(Address) 434 N. Eden St

18. BURIAL, CREMATION, OR REMOVAL.

Place Woodlawn Date 2-11 39

19. UNDERTAKER Williams Jackson

(Address) 416 Park Ave

20. FILED FEB 9 - 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-7, 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-1, 1938, to 2-7, 1939

I last saw h/M alive on 2-7, 1939. Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
chr. nephritis c	unknown
chr. myocarditis	

Other contributory causes of importance:

Arterio-sclerosis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. Lowney M. D.

(Address) 1510 E. Madison St

54901

HEALTH DEPARTMENT—CITY OF BALTIMORE

54901

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 118 S Arlington Ave St., 18-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. dy.

If U. S. Veteran specify WAR

2. FULL NAME Anna J. Bayer

(a) Residence: No. 118 S. Arlington Ave, St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 18, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Horse keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Michael L Bayer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Ost

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Agnes J Bayer

(Address) 118 S Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Cemetery Date 2/9/39

19. UNDERTAKER A.C. Brumbaugh

(Address) 2 W. 25th St

20. FILED FEB 9 1939 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 7th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1939 to Feb. 7, 1939

I last saw her alive on Feb. 6, 1939. Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystitis Dec. Nephritis	3 mos
Other contributory causes of importance: Chronic Myocarditis	6 mos.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation none

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Chas. Norton, M. D.

(Address) 888 W. Lombard St

888 W Lombard St

DR J.C. NORTON

Cr 5-39

54902 F 54902

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3208 Evergreen Av 27-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 5 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.
If U. S. Veteran — specify WAR .....

2. FULL NAME Arthur W. Lamphier
(a) Residence: No. 3208 Evergreen Av St. ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ethel C. Lamphier

6. DATE OF BIRTH (month, day, year) May 13th 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	10	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auditor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Govt
10. Date deceased last worked at this occupation (month and year) 11/38
11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (city or town) (State or country) New Washington Ind

FATHER
13. NAME Henry Lamphier
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Laura Doolittle
16. BIRTHPLACE (city or town) (State or country) New Washington Ind

17. INFORMANT Ethel C. Lamphier
(Address) 3208 Evergreen Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mossland Park Date Feb 7th 1939

19. UNDERTAKER Wm Cook
(Address) 217 E Paul St Huntington Williamson W Va

20. FILED FEB 9 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7th 1939

22. I HEREBY CERTIFY, That I attended deceased from Feby 2 1939 to Feby 7 1939
I last saw him alive on Feby 6 1939
Death is said to have occurred on the date stated above, at 6:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (apoplexy)	Feby 2 1939
Other contributory causes of importance: Arterio Sclerosis	2 months 7 years

Was an operation performed? No Date of ...
For what disease or injury? ...
Name of operation ... Was there an autopsy? No
What test confirmed diagnosis? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Morris B. Green M. D.
(Address) 3009 Evergreen Ave City

54903

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54903

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2018 W. Lanvale St. 16-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ellen Virginia Sufer

(a) Residence: No. 2018 W. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George A. Sufer

6. DATE OF BIRTH (month, day, year) May 27th 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	8	9 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George L. Purdy

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary V. Purdy

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT George A. Sufer

(Address) 2018 W. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Feb 10th 1939

19. UNDERTAKER Wm Cook

(Address) 1217 E. Pratt St

Registrar Huntington Williams M.D.

20. FILED Feb 9 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8th, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1938 to Feb. 8, 1939

I last saw h alive on Feb. 7, 1939 Death is said to have occurred on the date stated above, at 12 20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Arthritis	1928
" Endocarditis	1931

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury. 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) Homer L. Todd M. D.

(Address) 735 N. Fulton Ave

F 54904

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54904

CERTIFICATE OF DEATH

108 CC

1. PLACE OF DEATH Balto. City Hospitals

CITY OF BALTIMORE: (No. Bay View St., 10-2 Ward)

Registered No. 1877

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Rosetta Hill

(a) Residence: No. 922 N. Central Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 12 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
14	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Samuel Hill

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Daisy Green

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Eleanor Walker Sister

(Address) 903 N. Bond St. City

18. BURIAL, CREMATION OR REMOVAL

Place Mt. Calvary Date 2/11 1939

19. UNDERTAKER Walter D. Sprigg

(Address) 739 W. Lanvale St.

20. FILED 1939 Registrar. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb. 9, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry) to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Feb.

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. E. Wood, M. D. Coroner

(Address) 171 N. Bond St.

PENALTY FOR FALSE STATEMENT IS VERY IMPORTANT. See instructions on back of certificate.

54905

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 54905

CERTIFICATE OF DEATH

✓ 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 100 W. Cross St. 23-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. 10 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Eschenk

If U. S. Veteran specify WAR

(a) Residence: No. 100 W. Cross St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND (or) WIFE of Margaret Eschenk

6. DATE OF BIRTH (month, day, year) April 2, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant

10. Date deceased last worked at this occupation (month and year) Sept. 1938

11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (City or town) (State or country) Baltimore Md.

FATHER

13. NAME Henry Eschenk

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Anna M. Heiser

16. BIRTHPLACE (city or town) (State or country) Germany,

17. INFORMANT Mrs. Margaret Eschenk
(Address) 100 W. Cross St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feb 9. 1939

19. UNDERTAKER Mrs. Mrs. John N. Teufel & Son
(Address) 801 W. Fayette St.

20. FILED FEB 9 1939 Hunting to Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1938, to Feb. 7, 1939

I last saw h im alive on Feb. 6, 1939. Death is said to have occurred on the date stated above, at 4:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cardiac end of stomach, involving lower end of esophagus, diabetes	?

Other contributory causes of importance:

Was an operation performed? no - - Date of - - -

For what disease or injury? - - - -

Name of operation - - -

What test confirmed diagnosis? P. & F. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harry Deibel, M. D.

(Address) 1224-1226 Hanover St

54906

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54906

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH Hebrew Home for the Aged & Infirm

CITY OF BALTIMORE: (No. Belvedere & Greenspring Ave St. 27-17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. If of foreign birth? 60 yrs. mos. da.

2. FULL NAME Abraham Cohen

If U. S. Veteran specify WAR

(a) Residence: No. Belvedere & Greenspring St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sara Cohen

6. DATE OF BIRTH (month, day, year) 1854

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	85			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Poland
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) Unknown Poland
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) Poland
(State or country)

17. INFORMANT Syman Husband
(Address) Belvedere & Greenspring Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Washington Rd Date Feb. 9 19 39

19. UNDERTAKER Sol Levinson Bros
(Address) 1124-26 W North Ave

20. FILED 19 (Registrar.)

Hunting for Williams Mgr.

BG-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1938, to February 8, 1939

I last saw him alive on Feb 8, 1939. Death is said to have occurred on the date stated above, at 12.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-1-39
Hypertension	
Ch. cardiovascular disease	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H Edmund Levin, M. D.

(Address) Lemmdale

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 54907 ✓ 107-39 F 54907

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 Pearl St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susie Keys Johnson

If U. S. Veteran specify WAR

(a) Residence: No. 208 Pearl st St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	married

5a. If married, widowed, or divorced [redacted] of (or) WIFE of Jos. Johnson

6. DATE OF BIRTH (month, day, year) 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49 48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year) Jan 39

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Middlesex Co Va

FATHER

13. NAME John Keys

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Betty —

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Joseph Johnson

(Address) 208 Pearl St

18. BURIAL, CREMATION, OR REMOVAL

Place Middlesex Co. Va Date 2-9 1939

19. UNDERTAKER M&A Frances A Hemphill

(Address) 573 W. Biddle St Huntington Indiana, Ind.

20. FILED FEB 9 - 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day and hour stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	12 hrs
Arch Cardiac Dilatation	
Other contributory causes of importance: Bronchio-Pneumonia	3 days

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical history Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A Abrams, M. D.

Coroner

(Address) 7360 Eastern Ave

OCCUPATION IS VERY IMPORTANT. See INSTRUCTIONS ON BACK OF CERTIFICATE.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

54908

CERTIFICATE OF DEATH

93-c F 54908

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 530 St. Mary's St. 17-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mamie Metter

(a) Residence: No. 530 St. Mary's St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ?, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
At dec't	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 70

12. BIRTHPLACE (city or town) (State or country) Harford Co Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mary Givan

(Address) 530 St. Mary's

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date V-9 1939

19. UNDERTAKER Mrs. Frances A. Hepps Dey

(Address) 578 N. Bond St.

FILED FEB 9 - 1939 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 5, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above 9:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis,	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O'Regan Coroner, M. D.

(Address) 12 16 Hanover

OCCUPATION is very important. See instructions on back of certificate.

V S E

54909 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 54909

CERTIFICATE OF DEATH

72-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 3612 Edmondson Road St., 9-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Sarah Giles

If U. S. Veteran specify WAR

(a) Residence: No. 3612 Edmondson Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 11th 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

FATHER

13. NAME Alexandria Gamble

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Jane Harrison

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Mildred Allen

(Address) 3612 Edmondson Road

18. BURIAL, CREMATION, OR REMOVAL

Place Philadelphia Pa Date Feb 9 1939

19. UNDERTAKER George L. Schmatz

(Address) 2101 Frederick Ave

20. FEB 9 - 1939 19 Huntington Williamsport Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9th, 1939

22. I HEREBY CERTIFY, That I attended deceased from October, 1937 to Feb 7th, 1939

I last saw her alive on Feb 7th, 1939. Death is said to have occurred on the date stated above, at 5 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkins Disease	1937
Other contributory causes of importance:	
Malnutrition	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Richard France, M. D.

(Address) 1100 N Charles.

HEALTH DEPARTMENT—CITY OF BALTIMORE

54910

CERTIFICATE OF DEATH

94-B

F 54910

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. Gen. Hosp. St., 5-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Clara C. Reynolds

(a) Residence: No. 618 Gold St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	married

5a. If married, widowed, or divorced (or) WIFE of Betram Reynolds

6. DATE OF BIRTH (month, day, year) Sept. 21, 1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 007

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Louisville Kentucky

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Betram Reynolds (Address) 618 Gold St.

18. BURIAL, CREMATION, OR REMOVAL Place New Cath. Cem. Date 2/9 1939

19. UNDERTAKER Wm. Chas. H. Holland (Address) 1681 Druid Hill Ave.

20. FILED FEB 9 - 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/6/39. 19

22. I HEREBY CERTIFY, That I took charge of the deceased described above, held an Inquest thereon and from the evidence obtained by Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2/6/39

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. Sutton M. D.

(Address) 1306 E. Clay Coroner

VS 6

54911 **HEALTH DEPARTMENT—CITY OF BALTIMORE** #40628

F 54911

CERTIFICATE OF DEATH

✓ 35-C SF

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 22-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If of Lucinda

2. FULL NAME ~~Lucy~~ Johnson

If U. S. Veteran specify WAR

(a) Residence: No. 118 Churchill St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 5/2/~~1878~~ ?/1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
~~00~~ 53 ~~00~~	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HW

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va. (State or country)

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) unk. (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) unk. (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn C Date 2/9/39 19

19. UNDERTAKER Donald Brown & Son (Address) 105 W Montgomery St

20. FILED 19 Hunting for Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/4/39, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/6 1937 to 2/4 1937

I last saw her alive on 2/4 1937 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphogranuloma Inguinale	?
General arteriosclerosis	?
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Reid-Lowndes M. D.

(Address) Balto City Hosp.

V.S.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54912 ✓122-B F 54912

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 930 Peach St. 23rd Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Maggie Thomas

(a) Residence: No. 930 Peach St., 23 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James Brown

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Martha Wallace

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT William Brown
(Address) 710 Hanover St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 2/10/39 19

19. UNDERTAKER Isaiah L Brown & Son
(Address) 708 N Monroe St Baltimore, Md.

20. FILED FEB 9 - 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7 39

22. I HEREBY CERTIFY, That I attended deceased from Feb 5 1939 to Feb 7 1939

I last saw her alive on Feb 7 1939 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Intestinal Obstruction	2/5/39

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ..... 19.....

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) D H Carroll M. D.

(Address) 911 Warner St

54913 F 54913

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St., 4-L Ward)

Length of residence in city or town where death occurred 10 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 40 yrs. — mos. — ds.

If U. S. Veteran — specify WAR .....

2. FULL NAME Lee Kee Chong

(a) Residence: No. 209 W. Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Chinese	Single

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) about 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 64	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) Probably 1930

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) China

FATHER

13. NAME Could not ascertain

14. BIRTHPLACE (city or town) (State or country) China

MOTHER

15. MAIDEN NAME Could not ascertain

16. BIRTHPLACE (city or town) (State or country) China

17. INFORMANT Lee Wah (cousin)
(Address) 209 Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date Feb 9 - 39

19. UNDERTAKER STEWART & MOWEN COMPANY
(Address) (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

20. FILED 2-9-1939 19 [illegible] Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7 , 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Rt.)	6 hrs
Pulmonary Edema	
Other contributory causes of importance: Chronic Hypertension Cardiovascular Disease	5 yrs

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Clinical findings & history Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Michael A. Abrams, Coroner M. D.

(Address) 2360 Eutaw Place.

54914 HEALTH DEPARTMENT—CITY OF BALTIMORE F 54914

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1912 East 31st St. St., 9-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Richard Spencer Day

If U. S. Veteran specify WAR No

(a) Residence: No. 1912 East 31st. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara . Day

6. DATE OF BIRTH (month, day, year) April 20, 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Photographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Havre de Grass, (State or country) Md.

FATHER

13. NAME George A. Day

14. BIRTHPLACE (city or town) Baltimore, (State or country) Md.

MOTHER

15. MAIDEN NAME Eliza Jane Peacock

16. BIRTHPLACE (city or town) Baltimore, (State or country) Md.

17. INFORMANT Mrs. Clara M. Day (Address) 1912 East 31st St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb. 10 19 39

19. UNDERTAKER Slade & Oder (Address) Liberty & Lexington Sts.

20. FILED Feb 10 1939 Thaddeus A. Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 7, 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from 2 Jan 24 19 39 to Feb 7 19 39

I last saw him alive on Feb 7 19 39 Death is said to have occurred on the date stated above, at 9.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb 7

Other Contributory causes of importance:

Pulmonas Oedema
Cond. arteriosclerosis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward Zimmerman M. D.

(Address) 2858 Hartford Road

OCCUPATION is very important. See instructions on back of certificate.

VS 3

54915 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54915

CERTIFICATE OF DEATH

92-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 530 N. Eden St. St., 5-1 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mo. ....da.

If U. S. Veteran specify WAR .....

2. FULL NAME Carrie Bond.

(a) Residence: No. 530 N. Eden St., 5 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col.	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Earl

6. DATE OF BIRTH (month, day, year) Feb 15 1891

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
47	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook yl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Thomas

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Georgiana Peker

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Evelyn Bond yr
(Address) 530 N. Eden St.

18. BURIAL, CREMATION, OR REMOVAL
Place W. Calvary Cem Date 2/9 1939

19. UNDERTAKER Joseph D. Locke, Jr.
(Address) 1302 N. Central Ave

20. FILED ....., 19.... Registrar.

FEB 9 - 1939 Hattie E. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1938, to Feb 6, 1939.

I last saw h.e alive on Feb 5, 1939. Death is said to have occurred on the date stated above, at 8:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion (Embolism in Coronary Artery)	Feb 6, 1939
Other contributory causes of importance: Mitral Insuff. Coronary Sclerosis Acute Bronchitis & Senile Pneumonia	Dec 1938 Cough

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) R J Young M. D.

(Address) 1302 N. Eden St.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54916 — CERTIFICATE OF DEATH — 46-B F 54916

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2507 Barclay St. 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR ...

2. FULL NAME Thomas Gleason

(a) Residence: No. 2507 Barclay St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: RUSBAND of (or) WIFE of Edith Gleason

6. DATE OF BIRTH (month, day, year) May 4th-1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Station Master

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 873

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bentley Springs Balto. Md.

FATHER

13. NAME Thomas Gleason

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Brady

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Ellen Gleason
(Address) Parkton, Md.

18. BURIAL, CREMATION, OR REMOVAL Lutherville Md.
Place St. Joseph's Cem. Date 2-11- , 193

19. UNDERTAKER Margaret J. Flynn
(Address) 2107 N. Fulton Ave. Baltimore, Md.

20. FILED FEB 9 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1939, to Feb. 9, 1939

I last saw h.. alive on Feb 8, 1939. Death is said to have occurred on the date stated above, at 2.45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
about 1 year ago.	
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. H. Stansbury, M. D.

(Address) 714 Park Balto. Md.

OCCUPATION is very important. See instructions on back of certificate.

VD 9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54917

CERTIFICATE OF DEATH

95-B F 54917

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 124 W. Camden St. St., 27-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME JUILLETTE, SWAN. If U. S. Veteran specify WAR None.

(a) Residence: No. 124 W. Camden St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write that word): Widowed.

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Wm. Swan.

6. DATE OF BIRTH (month, day, year): June 15-1878.

7. AGE: Years 60 | Months 7 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): New Orleans La.

FATHER

13. NAME: Michiel Urbany.
14. BIRTHPLACE (city or town) (State or country): France.

MOTHER

15. MAIDEN NAME: Unknown.
16. BIRTHPLACE (city or town) (State or country): France.

17. INFORMANT: Edward Worley (Son)
(Address) 1700 Fleet St.

18. BURIAL, CREMATION, OR REMOVAL: Place Mt. Olivet Cem. Date Feb. 9- 1939

19. UNDERTAKER: Charles J. Schwaf.
(Address) 505 N. Monroe St.

20. FILED 19 Huntington Williams Registrar.

FEB 9 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1938, to Feb. 6, 1939

I last saw h.e. alive on 2/6, 1939 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardio vascular disease	1 yr
	3 yr
Other contributory causes of importance: Acute cardiac dilatation	2 day
	2 yr

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Benjamin Schiller, M. D.

(Address) 2020 Wilkens Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 F 54918

Registered No. 54918

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 26-12 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Lawrence Doyle (9461)

(a) Residence: No. Balto. City Hospitals St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 28, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0010

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Summers

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Feb 11/39
Place Mount Cathedral Date

19. UNDERTAKER J. B. Hubbert & Sons
(Address) 200 Eutaw Place

Huntington Williams Undertaker

20. FILED FEB 9 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from September 21, 1935 to February 8, 1939

I last saw him alive on February 8, 1939 Death is said to have occurred on the date stated above, at 12:13 P.M.

The principal cause of death and related causes of importance were as follows:	Date of onset
Coronary Thrombosis	Feb 3, 1939
Arteriosclerotic Heart Disease	1930
Other contributory causes of importance: Tuberculosis of Lungs	1924

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

V8 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

#41354

54919

CERTIFICATE OF DEATH

46-DF 54919 SF

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Fred Wolff

If U. S. Veteran specify WAR

(a) Residence: No. 516 Hanover St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/25/1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) Baltimore Md. (State or country)

FATHER

13. NAME Richard

14. BIRTHPLACE (city or town) Md. (State or country) Germany

MOTHER

15. MAIDEN NAME Gussie Albrecht

16. BIRTHPLACE (city or town) Md. (State or country) Germany

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb 10 1939

19. UNDERTAKER F. Bellefeld & Son

(Address) 1300 Eastern Ave

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/7/39, 19

22. I HEREBY CERTIFY, That I attended deceased from January 27, 1939 to February 7, 1939

I last saw him alive on February 7, 1939. Death is said to have occurred on the date stated above, at 1:25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
	1-1-39
Bronchopneumonia	
Other contributory causes of importance:	
Carcinoma of rectum	1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. De Santelle, M. D.

(Address) Baltimore City Hospitals

VS a 289-1939

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54920

CERTIFICATE OF DEATH

36 F 54920

1. PLACE OF DEATH St. Agnes Hospital

Registered No. [illegible]

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wilkens & Caton Ave St. 20-8 Ward)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? [illegible] yrs. [illegible] mos. [illegible] ds.

2. FULL NAME Douglas Warner Sullivan

If U. S. Veteran specify WAR

(a) Residence: No. 215 S. London Ave St., [illegible] Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Oct 26th 1937

7. AGE	Years	Months	Days	If LESS than 1 day, [illegible] hrs. or [illegible] min.
15 mos.	1	3	13 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Catonsville Maryland

FATHER

13. NAME John W. Sullivan

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Bertha Eader

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mrs. John W. Sullivan
(Address) 215 S. London Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 2/10/39 19

19. UNDERTAKER Jno. Weber & Son
(Address) 2503 Edmondson Ave.

20. FILED [illegible] 19 Huntington Williamstown W.V.

FEB 9 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-8 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-19 1939 to 2-8 1939

I last saw h[illegible] alive on Feb 8th 1939 Death is said to have occurred on the date stated above, at 6.20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	2-1-39?

Other contributory causes of importance:

Fulminating Toxemia

Was an operation performed? No Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph E. Muse Jr. M. D.

(Address) St Agnes Hosp

54921 E 54921

HEALTH DEPARTMENT—CITY OF BALTIMORE

#41598 SF

CERTIFICATE OF DEATH

107-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Norwood

(a) Residence: No. 46 E. Montgomery St. St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowe

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William

6. DATE OF BIRTH (month, day, year) 7/3/1861

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
77	77	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HW

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Morrison

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME unk.

16. BIRTHPLACE (city or town) (State or country) unk.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date Feb 10 1939

19. UNDERTAKER William M Marechs

(Address) 715 Light St Williams, MD

20. FILED ..... 19.... Registrar.

FEB 9 = 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/7/39 , 19

22. I HEREBY CERTIFY, That I attended deceased from 2-2, 1939 to 2-7, 1939.

I last saw her alive on 2-7, 1939 Death is said to have occurred on the date stated above, at 8:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	?
Congestive Heart failure	?
Bronchopneumonia	2 days

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, state

(Signed) L L Bourne M. D.

(Address) Balto. City Hosp.

V.S.

54922

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54922

131

1. PLACE OF DEATH South Balto. Gen. Hosp.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 2404 Ward)

Length of residence in City where death occurred 53 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. ~~Lula~~ Miller

If U. S. Veteran specify WAR

(a) Residence: No. 1831 Covington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Martin Miller

6. DATE OF BIRTH (month, day, year) July 13 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles E Willett

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMANT Mr Martin Miller
(Address) 1831 Covington St

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Feb 10 1939

19. UNDERTAKER William M Mareck
(Address) 715 Light St

20. FILED 19 Registrar.

FEB 9 - 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1939 to Feb 7, 1939.

I last saw her alive on Feb 7, 1939 Death is said to have occurred on the date stated above, at 4 0/clock p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Vascular Nephritis	?
Chronic Myocarditis	?

Other contributory causes of importance: —

Was an operation performed? No Date of

For what disease or injury? —

Name of operation

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —
No If so, specify

(Signed) Louis J. Krell, M. D.

(Address) South Balto. Gen. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

54923

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 54923

CERTIFICATE OF DEATH

51-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1512 S Charles St. 2-3-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John APRILL

If U. S. Veteran specify WAR

(a) Residence: No. 1512 S Charles St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Ruth B Aprill

6. DATE OF BIRTH (month, day, year) Aug 20 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	5	20 18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Operator Grain

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Elevator B & O

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20 ?

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Balshesar Aprill

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Bok

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Ruth B Aprill

(Address) 1512 S Charles

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date Feb 11, 19 39

19. UNDERTAKER William M Marsch

(Address) 715 Light st

20. FILED ..... 19 ..... Registrar.

FEB 9 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8, 1939

22. I HEREBY CERTIFY That I attended deceased from May 5, 1938, to Feb 8, 1939

I last saw him alive on 2/8, 1939 Death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of urinary bladder	3/5/38
Other contributory causes of importance: Anemia	2/6/39

Was an operation performed? Yes cystoscopy Date of 7 Jan 1939

For what disease or injury?

Name of operation cystoscopy

What test confirmed diagnosis? T Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Isaac Heller M. D.

(Address) 122 E Lexington St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54924

CERTIFICATE OF DEATH

92-F 54924

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1433 Jefferson St., 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME George A. White

(a) Residence: No. 1433 Jefferson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nettie White

6. DATE OF BIRTH (month, day, year) 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Balto md

MOTHER

15. MAIDEN NAME Mary Cross

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Nettie White (Address) 1433 Jefferson St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Cemetery Date 2-11-1939

19. UNDERTAKER Mrs Ida Bailey (Address) 1421 Jefferson Ave Huntington Funeral Home

20. DATE RECEIVED FEB 9-1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7, 1939

22. I HEREBY CERTIFY, That I attended / deceased from Jan 6, 1939 to Feb 7, 1939

I last saw h. alive on Feb 7, 1939 Death is said to have occurred on the date stated above, at 6.10 P.M.

The principal cause of death and related causes of importance were as follows:

Acute Pneumonia

Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. Edward Fisher M. D.

(Address) 1612 E Monument

OCCUPATION IS VERY important. See instructions on back of certificate.

VS 3

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

54925

CERTIFICATE OF DEATH

95 F 54925

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2500 Lakeland Ave. 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Judson Emmet Gary

(a) Residence: No. 2500 Lakeland Ave. 25 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of Nellie N. Gary

6. DATE OF BIRTH (month, day, year) Sept 30 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steam R. R.

10. Date deceased last worked at this occupation (month and year) 2 yrs ago

11. Total time (years) spent in this occupation Life.

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME Hezekiah Gary

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Susan Brown

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs J E Gary (wife)
(Address) 2500 Lakeland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Date 2/11 1939

19. UNDERTAKER Edward Loudon
(Address) 2329 Wash. Blvd

20. FILED FEB 9 1939 Hunting for Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 4 1939 to Feb 9 1939

I last saw him alive on Feb 9 1939 Death is said to have occurred on the date stated above, at 1 55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	2/4/39
Other contributory causes of importance: Cardiac Insufficiency	2/9/39

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) Thamen Whelan M. D.

(Address) 2919 Rollins Ferry Rd

V. S. 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

54926

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 54926

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH Provident Hospital

Registered No.

CITY OF BALTIMORE: (No. 1514 Division St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Vernon F. Webster

If U. S. Veteran specify WAR

(a) Residence: No. 1104 Sarah Ann St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Baby

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 13, 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Non

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Charles E. Webster.

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Clara Redmond

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Chas. E. Webster, (Address) 1104 Sarah Ann St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Lebanon Cem. Date Feb. 9, 1939

19. UNDERTAKER Mrs. Katie R. Williams (Address) 323 N Schroeder St.

20. FILED Feb 9 1939 by Katie R. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-6-1939

22. I HEREBY CERTIFY, That I attended deceased from 2-1-39 19 to 2-6-39 19

I last saw him alive on 2-6-39 19 Death is said to have occurred on the date stated above, at 8:55 a.m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	?
	over
Other contributory causes of importance: Leukemia.	?

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. F. Maloney M. D.

(Address) Provident Hospital Baltimore, Md

OCCUPATION is very important. See instructions on back of certificate.

FEB 9-1939

54927 HEALTH DEPARTMENT—CITY OF BALTIMORE E 54927

CERTIFICATE OF DEATH

95B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Hebrew Home for Aged & Infirm

CITY OF BALTIMORE: (No. Belvedere & Greenspring Ave. St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah Bellerman

(a) Residence: No. Belvedere & Greenspring Ave St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Bellerman

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	86			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Nathan

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sig. Heimbach

(Address) Belvedere & Greenspring

18. BURIAL, CREMATION, OR REMOVAL

Place Levindale Date 2/9/39

19. UNDERTAKER Jos. Levin Sr.

(Address) 1439 E. Baltimore St.

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 2-8-39

22. I HEREBY CERTIFY, That I attended deceased from 8/16/36 to 2/8/39

that I saw her alive on 2/8/39. Death is said to have occurred on the date stated above, at 11:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	2-2-39
Cardiac hypertrophy	

Other contributory causes of importance:

Chr Bronchitis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Edmund Levin, M. D.

(Address) Levindale

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

V6 B

54928 35-7821

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 54928

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 10 - E Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Clarence Hersey

(a) Residence: No. 939 Harford Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Deceased

6. DATE OF BIRTH (month, day, year) 4-26-85

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur 20 yrs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Perry Hersey

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Susie Gaines

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Friends
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 2/10 1939

19. UNDERTAKER Raynor Sanders
(Address) 1413 E Preston St

20. FILED ..... 1939 Registrar.

FEB 9 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 29 1939 to Feb 6 1939

I last saw ~~him~~ alive on Feb 6 1939. Death is said to have occurred on the date stated above, at 7 0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriolar - nephrosclerosis	not known
& uraemia	
Other contributory causes of importance:	
Uraemia and terminal hypostatic pneumonia	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Irmine Billings Jr M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54929

CERTIFICATE OF DEATH

F 54929
Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 919 N Central Ave 10-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR

2. FULL NAME Dorothy Mae Lewis
(a) Residence: No. 919 N Central Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Colored	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 25 1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	1	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME Leo Lewis
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER
15. MAIDEN NAME Bering Belcher
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Leo Lewis
(Address) 119 N Central Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 2-9- 1939

19. UNDERTAKER Bozorth Harris & Wright
(Address) 2181 McCaldeen St

20. FILED FEB 9 1939 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchial Pneumonia	Feb 1939
Other contributory causes of importance: Pertussis	Jan 25 1939

Was an operation performed? — Date of
For what disease or injury?
Name of operation — Date of
What test confirmed diagnosis? Aut Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George Allen M. D.
(Address) 1538 Division St Coroner

OCCUPATION is very important. See instructions on back of certificate.

V 8-6

1930 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54930

CERTIFICATE OF DEATH

53-E

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 729 Allendale St. St., 16-E Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Eudora B. Eyre

(a) Residence: No. 729 Allendale St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Late Lee J. Eyre

6. DATE OF BIRTH (month, day, year) Nov. 16, 1861.

7. AGE 77 Years	Months 2	Days 21	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER
13. NAME Philip Smallwood
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER
15. MAIDEN NAME Martha Burrett
16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Gilbert E. Eyre
(Address) 5913 Brenston Ave,

18. BURIAL, CREMATION, OR REMOVAL
Place Highland, Howard Co. Md. Date Feb. 10/39

19. UNDERTAKER Harry H Curtze
(Address) 101 Edmondson Ave.

20. FILED FEB 9 1939 Harry H. Williams Registrar

VS 8

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 7 1939

22. I HEREBY CERTIFY, That I attended deceased from JUNE 1938 19... to FEB. 7 1939.
I last saw HER alive on FEB 2 1939. Death is said to have occurred on the date stated above, at 2.00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
NODULAR GOITRE	1920
CARCINOMA OF THYROID	1938

Other contributory causes of importance:
METASTASES

Was an operation performed? YES Date of JUNE 6, 1938
For what disease or injury? CARCINOMA THYROID
Name of operation THYROIDECTOMY
What test confirmed diagnosis? Of. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ralph G. Hills M. D.
(Address) 16 E. Eager St Baltimore

OCCUPATION is very important. See instructions on back of certificate.

54931

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54931

CERTIFICATE OF DEATH

349-23

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Frank Finney (41324)

If U. S. Veteran specify WAR

(a) Residence: No. 939 Madison Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 6, 1898

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	40	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Louis (D)

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Hannah

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Sinai Smithfield Va. Date 2/13 19 39

19. UNDERTAKER Charles H. Cofer

(Address) 5121 N. Calhoun St.

20. FILED FEB 9 - 1939 19 Registrar.

Huntington Williams, M.D.

EKY

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 30, 1939 to February 7, 1939.

I last saw him alive on February 7, 1939. Death is said to have occurred on the date stated above, at 1:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	Nov. 1938
Hemorrhage from lungs	Feb. 7 1939

Other contributory causes of importance: over

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. M. Curtiz M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

VS 8

4932

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54932

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH U.S. Marine Hosp
CITY OF BALTIMORE: (No. ..... St., 4-2 Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Samuel Luther Mc Kown

(a) Residence: No. 652 N Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 8-1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44	45	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Oil Co
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Army Man
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfolk Va

FATHER

13. NAME Samuel Mc Kown
14. BIRTHPLACE (city or town) (State or country) Prince Anne Co

MOTHER

15. MAIDEN NAME Lillian Pumphrey
16. BIRTHPLACE (city or town) (State or country) Prince Anne Co

17. INFORMANT Mrs James M Bowler
(Address) Richmond Va

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Nat Cem Date 2/10/39

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Hollins sts

20. FILED 2-10-1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 7, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said and that said deceased came (Inquest, Autopsy or Inquiry)
to ... on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vas Disease	
Other contributory causes of importance: Alcoholic	

Was an operation performed? None Date of .....
For what disease or injury?
Name of operation Date of .....
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. A. Crain, M. D.
Coroner
(Address)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V 8 6

54933

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54933

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 343 E 29 St., 12-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adelade M. Staats

If U. S. Veteran specify WAR

(a) Residence: No. 343 E-29 St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fmal	colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob C. Staats

6. DATE OF BIRTH (month, day, year) aug 27-1857

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	81	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James Merritt

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Catherine Price

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Jacob C. Staats
(Address) 343 E 29 St

18. BURIAL, CREMATION, OR REMOVAL
Place Middletown M. E. church Date Feb 10th 1939

19. UNDERTAKER Wm Cook
(Address) 1117 St Paul St

20. FILED FEB 10 1939 Huntington Hillegas, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 20, 1939 to February 9, 1939

I last saw her alive on February 8, 1939. Death is said to have occurred on the date stated above, at 3a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arterio Sclerosis, Hypertension	6 yrs
Uraemia	7 days
Broncho Pneumonia	3 days

Other contributory causes of importance:

Chronic Infectious Nephritis	6 yrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Urinalysis & Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Thos. F. A. Stevens, M. D.

(Address) 2878 Stanford Rd

OCCUPATION is very important. See instructions on back of certificate.

V8 2

HEALTH DEPARTMENT—CITY OF BALTIMORE

54934

54934

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 320 S Mocon St. 26-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME William H Wilkie

(a) Residence: No. 320 S Mocon St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Eva M. Wilkie

6. DATE OF BIRTH (month, day, year): June 1. 1890

7. AGE: Years 48; Months 6; Days 7; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stock Puller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: American Can Co

10. Date deceased last worked this occupation (month and year): 4/28/39

11. Total time (years) spent in this occupation: 15

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: David L Wilkie

14. BIRTHPLACE (city or town) (State or country): Holland

MOTHER

15. MAIDEN NAME: Bertha Wylok

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT (Address): Eva M. Wilkie 320 S Mocon St

18. BURIAL, CREMATION, OR REMOVAL: Place Parkwood Date 2/11 1939

19. UNDERTAKER (Address): Frank H Conlee 2192 E Lombard St

Registrar.

20. FILED FEB 10 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1939 to Feb 8, 1939.

I last saw h[illegible] alive on Feb 8, 1939. Death is said to have occurred on the date stated above, at 2:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Adam Sod, M. D.

(Address) 4616 Eastern ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V8 3

54935 HEALTH DEPARTMENT—CITY OF BALTIMORE F 54935

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 232 S. Mount St., 19-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME George Frederick Waterworth

If U. S. Veteran specify WAR

(a) Residence: No. 232 S. Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word)
Male	White	Married

3a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Landora Waterworth

6. DATE OF BIRTH (month, day, year) Feb 26 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Upholsterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Transit Co.

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Alexander Waterworth

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Annie Jones

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Landora Waterworth

(Address) 232 S. Mount St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Feb 11th 193[illegible]

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED FEB 10 1939 [illegible] for Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8th 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 6 1939 to Feb 8 1939

I last saw h[illegible] alive on Feb 8 1939 Death is said to have occurred on the date stated above, at 5-45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Hypertension	3yrs
	yrs
Other contributory causes of importance: Cerebral hemorrhage	2 Hrs
	yrs

Was an operation performed? No Date of

For what disease or injury? none

Name of operation none

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Benjamin Miller M. D.

(Address) 2020 E Eager Ave

OCCUPATION is very important. See instructions on back of certificate.

VS B

F 54936 HEALTH DEPARTMENT—CITY OF BALTIMORE F 54936

CERTIFICATE OF DEATH

✓ 23

Registered No.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1402 Holbrook St. 9-9 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Ellsworth Malone

(a) Residence: No. 1402 Holbrook St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Carolyn Malone

6. DATE OF BIRTH (month, day, year): Nov 9th 1912

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Telephone Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Tudor Arms Hotel

10. Date deceased last worked at this occupation (month and year): Dec 1938.

11. Total time (years) spent in this occupation: 6

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: George Malone

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Edith Larsh

16. BIRTHPLACE (city or town) (State or country): Ill

17. INFORMANT: Carolyn Malone

(Address): 1402 Holbrook St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mayland Park Date: Feb 11th 1939

19. UNDERTAKER: Wm Cook

(Address): 1217 St Paul St

20. FILED: Huntington Williams Registrar

FEB 10 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 8th 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1939, to Feb. 8, 1939.

I last saw him alive on Feb. 7, 1939. Death is said to have occurred on the date stated above, at 7:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1937?
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? Lab. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Ferdinand A. Bies, M. D.

(Address) 300 E. North Avenue

OCCUPATION is very important. See instructions on back of certificate.

54937 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 54937

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital 4-2 — Registered No. 131

CITY OF BALTIMORE: (No. ..... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 3 mos. 6 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME John W. Hopper — If U. S. Veteran specify WAR ... Regt. ...

(a) Residence: No. Beltsville Md St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 6 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Alexander Hopper

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Catherine Reynolds

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Lewis Smallwood (Address) Beltsville Md

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 2 11 1939

19. UNDERTAKER Jm Cook (Address) 1292 Gault

20. FILED FEB 10 1939 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from October 21, 1938, to February 9, 1939.

I last saw h[illegible] alive on February 9, 1939. Death is said to have occurred on the date stated above, at 7 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Arteriosclerosis + Asthenia	
Sclerosis,	
Hypertension	
Small Contracted Kidneys (Arteriosclerosis)	
Other contributory causes of importance: Uremia Coma	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) William B. Long, M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

54938

HEALTH DEPARTMENT—CITY OF BALTIMORE

54938

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2801 Fait ave St., 1-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Zuromski

If U. S. Veteran specify WAR .....

(a) Residence: No. 2808 Fait St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maryanna Zuromski D.

6. DATE OF BIRTH (month, day, year) 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Jakub Zuromski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Anna Pietrowiak

(Address) 2801 Fait ave

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date 2/11 39

19. UNDERTAKER John J. Pryda

(Address) 2824 Hudson St

20. FILED ..... 19..... Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 31 1938 to Feb 8 1939

I last saw h[illegible] alive on Feb 8 1939. Death is said to have occurred on the date stated above, at 9:45 P.m.

The principal cause of death and related causes of importance were as follows:

		Date of onset
Chr. Alcoholism duration	Dec 31	1938
Chr Nephritis	Dec 31	1938
Other contributory causes of importance:		

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wladislaw Kozlowski, M. D.

(Address) 2501 Gaede

State CAUSE OF DEATH in plain terms. Do not use abbreviations or initials. See instructions on back of certificate. OCCUPATION is very important.

FEB 20 1939

VS 3

54939

HEALTH DEPARTMENT—CITY OF BALTIMORE E 54939

CERTIFICATE OF DEATH 943

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Con Eutaw Place & Wheeler Ave (Hospital, Institution or Street)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Patrick Jos. Degnan

If U. S. Veteran specify WAR

(a) Residence: No. 1116 Eutaw St., 10-1 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Margaret M Degnan

6. DATE OF BIRTH (month, day, year) April 11, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Repairman Phones

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C & P Tel Co

10. Date deceased last worked at this occupation (month and year) 008

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brooklyn N.Y.

FATHER

13. NAME John Degnan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret McGinnis

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Margaret M Degnan

(Address) 1116 Eutaw St

18. BURIAL, CREMATION OR REMOVAL

Mt Olivet Cathedral Cemy Date Feb. 13, 1939

19. UNDERTAKER Edmund J. Conklin & Son

(Address) 924 E Eager St.

FEB 10 1939 19 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows: Coronary occlusion

Date of onset 2/9/39

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. A. Evans, M. D. Coroner

(Address)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

54940 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 54940

48

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hosp

CITY OF BALTIMORE: (No. Calvert & 33rd St. 12-3 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. 10 mos. 29 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MRS. BEATRICE X. PILERT (Estelle)

If U. S. Veteran specify WAR None

(a) Residence: No. 2820 Guilford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	DIVORCED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of EDWARD PILERT

6. DATE OF BIRTH (month, day, year) March 10, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. SECRETARY

9. Industry or business in which work was done, as silk m[illegible] saw mill, bank, etc. Dr O.E. Culler

10. Date deceased last worked at this occupation (month and year) abt Sept-1938

11. Total time (years) spent in this occupation 10 years

12. BIRTHPLACE (city or town) (State or country) Baltimore Md. Maryland

FATHER

13. NAME HARRY M KRONAU

14. BIRTHPLACE (city or town) (State or country) Baltimore Md Maryland

MOTHER

15. MAIDEN NAME MARY E ESSLEN

16. BIRTHPLACE (city or town) (State or country) Washington ~~Virginia~~ D.C.

17. INFORMANT Mr. Edward Pilert (son)

(Address) 2820 Guilford Ave

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~

Place Fort Lincoln, Conn. Date Feb 10 39 19

19. UNDERTAKER STEWART & MOWEN COMPANY

(Address) (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

20. FILED FEB 10 1939 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from October 13 1938 to Feb. 9, 1939

I last saw her alive on February 9th, 1939. Death is said to have occurred on the date stated above, at 12.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CARCINOMA of CERVIX	12/1/37
GENERALIZED CARCINOMATOSIS	8/1/38
Other contributory causes of importance:	

Was an operation performed? YES Date of 2-2-38

For what disease or injury? CARCINOMA of CERVIX

Name of operation ABDOMINAL HYSTERECTOMY

What test confirmed diagnosis? Biopsy Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Douglas H. Stone M. D.

(Address) Union Memorial Hosp

OCCUPATION is very important. See instructions on back of certificate.

V0 3

Huntington Williams, M.D.

54941

HEALTH DEPARTMENT—CITY OF BALTIMORE

54941

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH — Little Sisters of Poor

CITY OF BALTIMORE: (No. 1200 Valley St. ?? St. 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME ..... Martha Harbes

If U. S. Veteran specify WAR

(a) Residence: No. 1200 Valley Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Harry Harbes

6. DATE OF BIRTH (month, day, year): May 3, 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
84	9	7 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Pennsylvania

FATHER

13. NAME: Nicholas Byer

14. BIRTHPLACE (city or town) (State or country): Penn.

MOTHER

15. MAIDEN NAME: Martha Christ

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Little Sisters of the Poor, St. Imelda (Address) 1200 Valley Street

18. BURIAL, CREMATION, OR REMOVAL — Place: Bonni Brae Date: 2/10/39

19. UNDERTAKER: Rita Wiesfeld (Address) 914 Greenmount Ave

20. FILED ... 19... Huntington Williams Registrar.

FEB 10 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 9, 1939 2.30 a.m. 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 16 1938 to Feb 9 1939

I last saw her alive on Feb 8 1939. Death is said to have occurred on the date stated above, at 2.30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Intestines	?
Other contributory causes of importance: Asthma	6 mo

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Phys Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) L. Mc Parker, M. D.

(Address) 1114 Harpster

State CAUSE OF DEATH in plain terms so that any physician can understand it. OCCUPATION is very important. See instructions on back of certificate.

F 54942

54942

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-G

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St., 2 (Ward)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth 38 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jennie Korzyniewski

(a) Residence: No. 2239 Essex St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Michael Korzeniewski

6. DATE OF BIRTH (month, day, year) March 15-1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	11 10	28 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Poland

FATHER

13. NAME Pawel Struzynska

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Aleaandra Tyszko

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Michael Korzeniewski
(Address) 2239 Essex St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem. Date Feb 13 1939

19. UNDERTAKER Wm. S. Fialkowski
(Address) 2007 Eastern Ave
Huntingdon Williams, M.D.
Registrar.

FILED FEB 10 1939

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1939 to Feb 8, 1939

last saw h[illegible] alive on Feb 8, 1939 Death is said to have occurred on the date stated above, at 5.15P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Retroperitoneal sarcoma (?)	
Other contributory causes of importance:	

Was an operation performed? Yes Date of Feb. 2, 1939

For what disease or injury? Scalp Lesion.

Name of operation Biopsy of Scalp.

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Hector N. Gundersheimer M. D.

(Address)

54943

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54943

CERTIFICATE OF DEATH

14-3107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 425 Robb St., Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME John A. Perkins

If U. S. Veteran specify WAR

(a) Residence No. 425 Robb St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of WIFE of John A. Perkins

6. DATE OF BIRTH (month, day, year) Nov 27 1876

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
62	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston Me

FATHER

13. NAME Elisha Perkins

14. BIRTHPLACE (city or town) (State or country) Me

MOTHER

15. MAIDEN NAME Anderson

16. BIRTHPLACE (city or town) (State or country) Me

17. INFORMANT Martha Perkins (Address) 425 Robb St

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date 2-9 1939

19. UNDERTAKER Mrs Frances A. Williams (Address) 578 N. Bridge St.

20. FILED FEB 10 1939 Hunting for Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 29 1939 to Feb 3 1939

I last saw him alive on Jan 31 1939 Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Bronchopneumonia	4 days
Senility	
Contributory	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) H. Lee Sher M. D.

(Address) 924 Cathedral

OCCUPATION is very important. See instructions on back of certificate.

54944

HEALTH DEPARTMENT—CITY OF BALTIMORE

54944

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1714 E Oliver St St. 8-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Karmann

(a) Residence: No. 1714 E Oliver St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widower of Anna E Karmann

6. DATE OF BIRTH (month, day, year): Sept 28 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	4	11 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Iron Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Bethlehem Co

10. Date deceased last worked at this occupation (month and year): 1924

11. Total time (years) spent in this occupation: Don't know

12. BIRTHPLACE (city or town) (State or country): Vienna

FATHER

13. NAME: Joseph Karmann

14. BIRTHPLACE (city or town) (State or country): Vienna

MOTHER

15. MAIDEN NAME: Magaret Straaker

16. BIRTHPLACE (city or town) (State or country): Vienna

17. INFORMANT: Anna E Karmann
(Address) 1714 E Oliver St

18. BURIAL, CREMATION, OR REMOVAL
Place: Back Cemetery Date: Feb 9th 1939

19. UNDERTAKER: Geo Schilling & Son
(Address) 1124-1126 E Monument St

for Investigator Williams, M.P.
Registrar.

FEB 10 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 8 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 1938 to Feb 8 1939

I last saw him alive on Feb 8 1939. Death is said to have occurred on the date stated above, at 12 45 P m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis
Arteriosclerosis & Hypertension
Hypostatic Pneumonia

Date of onset

Other contributory causes of importance:
Senility

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) O. C. Cannon M. D.

(Address) 1701 N. Caroline St

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

54945

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54945

CERTIFICATE OF DEATH

93a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2812 Mosher Street St., 16-b Ward)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Kate M. Wallace

(a) Residence: No. 2812 Mosher Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of George E. [redacted]

6. DATE OF BIRTH (month, day, year) December 4th 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 1037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Somerset County, Md.

FATHER

13. NAME John R. Giles

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Marshall

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr. Giles L. Wallace

(Address) 118 N. LuzerneAvenue.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Feb 11th. 1939

19. UNDERTAKER Wm. J. Tickner & Sons.

(Address) North & Penna Aves.

20. FILED FEB 10 1939 Huntington Pitts Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 8th. 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 6 1939 to Feb 8 1939

I last saw h[illegible] alive on Feb 7 1939. Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic, Acute	
Dilatation of Heart	
Other contributory causes of importance: Senile Atheromatosis	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edwin H. Thatcher M. D.

(Address) 1219 Eutaw Place

SEE CAUSE OF DEATH on page 1 for instructions. OCCUPATION is very important. See instructions on back of certificate.

VS 9

1946 F 54946

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

467

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 102 St. Dunstan's Rd Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kittie S. Durling
If U. S. Veteran specify WAR

(a) Residence: No. 102 St Dunstans Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or race: White
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Charles R Durling

6. DATE OF BIRTH (month, day, year): Aug. 29, 1871

7. AGE: Years 67 | Months 5 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Wilmington Del

FATHER
13. NAME: Frank Nolan
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME: Mary Sayers.
16. BIRTHPLACE (city or town) (State or country): St. Louis Mo

17. INFORMANT: Dr. Chas R Durling
(Address) 102 St Dunstans Rd

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Date: Feb. 10 1939

19. UNDERTAKER: Wm Pickup & Sons
(Address) North & Paca

20. FILED FEB 10 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1938 to Feb. 8, 1939
I last saw her alive on Feb 8, 1939. Death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	1935?
Other contributory causes of importance:	

Was an operation performed? Yes Date of March 1935
For what disease or injury? Carcinoma of Rectum
Name of operation
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Edmund L. Keeney M. D.
(Address) 1114 St. Paul St.

MAKE CAUSE OF DEATH in plain terms. See instructions on back of certificate.
OCCUPATION is very important.

V6 8

54947 HEALTH DEPARTMENT—CITY OF BALTIMORE F 54947

for Highstein

54E

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3210 Linkers Rd St., 15-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth 45 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Samuel L. Rosenberg

(a) Residence: No. 3210 Linkers Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hortense L. Rosenberg

6. DATE OF BIRTH (month, day, year) 5-20-1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1072

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Ruben Rosenberg

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rosa

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hortense L. Rosenberg

(Address) Wife

18. BURIAL, CREMATION, OR REMOVAL Hebrew Friendship Date 2/11/1939

19. UNDERTAKER Jack Lewis Sons

(Address) 1439

20. FILED Hortense for William Register

FEB 10 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1939

22. I HEREBY CERTIFY That I attended deceased from July 6, 1939, to July 9, 1939

I last saw h[illegible] alive on July 9, 1939. Death is said to have occurred on the date stated above, at 12:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenoma of Kidney	
Pulmonary Edema	July 8 1939

Other contributory causes of importance:

Was an operation performed? Yes Date of July 9, 1939

For what disease or injury? Exploratory Laparotomy

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S. Highstein M. D.

(Address) 2726 Penna. Av.

OCCUPATION is very important. See instructions on back of certificate.

F 54948

54948

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11 B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 130 W. Read St. 11-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Agnes Young

If U.S. Veteran specify WAR ....

(a) Residence: No. 130 W. Read St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	ed	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm

6. DATE OF BIRTH (month, day, year) July 11, 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60 61	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md

FATHER

13. NAME John Humphrey

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elmira Beamer

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Alice Wright of
(Address) 130 W. Clarke St

18. BURIAL, CREMATION, OR REMOVAL
Place Towson, Md. Date 2/11 1939

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Eastman ave

20. FILED ..... 19.....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/8 1939

22. I HEREBY CERTIFY, That I attended deceased from 2/3 1939 to 2/8 1939

I last saw h[illegible] alive on 2/8 1939 Death is said to have occurred on the date stated above, at 9:46 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	2/5/39
Other contributory causes of importance: Influenza	2/3/39

Was an operation performed? ..... Date of .....

For what disease or injury?

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) D. J. Halahy M. D.

(Address) [illegible]

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

54949

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54949

CERTIFICATE OF DEATH

108 41128 JS

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hospt. St. 14 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME James Edward Holton

(a) Residence: No. 1813 Pennsylvania Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Genevieve

6. DATE OF BIRTH (month, day, year) 11-19-1855 ~~1866~~

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	57 ~~67~~	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Geo. Thomas

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lydia Bankers

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. V. H. records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Peters Date 2/13 1939

19. UNDERTAKER Thomas E. Kelsay
(Address) 1303 Pulaski Stream St

20. FILED 2/10/39 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 - 8 , 1939

22. I HEREBY CERTIFY, That I attended deceased from 1 - 20 , 1939 to 2 - 8 , 1939

I last saw him alive on 2 - 8 , 1939 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	few weeks
Empyema left chest	?

Other contributory causes of importance:

Was an operation performed? yes Date of 2 - 8 - 39

For what disease or injury? Empyema

Name of operation Closed thoracotomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto City Hosp.

THE CAUSE OF DEATH must be given in plain terms. See instructions on back of certificate. OCCUPATION is very important.

V8 8

54950

HEALTH DEPARTMENT—CITY OF BALTIMORE 54950

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1140 S. Paca St., 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Robert J. Crocken

(a) Residence: No. 1140 S. Paca St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 18, 1915

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
23	4	20 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerical Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 3009

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Edward H. Crocken

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

MOTHER

15. MAIDEN NAME Annie J. Borland

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Mrs. Annie J. Cranford (Address) 1140 S. Paca St.

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date Feb. 11/39

19. UNDERTAKER Harry A. Rutter (Address) 1101 Edmondson Ave. Huntingtown Publishing Co., Mgr.

20. FILED FEB 10 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1939 to Feb 8, 1939

I last saw him alive on Feb 8, 1939 Death is said to have occurred on the date stated above, at ..... M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
BRONCHOPNEUMONIA	2-4-39
CHRONIC NEPHRITIS	1-1-39

Other contributory causes of importance:

Was an operation performed? NO Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Exam Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) Edward F. Milan M. D.

(Address) 6811 WASHINGTON BLVD

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

54951

HEALTH DEPARTMENT—CITY OF BALTIMORE

54951

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 818 Ashland Ave 10-2 Ward) 82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Dorsey

If U. S. Veteran specify WAR

(a) Residence: No. 818 Ashland Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hannah Dorsey

6. DATE OF BIRTH (month, day, year) 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Matilda Dorsey

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Hannah Dorsey (Address) 413 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL Douglass Mortuary Date Feb 11 39

19. UNDERTAKER Adolphus Halstead (Address) 710 Druid Hill Ave

20. FILED 19 Huntington Williams, M.D.

FEB 10 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1, 39

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Apoplexy	Feb 1 1939
Other contributory causes of importance: —	

Was an operation performed? — Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.

Coroner

(Address) 50 Calvert St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

54952

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 54952

93-C W2640

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 Park Ave St. 11-K Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Daniel Brown

If U. S. Veteran specify WAR .....

(a) Residence: No. 909 Park Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Brown

6. DATE OF BIRTH (month, day, year) 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd jobs

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary Mitchell

(Address) 909 Park Ave

18. BURIAL, CREMATION, OR REMOVAL Douglass Mem Cem Date Feb. 11 1939

19. UNDERTAKER Adolphus Halstead

(Address) 918 Druid Hill Ave

20. FILED FEB 10 1939 Hunter to Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1939 to Feb 6, 1939

I last saw h[illegible] alive on Feb 5 1939 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
	?

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Method Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. H. Watts, M. D.

(Address) 911 S. Carrington Ln

State CAUSE OF DEATH in plain terms so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

54953

HEALTH DEPARTMENT—CITY OF BALTIMORE

54953

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 548 W. Biddle St. 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fred Brown

If U. S. Veteran specify WAR

(a) Residence: No. 513 Oxford St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hattie Brown

6. DATE OF BIRTH (month, day, year) 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd jobs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) King George Co Md.

FATHER

13. NAME William Brown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Cassilia —

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hazel Johnson

(Address) 613 Oxford St.

18. BURIAL, CREMATION, OR REMOVAL Douglass Mem'l Cem. Feb 11 1939

19. UNDERTAKER Adolphus Halstead

(Address) 915 Druid Hill Ave

20. FILED Feb 13 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 6, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the date above stated at 31 pm, from the following causes:

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Acute Cardiac Thrombosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Hann, Coroner M. D.

(Address) 1215 Hanover

Information sought on this copy is necessary for statistical purposes. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

V 8 6

F 54954

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 54954

Registered No. 108

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2605 N. Calvert St. 12-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Luther H. Gwaltney

(a) Residence: No. 2605 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Laura S. Kremer

6. DATE OF BIRTH (month, day, year) March 10, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sect. lumber exchange

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Almarine A. Gwaltney

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary A. Tjayer

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT L. Thayer Gwaltney
(Address) 2605 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cemy. Date 2/11/39 19

19. UNDERTAKER Stow & Mitchell-Hooper
(Address) 1900 Eutaw Place

20. FILED FEB 10 1939 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5 1939 to Feb. 9 1939

I last saw him alive on Feb. 9 1939 Death is said to have occurred on the date stated above, at 9:35 A.m.

The principal cause of death and related causes of importance were as follows:

Acute lobar pneumonia — Date of onset 2-5-39

Other contributory causes of importance:

Arteriosclerosis & general senility

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Walter B. Wright M. D.

(Address) 101 Read St.

State CAUSE OF DEATH in plain terms, so that it may be properly coded. See instructions on back of certificate. OCCUPATION is very important.

V8 3

F 54955

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54955

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 8-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Ann E Morris

If U. S. Veteran specify WAR .....

(a) Residence: No. 523 E Biddle Street St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.

4. Color or Race: Wht

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) Nov. 17, 1859

7. AGE: Years 79 | Months 2 | Days 25 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sales Lady

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Samuel Morris

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Fanny Cop

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Mrs. C. W. Grafton

(Address) 73 Rosedale

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Feb 13. 1939

19. UNDERTAKER Rita Weisfeld

(Address) 914 Greenmount Ave

20. FILED ..... 19 ..... Registrar.

FEB 10 1939

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-9-39. 19

22. I HEREBY CERTIFY, That I attended deceased from 2-3-39. 19 ..... to 2-9-39 19 .....

I last saw her alive on 2-7-39. 19 ..... Death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular Disease	
Other contributory causes of importance:	
Terminal Bronchopneumonia	4 days

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) John J. Eastwood, M. D.

(Address) St. Joseph's Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Also state OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Pks.

F 54956

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54956

CERTIFICATE OF DEATH

99

REGISTERED NO. .....

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 6085 Belmont Ave. ST. 1-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lucas W. H. Lucassen

(a) RESIDENCE NO. 6085 Belmont Av. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	Married

5a If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Hilka Lucassen

6 DATE OF BIRTH (month, day, and year) Dec. 2/59

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	2	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Rigger
(b) General nature of industry, business, or establishment in which employed (or employer) ..... no
(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Lauenburg, Germany

PARENTS

10 NAME OF FATHER Conrad Lucassen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Geno.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Hilka Lucassen
(Address) 6085 S. Belmont Ave

15 Filed ..... 19 ..... Registrar

FEB 10 1939

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/10/39

17 I HEREBY CERTIFY, That I attended deceased from Dec. 16 ..... 19 39 ..... to Feb. 10 ..... 19 39

that I last saw h... alive on Feb. 9 ..... 19 39

and that death occurred, on the date stated above, at 5 55 a. m.

The CAUSE OF DEATH* was as follows:

Varicose Ulcer Left leg
Thrombo-Angiitis Obliterans
Myocardial Insufficiency

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) Carlton Kingsbacher, M. D.

..... 19 (Address) 2329 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Edmondson 3'3.

DATE OF BURIAL Feb 13 19 ..

20 UNDERTAKER K. G. Covington

ADDRESS 2114 25th

mation should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificates. OF DEATH in plain terms, so that it may be properly classified.

F 54957 HEALTH DEPARTMENT—CITY OF BALTIMORE F 54957

CERTIFICATE OF DEATH 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 19-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Earl Johnson

If U. S. Veteran specify WAR

(a) Residence: No. 1507 W. Fayette St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE~~) Elizabeth Johnson

6. DATE OF BIRTH (month, day, year) October 27 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	3	12 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Works

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Springfield Ohio

FATHER

13. NAME David B. Johnson

14. BIRTHPLACE (city or town) (State or country) Springfield Ohio

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Elizabeth Johnson

(Address) 1509 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place ~~Holland~~ Mt Olivet Date 2/10/39

19. UNDERTAKER Durward D. Cunningham

(Address) 21 W. 25th St.

20. FILED 19 Registrar

~~Huntington Parkway~~

FEB 10 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 8, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the date stated above

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber, M. D.

Coroner

(Address) Coroner

information should be carefully supplied. Any [illegible] state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

54958 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 54958

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General St. (Hospital) Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Lillie B. Plowman

If U. S. Veteran specify WAR ...

(a) Residence: No. 2731 Oak St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of William O. Plowman

6. DATE OF BIRTH (month, day, year) March 14, 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William O. Sapp

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary L. Boone

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT (Address) Mary A. Sapp 2731 Oak St.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cem. Date 2/13/39

19. UNDERTAKER (Address) Howard D. Covington 21 W. 23rd St.

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-7-39, 19

22. I HEREBY CERTIFY, That I attended deceased from 2-7, 1939 to 2-9, 1939

I last saw her alive on 2-9, 1939 Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Cerebral Thrombosis	5 weeks ago.
Other contributory causes of importance: Hypertensive C. V. D.	7 yrs or more
Generalized Arteriosclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. J. Januszeski, M. D.

(Address) Md. General Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

FEB 10 1939 Huntington Williams, M.D.

F 54959

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54959

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 752 Linnard St. 16-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine V. Reynolds

If U. S. Veteran specify WAR

(a) Residence: No. 752 Linnard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of late Peter Reynolds

6. DATE OF BIRTH (month, day, year) Sept 15, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME William Hall

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Mary McLean

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs Harlan E. Grace

(Address) # 752 Linnard Street

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Feb 11, 1939

19. UNDERTAKER John J. Cowan & Son

(Address) Hollins & Poppleton Sts

20. FILED 19 Registrar.

FEB 10 1939 Martin Lloyd Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8th, 1939.

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1939 to Feb. 8, 1939.

I last saw h. alive on Feb. 8, 1939. Death is said to have occurred on the date stated above, at 2.15 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Int Nephritis.	6 mo
Other contributory causes of importance: Chronic Myocarditis.	6 mo.

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation none

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Chas. Norton, M. D.

(Address) 1887 N. Linwood St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 54960

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54960

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH St. Agnes' Hospital 11-2 Registered No.
CITY OF BALTIMORE: (No. Wilkens & Caton Aves. Ward) Balto., Md. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Daniel Golden If U. S. Veteran specify WAR

(a) Residence: No. Knights of Columbus St., Madison & Cathedral Sts. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 073

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P. E. Engineer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Edward Howard Lee

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Hanna McSweeney

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mr. Marcus Bailey

(Address) 1418 N. Howard St.

18. BURIAL, CREMATION, OR REMOVAL
Place St Ignatius Balto. Md. Date 2/11/1939

19. UNDERTAKER Chas. Howard & Co.
(Address) 901 Eutaw St.

20. FILED ... 19... Registrar.

FEB 10 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 7, 1939 to February 9, 1939
I last saw him alive on February 9, 1939 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic degenerative Cardiovascular Disease with myocardial hypertrophy and failure.	2-6-39
Other contributory causes of importance: Chronic passive congestion of viscera.	(?)

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Joseph E. Muse Jr. M. D.

(Address) St. Agnes' Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 54961

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54961

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 17-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME James Robert Burrell

If U. S. Veteran specify WAR

(a) Residence: No. 866 Pierce St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... 0 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Nethanel Burrell

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Fannie Johnson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Geo. Burrell
(Address) 800 Pierce St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Date Feb 11 1939

19. UNDERTAKER Elroy V. Wilson
(Address) 1000 Brantley Ave

20. FILED FEB 10 1939
Huntington Williams, M.D.
Registrar

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 8, 1939. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis Clin Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? Accident Feb. 8, 1939 19

Where did injury occur Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Crossing Street in 800 Bl. Pierce

Nature of injury struck by Truck

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) T. R. Steele M. D.
Coroner

(Address) 3757 Wash

Information should be carefully supplied. Avoid use of terms which may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 54962

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54962

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd Hospital 38-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm Harrison Jackson

If U. S. Veteran specify WAR

(a) Residence: No. 315 S Bethel St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1888

7. AGE — Years 51 | Months — | Days — | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Abermudge Md

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Wm Jackson (Address) 315 S Bethel St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Feb 11th 1939

19. UNDERTAKER Charles D Wilson (Address) 1000 Hanover Ave Baltimore, Md.

20. FILED FEB 10 1939 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death at the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Pneumonia — Date of onset Feb 4 1939

Other contributory causes of importance: —

Was an operation performed? — Date of ...

For what disease or injury? —

Name of operation — Date of ...

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Geo L. Allen M. D.

(Address) 20 Pleasant St

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 54963

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4217 B ELM AR AVE. St. 26-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME JOSEPHINE D. EISENREICH

(a) Residence: No. 4217 B ELMAR AVE? St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	WIDOW

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of JOHN A. EISENREICH

6. DATE OF BIRTH (month, day, year) JULY 5 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) B ALTIMORE MD.

FATHER

13. NAME JOHN KIRCHNER

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMANT MICHAEL EISENREICH(SON)

(Address) 451 N. MILTON AVE.

18. BURIAL, CREMATION, OR REMOVAL

Place HOLY REDEEMER Date FEB. 1930

19. UNDERTAKER Lilly & Zeiler INC.

(Address) 403 S. WOLFE ST

20. FILED FEB 10 1930 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB. 7 1930

22. I HEREBY CERTIFY, That I attended deceased from 1/20 1939 to 2/7 1939

I last saw her alive on 2/7 1939. Death is said to have occurred on the date stated above, at 6 A.M. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacillary Dysentery	1/20/39
Chronic myocarditis	Unknown

Other contributory causes of importance:

Arteriosclerosis	—
Senility	—

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Stool culture Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) John B. Mackie M. D.

(Address) 6304 Belair Road

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

54964

CERTIFICATE OF DEATH

82 F 54964

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 N. Castle Street St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 Years yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Trischler

If U. S. Veteran specify WAR

(a) Residence: No. 512 N. Castle Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Trischler

6. DATE OF BIRTH (month, day, year) July 14th, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	6	25 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Fleckenstein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna (Unknown)

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss. Sophia Trischler (Daughter)

(Address) 512 N. Castle Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Feb. 11, 1939

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1735 Harford Avenue

20. FILED FEB 10 1939 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 - 8 - , 1939

22. I HEREBY CERTIFY, That I attended deceased from 2 - 6 - , 1939 to 2 - 8 - , 1939

I last saw her alive on 2 - 8 - , 1939. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2-6-39
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Wm. B. Sylvester M. D.

(Address) 1801 Harford Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 8

54965

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54965

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 452 E. Fort Ave St., 24-2 Ward)

Length of residence in city or town where death occurred 5yrs mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret L. Schaenen

(a) Residence: No. 452 E. Fort Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 1, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Henry L. Schaenen

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Unger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Anna M. Mann

(Address) 452 E. Fort Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Feb 11 1939

19. UNDERTAKER H. Howard Bayne

(Address) 1420 Eutaw Place

20. FILED FEB 10 1939 19.... Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1938 to Feb 9, 1939

I last saw her alive on Feb 9, 1939. Death is said to have occurred on the date stated above, at 2:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1938
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Sidney H. Streett M. D.

(Address) 421 E Fort Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statements of OCCUPATION is very important. See instructions on back of certificate.

1966

HEALTH DEPARTMENT—CITY OF BALTIMORE 54966

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1744 b Larkson St., 19 Ward)

Length of residence in city or town where death occurred 62 yrs. ... mos. 23 da. How long in U. S. if of foreign birth? 62 yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Rosa, Samuel

(a) Residence: No. Pasquina A. A. b St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Paul Samuel

6. DATE OF BIRTH (month, day, year) Feb. 10, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frederich Keyser

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Paul Samuel Husband
(Address) Boulevard P. A. A. b

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Feb. 13 1939

19. UNDERTAKER A. Howard Eckas
(Address) 1400 N. b Carlo St

20. FILED FEB 10 1939 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1939 to Feb 9, 1939

I last saw her alive on Feb. 9, 1939 Death is said to have occurred on the date stated above, at 9:25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/15/39

Other contributory causes of importance:
Cerebral Edema
Myocardial Failure

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Vincent M. Messina M. D.

(Address) 1403 S. Charles St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

54967

CERTIFICATE OF DEATH

94 F 54967

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1707 White Ave St., 27-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

2. FULL NAME Ida Olive Hann

If U. S. Veteran specify WAR

(a) Residence: No. 1707 White Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ludwig E Hann

6. DATE OF BIRTH (month, day, year) Sept 10 1854

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
84	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick md

FATHER

13. NAME George Lease

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Miss B Grace

(Address) 1707 White Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 2-11-39

19. UNDERTAKER Leonard Buck Garrett Road

(Address) 5305

20. FILED FEB 10 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-9-39 . 19

22. I HEREBY CERTIFY, That I attended deceased from December 28 1938 to February 9 1939

I last saw her alive on February 9 1939 Death is said to have occurred on the date stated above, at 10:30 pm.

The principal cause of death and related causes of importance were as follows:

Hypertension
Coronary thrombosis

Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Lawrence Katzenstein M. D.

(Address) 2930 Hamilton ave.

information should be carefully supplied. AGE should be stated EXACTLY. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54968

CERTIFICATE OF DEATH

93 F 54968

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 Normandy Ave. St. 20-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR ...

2. FULL NAME Laura M. Mercer

(a) Residence: No. 520 Normandy Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----

6. DATE OF BIRTH (month, day, year) November 14, 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Cornelius Mercer

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. I. N. Joyner

(Address) 516 Stamford Rd.

18. BURIAL, CREMATION, OR REMOVAL

Alexandria

Place Cooksville Md. Date Feb. 11 1939

19. UNDERTAKER Wm. J. Tickner and Sons

(Address) North and Penna Aves.

20. FILED FEB 10 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8th 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1936 to Feb 8th 1939

I last saw her alive on Feb 8th 1939. Death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr myocarditis	years
Intest relaxation	

Other contributory causes of importance:

Cyst r ov Rectis deformans	years

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) A. R. Lecke M. D.

(Address) 3401 Edmondson Ave

Dr Lecke

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54969 — CERTIFICATE OF DEATH 41347 (MB) — F 54969

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 26-2 46-F Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Margaret Young

(a) Residence: No. 437 Anglesea St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Samuel Young

6. DATE OF BIRTH (month, day, year) August 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Robert Harrington

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) N. Y.
(State or country)

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date Feb 13 19 39

19. UNDERTAKER Hy. Krieger & Son
(Address) North Ave

FEB 10 1939 19 Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 27, 1939 to February 10, 1939

I last saw her alive on February 10, 1939. Death is said to have occurred on the date stated above, at 11:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of pancreas	1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Sautelle M.D.

(Address) Baltimore City Hospitals

Information should be complete in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54970

CERTIFICATE OF DEATH

11-a F 54970

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Kimball Hospital St. 4-26 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Agnes Louise Scott

If U. S. Veteran specify WAR

(a) Residence: No. Ellicott City St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6. DATE OF BIRTH (month, day, year): Feb 6 1938

7. AGE: Years: 1 | Months: | Days: 6 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Ellicott City, Md

FATHER

13. NAME: William Scott

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Rebecca Richardson

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: William Scott (Address) Ellicott City

18. BURIAL, CREMATION, OR REMOVAL: Place Davis Cem Date Feb 11, 1939

19. UNDERTAKER: Easton Sons (Address) Ellicott City

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 6, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest / Autopsy / Inquiry thereon and from the evidence obtained by said Inquest / Autopsy / Inquiry find that said deceased came to her death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	4 days

Other contributory causes of importance:

Influenza	5 days

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael N. Adams, M. D. Coroner

(Address) 3360 Eastern Place

V S 6

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 54971

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 F 54971

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 N. Linwood Ave. St., 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Neubert

If U. S. Veteran specify WAR

(a) Residence: No. 414 N. Linwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 9-1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles Neubert

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Welsh

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Mary Neubert

(Address) 414 N. Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL Place Holy Red. Date 2/13/39

19. UNDERTAKER John A. McKean

(Address) 3000 E. Baltimore St

20. FILED FEB 10 1939 Huntington Williamsport Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 1938 to February 1939

I last saw h[illegible] alive on February 8 1939 Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Intestinal Nephritis	3
Uraemia	Jan 30 39

Other contributory causes of importance:

1st & 2nd degree burns on face	1937 over

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert E. Tabusky M. D.

(Address) 1929 Eutaw St

Information should be carefully supplied. Note: Space must be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54972

CERTIFICATE OF DEATH

131

F 54972 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 7 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Anna Bolar

If U. S. Veteran specify WAR

(a) Residence: No. 910 St., D. St. Sparrow Point Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Bolar

6. DATE OF BIRTH (month, day, year) June 27-

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	7	1314	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " 1937

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Johnstown Pa.

FATHER

13. NAME John H. Fay

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Grace Boyle

16. BIRTHPLACE (city or town) (State or country) Johnstown Pa.

17. INFORMANT Mrs. Kath. Dolan

(Address) 910 D. St. Sparrow Pt.

18. BURIAL, CREMATION, OR REMOVAL

Place Johnstown Pa. Date 2/13 19 39

19. UNDERTAKER John A. Moran

(Address) 3000 E. Baltimore St

20. FILED FEB 10 1939 Huntington Mills Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 39, to Feb 10, 1939

I last saw her alive on Feb 10, 1939 Death is said to have occurred on the date stated above, at 9 55 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive Heart failure	2-3-39
Hypertensive Cardiovascular Renal Disease	1937

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so specify

(Signed) Geo. A. Brouillet, M. D.

(Address) Bon Secours Hosp.

information should be carefully supplied. Also, answer so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54973

CERTIFICATE OF DEATH

92-a F 54973

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2310 E. Eager St., 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 5 mos. ..... ds. How long in U. S. If of foreign birth? 44 yrs. ..... mos. ..... ds.

2. FULL NAME Antonio Moreira

If U. S. Veteran specify WAR

(a) Residence: No. 2310 E. Eager St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nuclor Moreira

6. DATE OF BIRTH (month, day, year) Oct 24, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ezda Stroakin

FATHER

13. NAME Gilbert Victoria

14. BIRTHPLACE (city or town) (State or country) Czecho-Slovakia

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Czecho Slovakia

17. INFORMANT Frank Moreira

(Address) 2310 E. Eager St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb. 16 1939

19. UNDERTAKER Frank Leach & Son

(Address) 1906 Eastland Ave.

FEB 11 19[illegible]

19 ..... Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1938 to Feb 8, 1939

I last saw h[illegible] alive on Jan 7, 1939. Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Trouble	1936
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) William Ryan M.D.

(Address) 201 W. Fremont

A. B.—WRITE PLAINLY. All items should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 54974

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54974

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Mercy Hospital (St.) 10-L (Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Uhl

If U. S. Veteran specify WAR

(a) Residence: No. 1131 Brentwood St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Uhl

6. DATE OF BIRTH (month, day, year) Oct. 30, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
75	74	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector - Geo C [illegible]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 4/11/33

11. Total time (years) spent in this occupation 17 yr

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Charles Uhl

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Madaline ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Louisa Whitfich

(Address) 311 N. 27th St Camden N.J.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Feb 11th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED FEB 11 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 9, 1933

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

Coroner

(Address) 2757 [illegible]

N. B.—WRITE PLAINLY with pen and ink. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

U S 6

F 54975

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183 F 54975

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. Harbor Bush Street St., 25-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Algernon K. Reese

If U. S. Veteran specify WAR ———

(a) Residence: No. 2306 Cedley Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, year) May 1908

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
30	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Flint worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Aquilla Reese

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Sarch Disney

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Dissil Gilley

(Address) 2306 Cedley St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Feb 11th 1939

19. UNDERTAKER Wm. Cook

(Address) 1214 Str. Paul ~~Pratt~~ Williams, M.D.

20. FILED FEB 11 1939 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 16, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning	
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ? Date of injury 12/16/38

Where did injury occur? Locust Point

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place harbor

Manner of injury Fell & drowning

Nature of injury water

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Littman Coroner, M. D.

(Address) 1304 E. Chase St.

N. B.—WRITE PLAINLY with pen and ink. Use no abbreviations. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 54976

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54976

CERTIFICATE OF DEATH

1248

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1907 E. Chase St. 7-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Howard

If U. S. Veteran specify WAR

(a) Residence: No. 1907 E. Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Joseph Howard

6. DATE OF BIRTH (month, day, year) Mar 25th 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	9 10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Edward McGrath

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bessie Cody

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Joseph Howard
(Address) 1907 E. Chase St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Feb 13th 1939

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED ..... 19.... Registrar.

FEB 11 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10th 1939

22. I HEREBY CERTIFY, That I attended deceased from January 1934 to Feb 9 1939

I last saw her alive on Feb 9 1939. Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis with Decompensation	1934
Other contributory causes of importance: Chronic Cholecystitis + Cirrhosis of Liver	1920

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Francis J. Ayd M. D.

(Address) 2005 E. Monument St.

information should be carefully supplied. AGE should be stated in YEARS, MONTHS and DAYS. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 54977 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107a F 54977

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 26-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life (mos.) ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Edith May Bittle

If U. S. Veteran specify WAR

(a) Residence: No. 4209 Antans St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 31-1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	10 9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph George Bittle

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Edith Finnay

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Edith Bittle (mother)

(Address) 4209 Antans St.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem. Date Feb 13 1939

19. UNDERTAKER Frank Lanahan & Son

(Address) 740 Belair Rd.

20. FILED FEB 11 1939 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 10 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1 1939 to Feb. 10 1939

I last saw her alive on Feb. 10 1939 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Broncho-pneumonia	Jan. 29?
Other contributory causes of importance:	none

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Schaefer M. D.

(Address) Mercy Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

54978

CERTIFICATE OF DEATH

26-91-a

F 54978

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anthony Brown

(a) Residence: No. 4211 Parkmont Ave St., Balto Ward. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Sister Annie Robinson

6. DATE OF BIRTH (month, day, year) April 17, 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bartender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1044

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Charles Brown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbey Wick

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Record

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Mt. Carmel Cemetery Feb 13 1939

19. UNDERTAKER Frederick Sparks Inc

(Address) 7401 Belair Road

20. FILED ..... 19 ..... Registrar.

FEB 11 1939

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 21 1938 to Feb 9 1939

I last saw him alive on Feb 9 1939. Death is said to have occurred on the date stated above, at 10:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute bacterial endocarditis	2 months at least
Other contributory causes of importance:	
congestive nephritis	over

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Freemans Billings Jr. M. D.

(Address) Johns Hopkins Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

V0 8

F 54979

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54979

38546 JS

CERTIFICATE OF DEATH

95B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Abraham Boyd

If U. S. Veteran specify WAR

(a) Residence: No. 1376 N. Carey St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Susie

6. DATE OF BIRTH (month, day, year) 5-10-1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None Laborer 10-40

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Benjamin

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lettie Pinkney

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Feb 13, 1939

19. UNDERTAKER V. G. Brooks
(Address) 1463 N. Carey St

20. FILED ... by ... Registrar.

FEB 11 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from October 31, 1938, to February 9, 1939.

I last saw him alive on February 9, 1939. Death is said to have occurred on the date stated above, at 9.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Lantelle M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. Age should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

54980

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54980

CERTIFICATE OF DEATH

18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital (St.) (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Patrick L Stokley

(a) Residence: No. 1123 N. Stricker St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): S

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of

6. DATE OF BIRTH (month, day, year): June 29 1934

7. AGE: Years 4 | Months 7 | Days 11 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Leo Stokley

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Dorothy Spraggins

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Leo Stokley

(Address) 1123 N. Stricker St

18. BURIAL, CREMATION, OR REMOVAL

Place: St Peters Cem Date: 2/13/39

19. UNDERTAKER: T. E. Kelson

(Address) 1303 Preestman St

20. Filed FEB 11 1939 Huntington Williams Registrar

(E.H.S.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2-10-39

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchopneumonia Primary	2/8/39

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.

(Coroner)

(Address) 500 E. Lexington St

S. B.—WRITE PLAINLY, WITH LEAD PENCIL. Fill in all blanks with information. If unknown, state so. Do not leave any blank. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 6

F 54981

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54981

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp St., 5-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mamie Hiers

U. S. Veteran specify WAR

(a) Residence: No. 233. East St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	negro	Married

3a. If married, widowed or divorced HUSBAND of (or) WIFE of Phillip Hiers

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Wesley Grimes

14. BIRTHPLACE (city or town) (State or country) So Car.

MOTHER

15. MAIDEN NAME Carrie Orr.

16. BIRTHPLACE (city or town) (State or country) So Car.

17. INFORMANT Phillip Hiers

(Address) 233 East St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem Date 2/13 1939

19. UNDERTAKER Joseph G. Locke Jr.

(Address) 1360 N Central Ave

20. FILED FEB 11 1939 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 9. 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	?
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) M J Hanna, M. D.

Coroner

(Address) 1822 W Baltimore St

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A LEGAL DOCUMENT. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V 8 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107a F 54982

F 54982 OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1330 N. Eden St. St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary C. Wellein

If U. S. Veteran specify WAR

(a) Residence: No. 1330 N. Eden St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of the late Frank X. Wellein

6. DATE OF BIRTH (month, day, year) Feb.-18-1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83Yrs.	11Mo.	21Days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Peter Trageser

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Mrs. John Trageser
(Address) 1330 N. Eden St.

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Cem. Feb.-13-1939
Place Date 19

19. UNDERTAKER Henry Stocke & Sons Inc
(Address) 1301 E. Eager St.

20. FILED FEB 11 1939 19 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb.-9-1939 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 38 to Feb. 9, 39

I last saw her alive on February 9, 1939 Death is said to have occurred on the date stated above, at 8.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Other contributory causes of importance:	
Arterio-Sclerosis	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clin. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) A. Lettman M. D.

(Address) 1304 E. Chase Street

INSTRUCTIONS: This certificate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 54983

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 929 Hillen St. 5-2 Ward)

Length of residence in city or town where death occurred 53 years. How long in U. S. If of foreign birth? ...yrs. ...mos. ...dys.

If U. S. Veteran specify WAR .....

2. FULL NAME Maria Serio

(a) Residence: No. 929 Hillen St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Serio

6. DATE OF BIRTH (month, day, year) Dec 13-1872

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	66	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Joseph Geppi

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Maria Grace

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mrs Luterio

(Address) 929 Hillen St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Sepulchre Date 2/13/39

19. UNDERTAKER Geo. Ruth Inc

(Address) 735 Hanford Ave

20. FILED FEB 11 1939 Huntington Pollinger Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1939, to Feb 9, 1939

I last saw her alive on Feb 9, 1939. Death is said to have occurred on the date stated above, at 8.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	
Exhaustion	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Luigi S. DeStefano M. D.

(Address) 407 N. Eutaw St

N. B.—WRITE PLAINLY with ink. All items must be answered. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

LAWHORN

F 54984

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54984

107a

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital Ward) 9

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Julia E Lawhorn

(a) Residence: No. 2504 Hill Crest Ave St., Ward. Baltimore Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 28 1910

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0009

10. Data deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rock Bridge Va

FATHER

13. NAME Samuel Lawhorn

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Francis A Whitsett

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Earl H Jinkle

(Address) 2504 Hill Crest Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Va Date 10-12-39

19. UNDERTAKER Samuel D Post

(Address) 6316 Harford Road

20. FILED FEB 11 1939 19 Huntington Wilkerson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 10, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Broncho pneumonia (Primary)	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinic Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) Paul Schenck, M. D.

Coroner

(Address) Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54985

CERTIFICATE OF DEATH

13-2 93c F 54985

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2239 Brookfield ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Jacob J. Schwartz

If U. S. Veteran specify WAR

(a) Residence: No. 2239 Brookfield ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie

6. DATE OF BIRTH (month, day, year) April 4, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Lazar Schwartz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Hinda Bridge

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Minnie Schwartz

(Address) 2239 Brookfield ave

18. BURIAL, CREMATION, OR REMOVAL

Place Friendship Cem Date Feb 12, 1939

19. UNDERTAKER Sol Levinson & Bros

(Address) 1124-26 W. North ave

20. FILED FEB 11 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from , 1927 to Feb. 9, 1939

I last saw him alive on Feb 9, 1939. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importanre were as follows:

	Date of onset
Cardiac asthma attack	Dec. 1938

Other contributory causes of importance:

Chronic myocarditis senility 8 mo

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violenre) fill in also the following:

Accident, suiride, or homicide? Date of injury , 19

Where did injury occur? (Sperify city or town, county, and State)

Specify whether injury ocrurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel S. Glick M. D.

(Address) 3918 Park Hts. Ave

V8 8

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54986

CERTIFICATE OF DEATH

CGK--40478 F 54986

1. PLACE OF DEATH

Registered No. 958

CITY OF BALTIMORE: (No. Baltimore City Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? 2 2 yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mary Bowling

(a) Residence: No. 324 S. Durham St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William

6. DATE OF BIRTH (month, day, year) Sept. 2, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
81	81	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Phillip Snow

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feby 13 1937

19. UNDERTAKER John Ellis & Sons

(Address) 21 E. Eager

20. FILED FEB 11 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-7 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-1 1937 to 2-7 1937

I last saw her alive on 2-8 1937 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prolapse uterus	?
Prolapse rectum	?
Arteriosclerotic heart disease	?
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Unknown If so, specify

(Signed) L. Woodward Jr M. D.

(Address) Balto. City Hosp.

V.S.

N. B.—Every question should be carefully answered. AGE should be stated EXACTLY. PHYSICIANS should furnish information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 54987 HEALTH DEPARTMENT—CITY OF BALTIMORE F 54987

CERTIFICATE OF DEATH

8-1 93c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. En Route University Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME J. Kemper Burke

If U. S. Veteran specify WAR

(a) Residence: No. 3165 Lyndale Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (WIFE of) Virginia Burke

6. DATE OF BIRTH (month, day, year) 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Clerk 1009

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale Grocery

10. Date deceased last worked at this occupation (month and year) 2/9/39

11. Total time (years) spent in this occupation 5 yrs.

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME James E Burke

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Virginia Burke

(Address) 3165 Lyndale Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Feby 3 1939

19. UNDERTAKER John Allers & Son

(Address) 2002 Allens

20. FILED FEB 11 1939 Huntington Phillips M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-6-39

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1/4 Hr
Other contributory causes of importance: Chr. Myocarditis	1 month

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical History Was there an autopsy? No

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Michael A. Adams, M. D. Coroner

(Address) 2360 Eutaw Place

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

54988

HEALTH DEPARTMENT—CITY OF BALTIMORE

54988

CERTIFICATE OF DEATH

53-E

Registered No.

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. 12-6 Ward)

Length of residence in city or town where death occurred yrs. mos. 28 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Stacey Carter Parker

(a) Residence: No. Miley Ford St., Ward. West Virginia

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
~~WIFE of~~ Virginia Lee Bergman

6. DATE OF BIRTH (month, day, year) June 14, 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6050

10. Date deceased last worked at this occupation (month and year) 2 yrs. ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Woodstock,
(State or country) Virginia

FATHER

13. NAME Arch Parker

14. BIRTHPLACE (city or town) Winchester,
(State or country) Virginia

MOTHER

15. MAIDEN NAME Carrie ?

16. BIRTHPLACE (city or town) Winchester,
(State or country) Virginia

17. INFORMANT Records-U. S. Marine Hospital
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place Martinsburg, W. Va. Date 2. 11. 1939

19. UNDERTAKER Robert L. Brooks & Son.
(Address) Calhoun & Mullins Sts.

20. FILED 19 Registrar

FEB 11 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 12, 1939, to February 9, 1939

I last saw him alive on February 9, 1939. Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Melanosis, generalised	July 1938
	mos
Other contributory causes of importance: Pneumonia, lobular	3 ds.

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. B. N. Anderson. M. D.

(Address) U. S. Marine Hospital, Baltimore, Maryland.

S. E.—WRITE PLAINLY, with pen and ink and use no abbreviations. All the items must be answered or the reason stated EXACTLY. PHYSICIANS should be careful to report accurately and completely. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 54989

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54989

CERTIFICATE OF DEATH

93c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 12 N. Monroe St. 20-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mrs Anna Vinyard

If U. S. Veteran specify WAR .....

(a) Residence: No. 12 N. Monroe St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Thomas Vinyard

6. DATE OF BIRTH (month, day, year) March 26 1849

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	89	10	1415	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~Home~~

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Fallon

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Adelaide Hohorst

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Minnie Schmidt

(Address) 12 - N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL

Place St Pauls (Ridgetown) Date 2/12/39 19

19. UNDERTAKER Geo. Weber & Son

(Address) 2503 Edmondson Ave

20. FILED ....., 19..... Hattie [illegible] Registrar

FEB 11 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10th, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 27, 1939, to Feb. 10th, 1939

I last saw h[illegible] alive on Feb. 9th, 1939. Death is said to have occurred on the date stated above, at 3.45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lob. Pneumonia	1/27/39
Toxic Cerebral Intoxication	1
Hypostatic Pneumonia	1/29/39

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel E. Logan M. D.

(Address) 1925 W. Baltimore St

N. B.—WRITE PLAINLY, with ink. All questions should be answered. AGE should be stated EXACTLY. PHYSICIAN should be careful, with the information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

54990

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 54990

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1033 N. Durham St., 7-th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yr mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bernice Banks

If U. S. Veteran specify WAR

(a) Residence: No. 1033 N. Durham St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-22-25

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Herman Banks

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Anna Cochrane

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Herman Banks

(Address) 1033 N. Durham St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date 2/13/39

19. UNDERTAKER Robert W. Williams

(Address) 1515 Mosher Ave

20. FILED Huntington Williams M.D. Registrar.

FEB 11 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-9, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2/7, 1939, to 2/9, 1939

I last saw her alive on 2-8, 1939 Death is said to have occurred on the date stated above, at 12.10 m. A.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	abt 2 days prior Feb 9
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) M. D.

(Address) 1500 E. Madison St

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54991 | 131 F 54991

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 820 Arsquith St., 10-W Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marianna Bucchieri

If U. S. Veteran specify WAR .....

(a) Residence: No. 820 Arsquith St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nicolo Bucchieri

6. DATE OF BIRTH (month, day, year) April 5 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Sparacino

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb 13 1939

19. UNDERTAKER Frank V. Dipietro
(Address) 2815 E. Balto

20. FILED FEB 11 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-28 1939 to 2-8 1939

I last saw her alive on 2-8 1939 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General arteriosclerosis with hypertentio Uraemic nephritis.	3y
Other contributory causes of importance: Cerebral Hemaplegia (Hemorrhage)	10 days

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) S. Dimaseo M.D.

(Address) middle of each Bldg.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 F 54992

54992 F

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 425 N Gilmor St. 19-1 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William L. Harris

(a) Residence: No. 425 N. Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of Margaret Harris

6. DATE OF BIRTH (month, day, year): March 6 1911

7. AGE: Years 27 | Months 10 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Bath Me

FATHER

13. NAME: Wm W. Harris

14. BIRTHPLACE (city or town) (State or country): Eudora Sagadahoc Me

MOTHER

15. MAIDEN NAME: Mary Giles

16. BIRTHPLACE (city or town) (State or country): Bucksport Hancock Me

17. INFORMANT: Margaret Harris
(Address) 425 N Gilmor

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Auburn Date: Feb. 13, 1939

19. UNDERTAKER: Mrs Katie R. Williams
(Address) 322 N Schroeder St.
Huntington Williams, M.D.
Registrar.

20. FILED FEB 11 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feby 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1938 to Feb 9 1939

I last saw him alive on Feby 8 1939 Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

Phthisis Pulmonalis — Date of onset 11

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Reg Was there an autop No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. F. Howard M. D.

(Address) 601 Carroll Ave

54993

HEALTH DEPARTMENT—CITY OF BALTIMORE

54993

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3553 9th St., Brooklyn Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henrietta A Bernhardt

If U. S. Veteran specify WAR .....

(a) Residence: No. 3553 9th St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of William M Bernhardt

6. DATE OF BIRTH (month, day, year) Nov 9 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	3	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Bruno H Bernhardt

(Address) 1 E that St Brooklyn md

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Feb 11 1939

19. UNDERTAKER William M Morsch

(Address) 215 Ley St

20. FILED ..... 19.....

FEB 11 1939

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9 1939

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1937 to Feb. 9, 1939

I last saw h or alive on Feb. 8th 1939. Death is said to have occurred on the date stated above, at 5 20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio vascular renal disease	?

Other contributory causes of importance:

General anasarca 3 60 4 weeks prior to death

Was an operation performed? no Date of .....

For what disease or injury? - - -

Name of operation - - -

What test confirmed diagnosis? p.f. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Harry Weibel M. D.

(Address) 1224-1226 Hanover St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. ... information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V83

FEB 11 1939

Registrar.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54994

CERTIFICATE OF DEATH

F 54994

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1751 N. Gay St. St. 8-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John S. Ross

If U. S. Veteran specify WAR .....

(a) Residence: No. 1751 N. Gay St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Pattie Ross.

6. DATE OF BIRTH (month, day, year) June 16-1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	7.	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME William Ross

14. BIRTHPLACE (city or town) (State or country) N. C

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Tim Hanson

(Address) 2939 Wyman Parkway

18. BURIAL, CREMATION, OR REMOVAL

Place Alpha. N Date 2/12 19 39

19. UNDERTAKER Wm C. Boulds

(Address) 1217 E. Baltimore

20. FILED FEB 11 1939 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 11. 1939

22. I HEREBY CERTIFY, That I attended deceased from January 1939 to February 11 1939

I last saw him alive on February 10 1939 Death is said to have occurred on the date stated above, at 12 45 m.

The principal cause of death and related causes of importance were as follows:

	Interval onset
(a) Pulmonary Tuberculosis	2
Pleuris effusion	2
Pneumonia	10 days
Other contributory causes of importance:	
Cerebral Thrombosis	1 day

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. E. Schwartz M. D.

(Address) 2939 Fr Clifton Pk

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. ... information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54995 54995 107-4 54995

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2730 N. Charles St 12-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 87 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie Rebecca Smith

(a) Residence: No. 2730 N. Charles St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan-22-1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	—	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles Wesley Smith

14. BIRTHPLACE (city or town) (State or country) Nantucket Mass

MOTHER

15. MAIDEN NAME Elyza Sweetman Smith

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Virginia Allen Bottler

(Address) Wallaway Apts.

18. BURIAL, CREMATION, OR REMOVAL Date Feb 13 39

Place Sandalwood Park

19. UNDERTAKER Charles G. Blaeke

(Address) 742 W. North Ave.

20. FILED FEB 11 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 31 1939 to Feb 10 1939

I last saw her alive on Feb 9 1939. Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia — Date of onset 3-Days

Renal insufficiency — 24 hrs.

Other contributory causes of importance:

Senile arteriosclerosis.

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Carroll Packard M. D.

(Address) 42 Preston St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

Dr Packard 42 W. Preston St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54996 CERTIFICATE OF DEATH ✓ 82-of F 54996

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 Calhoun St. 15-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cummings Simpson

If U. S. Veteran specify WAR

(a) Residence: No. 1615 Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nettie Simpson

6. DATE OF BIRTH (month, day, year) May 5 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) Oct 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chester S. C.

FATHER

13. NAME Anderson Simpson

14. BIRTHPLACE (city or town) (State or country) Chester S.C.

MOTHER

15. MAIDEN NAME Mary Jane Murray

16. BIRTHPLACE (city or town) (State or country) Chester S.C.

17. INFORMANT Nettie Simpson

(Address) 1615 Calhoun

18. BURIAL, CREMATION, OR REMOVAL

Place Chester S.C. Date 2/11 39

19. UNDERTAKER William A Jackson

(Address) 916 Penna ave

20. FILED 19 Huntington Hill Registrar

FEB 11 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 7 1939 to Feb 9 1939

I last saw him alive on Feb 9 1939 Death is said to have occurred on the date stated above, at 9.40P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 2/9 39

Other contributory causes of importance:

Influenza — Jan 19 39

Was an operation performed? No Date of

For what disease or injury?

Name of operation Autopsy

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so specify

(Signed) Wm H Wright M. D.

(Address) 1209 Presstman

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item and every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V6 8

F 54997

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54997

CERTIFICATE OF DEATH

× V 114-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 954- Forrest St. 10-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

2. FULL NAME Joseph Jackson

If U. S. Veteran specify WAR

(a) Residence: No. Maryland Penitentiary St., ...Ward. Petersburg Va

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 6 1903

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
36	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Prison

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Petersburg, Va

FATHER

13. NAME Edward Jackson

14. BIRTHPLACE (city or town) (State or country) Petersburg, Va

MOTHER

15. MAIDEN NAME Mollie Mac Lain

16. BIRTHPLACE (city or town) (State or country) Petersburg, Va

17. INFORMANT Md State Penitentiary

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Petersburg Va Date 2/11 39 19

19. UNDERTAKER William A Jackson

(Address) 916 Pierpont ave

20. FILED FEB 11 1939 19 Hunter Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 31 1938 to February 10 1939

I last saw him alive on February 10, 1939. Death is said to have occurred on the date stated above, 3:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple lung abscesses	

Other contributory causes of importance:

None

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place — —

Manner of injury — —

Nature of injury — —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John J Ambrey M. D.

(Address) Temple Court Apartments

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 54998

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

CERTIFICATE OF DEATH

66-B

Reg. Dist. No. _____ F 54998

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) County Baltimore City
(b) City or town _____ (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 1043 William St.
(d) Length of stay in hospital or inst. (yrs., mos., or days) _____
(e) Length of stay in this community (yrs., mos., or days) 4 Mos

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County 18-3
(c) City or town _____ (If outside city or town limits, write RURAL and give town)
(d) Street No. _____ (If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Anna Mary Vollmuse

3 (b) If veteran, name war _____ 3 (c) Social Security No. _____

4. Sex: Female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife Joseph Vollmuse

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) 1869 Oct 5.

8. AGE: Years 69 | Months 4 | Days 5 | If less than one day _____ hr. _____ min.

9. Birthplace Frederick Co. Md. (Town, county, and State)

10. Usual occupation House wife

11. Industry or business

FATHER 12. Name Maurice Unglebowers
13. Birthplace Frederick Co. Md.

MOTHER 14. Maiden Name Unknown.
15. Birthplace _____

16 (a) Informant Mary E. Vollmuse
(b) Address 750 Cypress Baltimore Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 14, 39 (month) (day) (year)
(c) Cemetery or crematory St. Johns Cemetery
Location Frederick Md.

18 (a) Funeral director Gladhill Co.
(b) Address Middletown Md.

19 (a) [illegible] (Signature of registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death Feb 11 1939, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 4 1939 to Feb 11 1939, and that I last saw him alive on Feb 10 1939

Immediate cause of death: myocardial failure
Due to: arteriosclerosis
Due to: senile Hypostatic pneumonia
Other conditions: — congestive
(Include pregnancy within 3 months of death)

Duration: _____

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____
(e) Means of injury _____

23. Signature Albert L. Glass M. D. or other

Address 826 Walnut Blvd. Date signed 2/11/39

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 54999

CERTIFICATE OF DEATH

F 54999

Registered No.

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Herbert H. Griffin

If U. S. Veteran specify WAR

(a) Residence: No. 3701 Barrington Rd St., City Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of: Eva M. Griffin

6. DATE OF BIRTH (month, day, year): April 4 1874

7. AGE: Years 64 | Months 10 | Days 6 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired
10. Date deceased last worked at this occupation (month and year): 1925
11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Ontario Canada

FATHER

13. NAME: Hubert Griffin
14. BIRTHPLACE (city or town) (State or country): Canada

MOTHER

15. MAIDEN NAME: Electa Dunning
16. BIRTHPLACE (city or town) (State or country): Canada

17. INFORMANT: Mrs. Eva M. Griffin
(Address) 3701 Barrington Rd.

18. BURIAL, CREMATION, OR REMOVAL: Place Woodlawn Cem. Feb 15 19 39

19. UNDERTAKER: Wm. Wickiser Sons
(Address) Pa ave.

20. FILED FEB 11 1939 Huntington Williams Registrar.

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1939, to Feb 10, 1939

I last saw him alive on Feb 10, 1939. Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
pernicious anemia	
pneumonia	4 days duration

Other contributory causes of importance:

Toxemia

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hammond J Bugan M. D.

(Address) U M H

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55000

CERTIFICATE OF DEATH

Registered No. F 55000

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4122 (Street) Reisterstown Rd (Ward) 13

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Carroll Routzahn Grimes

If U. S. Veteran specify WAR

(a) Residence: No. 4122 Reisterstown Rd Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 14, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pipe fitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fredk Co Md.

FATHER

13. NAME Frank S Grimes

14. BIRTHPLACE (city or town) (State or country) Fredk Co Md

MOTHER

15. MAIDEN NAME Emma A. Routzahn

16. BIRTHPLACE (city or town) (State or country) Fredk Co Md

17. INFORMANT Mr. Frank S Grimes

(Address) 4122 Reisterstown Rd.

18. BURIAL, CREMATORY OR REMOVAL Place Woodlawn Date Feb. 13 1939

19. UNDERTAKER Wm J Tickner & Sons

(Address) North & Pa. Ave.

20. FILED FEB 11 1939 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 10 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above 7.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage, due to gun shot wound of face and head.	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of Injury 2/10 1939

Where did injury occur? 4122 Reisterstown Rd (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place home on bath room

Manner of injury Shot self with shotgun.

Nature of injury Right side face head multiple

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Hann Coroner M. D.

(Address) 1215 Hanover

V 8 8

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 55001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

38-2 ✓ 210-M

F 55001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. 9 mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William R. Libby

(a) Residence: No. 3121 Milford Av. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Clara L. Libby

6. DATE OF BIRTH (month, day, year): May 4, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Purser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ✓ 46

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Wm. M. Libby

14. BIRTHPLACE (city or town) (State or country): Missouri

MOTHER

15. MAIDEN NAME: Lydie Hurley

16. BIRTHPLACE (city or town) (State or country): N.J.

17. INFORMANT (Address): Elizabeth L. Wailes, 4302 Fernhill Av.

18. BURIAL, CREMATION, OR REMOVAL

Place: Lorraine Cemetery Date: Feby 14. 1939

19. UNDERTAKER (Address): Mary R. Mungaco ✓ 2704 Edgewood Ave

20. FILED ... 19 ... Registrar.

FEB 11 1939 Hattie F. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 11, 1939 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures	
Internal Injury	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following: Accident, Suicide or Homicide? Accident Date of injury Feb. 10, 1939 19 ...

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Crossing Gwynn Oak Av at Milford

Nature of injury struck by Auto.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. H. Mullen M. D.

(Address) 3737 Mun Coroner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impor of certificate.

V S 6

F 55002

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55002

CERTIFICATE OF DEATH

108 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William McKinley Herbert

If U. S. Veteran specify WAR ...

(a) Residence: No. 1005 Parrish St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed or Divorced (Write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Della Herbert

6. DATE OF BIRTH (month, day, year): Dec 1902

7. AGE: Years 36 | Months 2 | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Joseph Herbert

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Willie Young

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Edith Hopkins

(Address): 1607 Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Mount calvery Date: feb 14 1939

19. UNDERTAKER: Edward Bryan

(Address): 1241 orleans st

FEB 11 1939 19 Huntingtown Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 9 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) on the ... and from the evidence ... (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	Feb 3 1939
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis Histo Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) George L. Allin M. D.

(Address) 509 Augusta St

VS 6

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 55003

F 55003

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hospital St. 12-2nd)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Bess McClellan

(a) Residence: No. Jefferson Apts. 31st & St. Paul Sts. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 19, 1897

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	41	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Assist Dressmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fleet-McGinley Co.

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Arden N.Y.

FATHER

13. NAME Wm A McClellan

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Stewart

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Mr. Wm. M. Berry 120 Maplewood Rd.

18. BURIAL, CREMATION, OR REMOVAL. Place Central Valley N.Y. Date Feb 12 1939

19. UNDERTAKER (Address) Wm. J. Pickner & Sons North & Penna Aves.

20. FILED FEB 12 1939 Registrar

Feb 12 1939 Hartley for McGraw, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	1 hr.

Other contributory causes of importance: Chr. Valvular Dis., Anemia, Uremic Coma, 1 month

Was an operation performed? Yes Date of 2/9/39

For what disease or injury? Pneumonia, Lobar

Name of operation Diagnosis D&C Date of 2/9/39

What test confirmed diagnosis? clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A. Abrams M. D.
Coroner

(Address) 360 Eutaw Place

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

55004

F 55004

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1803 McCulloh St. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rosa C. Lewis

If U. S. Veteran specify WAR .....

(a) Residence: No. 1803 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James A. Lewis

6. DATE OF BIRTH (month, day, year) Feb. 25, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Emmaville Va.

FATHER

13. NAME ? Courtney

14. BIRTHPLACE (city or town) (State or country) ? Emmaville Va.

MOTHER

15. MAIDEN NAME Jane ?

16. BIRTHPLACE (city or town) (State or country) ? Emmaville Va.

17. INFORMANT Rosa Lewis Dead
(Address) 1803 McCulloh St.

18. BURIAL, CREMATION, OR REMOVAL

Place Emmaville Va Date Feb 12 1939

19. UNDERTAKER Mrs Geo H. Holland
(Address) 1651 Lemmon Hill Ave

20. FILED Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 9, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry) death on the day stated above. 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis,	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. Hazen Coroner, M. D.

(Address) 216 Harrison

Coroner.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

55005 35-3 pg 2

HEALTH DEPARTMENT—CITY OF BALTIMORE

No. 55005

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 7-5 Ward) 7-23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Registered No. .....

Length of residence in city or town where death occurred 2 yrs. 13 mos. ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hattie Bunto

If U. S. Veteran specify WAR .....

(a) Residence: No. Pulaski, Va. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. E. Bunto

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Crawford Dickson

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Mary Harkarder

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Pulaski Va. Date 2/11 1939

19. UNDERTAKER John A. Mitchell & Sons

(Address) 19 W. Eutaw Place

20. FILED ..... 19..... Registrar.

FEB 12 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1938 to Feb 11, 1939

I last saw her alive on Feb 11, 1939. Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	about 3 years ago
bilateral, far advanced	
massive pulmonary hemorrhage	2/11/39

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) H. A. Brennan, M. D.

(Address) Johns Hopkins Hosp.

OCCUPATION is very important. See instructions on back of certificate.

55006 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 55006

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3436 Dudley St. 26-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah Francis Gontrum

(a) Residence: No. 3436 Dudley Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry W. Gontrum

6. DATE OF BIRTH (month, day, year) May 22nd 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Claridge

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Ann ?

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Henry W. Gontrum

(Address) 1743 E. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Feb 13th 1939

19. UNDERTAKER Wm Cook

(Address) 127 St Paul St

20. FILED FEB 13 1939 Huntington Willis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11th, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 1935 to Feby 11 1939

I last saw her alive on Feby 11 1939. Death is said to have occurred on the date stated above, 12 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Vascular disease of Head	5 yr

Other contributory causes of importance:

Uremia	3 hours

Was an operation performed? - Date of -

For what disease or injury? -

Name of operation -

What test confirmed diagnosis? - Was there an autopsy? -

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? - Date of injury , 19

Where did injury occur? -
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place -

Manner of injury -

Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm A Fogle MD M. D.

(Address) 724 N Broadway

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

VS 3

E 55007

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 55007

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH 1741

CITY OF BALTIMORE: (No. 1740 N. Bond St., 8-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran, specify WAR

2. FULL NAME Maggie M. Medinger

(a) Residence: No. 1741 1700 N. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ (or) WIFE of Lewis T. Medinger

6. DATE OF BIRTH (month, day, year) Mar 4th 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George P. Krayle Sr.

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Helen Pollard

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Lewis T. Medinger

(Address) 1741 N. Bond St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Feb 13th 1939

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

20. FILED Feb 13 1939 Huntington Williams, Registrar.

FEB 12 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10th 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1939, to Feb 10, 1939.

I last saw her alive on Feb 10, 1939. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb 39
Other contributory causes of importance:	
Hypostatic Congestion	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Davies M. D.

(Address) 817 Madison Ave Balto

OCCUPATION is very important. See instructions on back of certificate.

55008

HEALTH DEPARTMENT—CITY OF BALTIMORE

55008

CERTIFICATE OF DEATH

94-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 218 Furrow St. 20-S Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Paul E. Seeger

(a) Residence: No. 218 Furrow St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary S. Seeger

6. DATE OF BIRTH (month, day, year) Feb 26th 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker pr 03

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wagner Carroll

10. Date deceased last worked at this occupation (month and year) 6/39

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Paul E. Seeger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wilhelmina ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary Seeger

(Address) 218 Furrow St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Feb 14th 1939

19. UNDERTAKER Wm Cook

(Address) 1217 E Fayette St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11th 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 11, 37 to Feb. 11, 1939

I last saw him alive on Feb. 10, 1939 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	?
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury? - - -

Name of operation - - - -

What test confirmed diagnosis? p.f. and cardiogram Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Mary Seeger M. D.

(Address) 1226 Hanover St.

OCCUPATION is very important. See instructions on back of certificate.

FEB 12 1939

F 55009

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55009

CERTIFICATE OF DEATH

80

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1916 N Payson St. 15-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Robert Keyser Sr.

If U. S. Veteran specify WAR .....

(a) Residence: No. 1916 N. Payson St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude Keyser

6. DATE OF BIRTH (month, day, year) Nov 1. 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telephone Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Railway Co

10. Date deceased last worked at this occupation (month, day, year) Feb 6 1939

11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Louis R Keyser

14. BIRTHPLACE (city or town) (State or country) Norfolk Va.

MOTHER

15. MAIDEN NAME Catherine King

16. BIRTHPLACE (city or town) (State or country) Norfolk Va

17. INFORMANT Gertrude Keyser

(Address) 1916 N Payson St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 2/14 19 39

19. UNDERTAKER Wm Cook

(Address) 1211 N Fulton Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11 39 19

22. I HEREBY CERTIFY, That I attended deceased from January 8, 1939 to February 11, 1939

I last saw him alive on February 9, 1939 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Locomotor Ataxia	about 1904
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Usual Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Hubert Eckman M. D.

(Address) 1216 E. Preston St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

FEB 12 1939

55010 HEALTH DEPARTMENT—CITY OF BALTIMORE 55010

CERTIFICATE OF DEATH

172-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital 12-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME William Smallwood

(a) Residence: No. 3031 Remington Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 2, 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Tower

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. R. R. Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Wm. Smallwood

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Mary Hinton

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Maggie Kearney.
(Address) 3061 Remington Ave.

18. BURIAL, CREMATION, OR REMOVAL
Loudon Park Date Feb 13, 1939

19. UNDERTAKER Chenoweth.
(Address) 845 N Eutaw St

20. FILED FEB 12 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1939 to Feb. 11, 1939

I last saw him alive on Feb. 11, 1939. Death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral acute Serous Hypostatic pneumonia	2-9-39
Other contributory causes of importance:	

Was an operation performed? Yes Date of 2/4/39

For what disease or injury? Acute Serous

Name of operation Surgical Hemiplegia

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. R. Turner M. D.

(Address) St. Joseph's Hosp.

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 55011

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55011

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH Hebrew Home for Aged & Infirm

CITY OF BALTIMORE: (No. Belvedere & Greenspring Ave St., 27-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? 32 yrs. ..... mos. ..... da.

2. FULL NAME Mr Osher Singer

If U. S. Veteran specify WAR .....

(a) Residence: No. Belvedere & Greenspring Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ REBECCA SINGER

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME not known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sig. Trumbull
(Address) Belvedere & Greenspring Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 2/10/39

19. UNDERTAKER Jacob Levin Son
(Address) 1432 E. Baltimore St.

20. FILED FEB 12 1939 Hunting for Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 2/9, 1939

22. I HEREBY CERTIFY, That I attended deceased from 6/14/34, 19..., to 2/9/39, 19...

I last saw him alive on 2/9/39, 19... Death is said to have occurred on the date stated above, at 11.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-pneumonia	2-5-39
Hypostasis	
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Edmund Levin, M. D.

(Address) Lutherville, Md.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 55012 HEALTH DEPARTMENT—CITY OF BALTIMORE F 55012

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3802 Sumner Rd St. 15-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Saulter

If U. S. Veteran specify WAR

(a) Residence: No. 3802 Sumner Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac

6. DATE OF BIRTH (month, day, year) 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Israel Ruthelf

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Baula

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mr. Nathan Saulter
(Address) 3003 Garrison Blvd.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Mem. Pk. Date 2-12-39

19. UNDERTAKER Jack Levine Inc
(Address) 1439 E. Baltimore St.

20. FILED 19 Huntington Williams Registrar.

FEB 12 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-11-39. 19

22. I HEREBY CERTIFY, That I attended deceased from 2/9 1939 to 2/11 1939

I last saw h.er alive on 2/10 1939. Death is said to have occurred on the date stated above, at 9:20 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
cerebral hemorrhage	2/9/39
cerebral arteriosclerosis	
Other contributory causes of importance:	
chr. myocarditis	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Meyer Stonn M. D.

(Address) 2904 Reisterstown Rd

V8 3

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WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 55013

00824

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55013

CERTIFICATE OF DEATH

149-a-123

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hosp. St. 15-S Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Ida Ellenson Schreiber

If U.S. Veteran specify WAR .....

(a) Residence: No. 3323 Burleigh ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Martin Harold Schreiber

6. DATE OF BIRTH (month, day, year) Feb 16 1909

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Feb. 1939

11. Total time (years) spent in this occupation 6 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Jacob Ellenson

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hosp. Record.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Levering Mem. Date 2/12/39 19

19. UNDERTAKER Wade Funeral Home

(Address) 1432 E Balto St.

20. FILED 19 Registrar.

FEB 12 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 6 1939 to Feb 11 1939

I last saw h[illegible] alive on Feb 11 1939 Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralytic Ileus following Caesarean Section at 8th month.	Feb 9th

Other contributory causes of importance:

Myocardial failure

Was an operation performed? Caesarean Date of Feb 7-1939

For what disease or injury? Pregnancy - Complicated Presentation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

(Signed) John G. Murray Jr. M. D.

(Address) 9 Rosthead Street

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55014

55014

CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. Belvedere Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Hattie Pinkin

(a) Residence: No. 2215 Clifton St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Abraham

6. DATE OF BIRTH (month, day, year)

7. AGE: Years	Months	Days	If LESS than 1 day... hrs. or ... min.
48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Herring Run Date 2/14/39

19. UNDERTAKER Jack Lewis Inc
(Address) 1439 E. Baltimore St

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1939 to Feb 10, 1939

I last saw h... alive on Feb 10, 1939 Death is said to have occurred on the date stated above, at 3:25 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1/28/39
Other contributory causes of importance: Cerebral arteriosclerosis	Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Hyllis Fisher M. D.

(Address) Sinai Hospital

Sevi

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

FEB 12 1939 Huntington Williams, M.D.

55015 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 55015

CERTIFICATE OF DEATH CGK--41383

1. PLACE OF DEATH

Registered No. 46-a

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 26-4 Ward) 46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Michael Karp, Sr.

If U. S. Veteran specify WAR ...

(a) Residence: No. 1411 Bowley's Lane St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Amelia

6. DATE OF BIRTH (month, day, year): 12-18-1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Caretaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Cemetery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Henry

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Eva

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Stones Run Date 2-13-39

19. UNDERTAKER: Jack Lentz Inc
(Address) 1432 E. Baltimore

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2-10, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-28, 1939, to 2-10, 1939

I last saw h... alive on 2-10, 1939. Death is said to have occurred on the date stated above, at 10:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Carcinoma Oesophagus	?
Other contributory causes of importance:	

Was an operation performed? Yes Date of 2-10-39

For what disease or injury?

Name of operation Oesophagoscopy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Louis Edward P. M. D.

(Address) Balto City Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 55016

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55016

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. about St. 11-7 Ward)

Length of residence in city or town where death occurred 6 yrs. — mos. — ds. How long in U. S. If of foreign birth? 6 yrs. — mos. — ds.

2. FULL NAME Harold McLean

If U. S. Veteran specify WAR None

(a) Residence: No. 1337 Mt Royal Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Polly McLean

6. DATE OF BIRTH (month, day, year) June 3, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired from None given

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tea Business

10. Date deceased last worked at this occupation (month and year) 2 yrs. ago

11. Total time (years) spent in this occupation 8yrs

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME Alexander McLean

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Elizabeth Reid

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Ft Lincoln Cem. Date 2/12/39

19. UNDERTAKER STEWART & MOWEN COMPANY
(Address) (W. F. MOWEN SUC.) 108 W. NORTH AVENUE

20. FILED Feb 12 1939 Hunter Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1939 to Feb 11, 1939

I last saw h.. alive on Feb 11, 1939. Death is said to have occurred on the date stated above, at 9:00 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Ampulla of Vater	Unk.
Other contributory causes of importance: Terminal Pneumonia	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Menke M. D.

(Address) Johns Hopkins Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS B

FEB 12 1939

F 55017

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55017

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1421 E. CLEMENT St. 24-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. 11 mos. 23 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME MRS. ELIZABETH LANG

If U. S. Veteran specify WAR

(a) Residence: No. 1421 E. CLEMENT St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	White	MARRIED

5a. If married, widowed, or divorced
H[illegible] of
(or) W[illegible] of MR. JOSEPH LANG

6. DATE OF BIRTH (month, day, year) 1874-2-23 DA.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. OWN HOME

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) UNKNOWN HUNGARY

FATHER

13. NAME PAUL GRIES

14. BIRTHPLACE (city or town) (State or country) UNKNOWN HUNGARY

MOTHER

15. MAIDEN NAME Anna GRIES

16. BIRTHPLACE (city or town) (State or country) UNKNOWN HUNGARY

17. INFORMANT JOSEPH LANG
(Address) 1421 E. CLEMENT ST.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Feb. 10, 1939

19. UNDERTAKER Joseph Zajenka Sons
(Address) 1622 Washington Blvd

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1937 to Feb. 9, 1939

I last saw her alive on Feb. 9, 1939. Death is said to have occurred on the date stated above, at 1:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardial Degeneration	1937-
Other contributory causes of importance: Chronic Nephritis	1937-

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Rolland, M. D.
(Address) 707 E. Fort Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

FEB 12 1939

16

55018 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 55018

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

Registered No.....

CITY OF BALTIMORE: (No. 713 S. Dean St. St. 26-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Rose Weidel

If U. S. Veteran specify WAR .....

(a) Residence: No. 713 S. Dean St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph F.

6. DATE OF BIRTH (month, day, year) Oct. 31, 1889

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
49	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Nolan

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Elizebeth Huber

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Joseph F. Weidel (Address) 713 S. Dean St

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Cem. Date Feb. 13, 1939

19. UNDERTAKER Geo. W. Zirkler (Address) 1737 E. Edgar St.

20. FILED FEB 12 1939 19.... Registrar. Thelma K. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1938 to Feb 9, 1939

I last saw her alive on Feb 9, 1939 Death is said to have occurred on the date stated above, at 11:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Breast (Rt)	1936
Carcinoma Mediastinum	1937
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ....Date of injury...., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. H. Kirschmeier, M. D.

(Address) 2939 Eastern Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 55019

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55019

CERTIFICATE OF DEATH

53-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2111 Ellamont St. 15-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 11 mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Bailey

If U. S. Veteran specify WAR .....

(a) Residence: No. 2111 Ellamont St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Matthew J. Bailey

6. DATE OF BIRTH (month, day, year): Sept. 19, 1873

7. AGE: Years 65 | Months 4 | Days 21 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto., Md

FATHER

13. NAME: Thos. J. Kane

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Margaret Fitzpatrick

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Margaret Kane

(Address) 2111 Ellamont St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 2/11 1939

19. UNDERTAKER: Margaret A. Flynn

(Address) 1422 Light St.

20. FILED ..... (Signature of Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 10th 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1935 to Feb 10th 1939

I last saw her alive on Feb 9, 1939. Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypernephroma of Kidney	about Dec 1935
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None Cystoscopic exam. X-Ray

What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury None

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) Edward H. Smith M. D.

(Address) 920 St. Paul St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 55020

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 681 W. Fayette St. Ward)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

If U. S. Veteran specify WAR _____

2. FULL NAME Frank McNeil

(a) Residence: No. 681 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie McNeil

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Orchardist Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 10 yrs

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Vermont U.S.

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Minnie McNeil
(Address) 681 W Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place Lt Cornel Date Feb 13 1939

19. UNDERTAKER Franklin & Sons
(Address) 847 W Fayette St

20. FILED Feb 13 1939 Huntington Williams M.D. Registrar

FEB 12 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 9, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Respiratory Failure	12hrs
Other contributory causes of importance: Senility	5yrs.

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael V. Krane Coroner, M. D.

(Address) 2360 Eutaw Place

S. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 55021 HEALTH DEPARTMENT—CITY OF BALTIMORE F 55021

CERTIFICATE OF DEATH

97 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1138 E Northwood St. 9-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Ida Agnes Massey

(a) Residence: No. 1138 E Northwood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	Widow

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James J. Massey

6. DATE OF BIRTH (month, day, year) Jan 21 - 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edward Siebert

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME A. Bandel

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Kate Caulfield

(Address) 1138 E Northwood

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 2/13/39 19

19. UNDERTAKER J. J. Foley & Son

(Address) 1318 Light St.

20. FILED Huntington Williams, Registrar.

FEB 12 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 11th 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1939 to Feby 10th 1939

Last saw h[illegible] alive on Feby 10th 1939. Death is said to have occurred on the date stated above, at 7A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arterio Sclerosis	Jan 1939
Other contributory causes of importance:	
Coma	Feby 6 39

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert L. Kirk M. D.

(Address) 3126 Harford Rd

Mo. 0317

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 55022

F 55022

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 215 S. Clinton St. 26-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7/12 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edna Florence Waller

If U. S. Veteran specify WAR

(a) Residence: No. 215 S. Clinton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Silden T. Waller

6. DATE OF BIRTH (month, day, year) June 27 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37 60

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Theodore Warton

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs. Grace Dorbit

(Address) 215 S. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Feb 13 1939

19. UNDERTAKER John A. McCann

(Address) 3000 E. Baltimore St.

20. FILED FEB 12 1939 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry) to (Inquest, Autopsy or Inquiry) her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Cerebral Embolism	1/2 hour
Other contributory causes of importance: Auricular heart disease	some time

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood M. D. Coroner

(Address) 1712 N. Gay St.

F 55023

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55023

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 East Read St. St. 11-W Ward)

Length of residence in city or town where death occurred 54 yrs. 8 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Gertrude Hagerty

(a) Residence: No. 6 East Read St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of **********

6. DATE OF BIRTH (month, day, year) May 24, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	8	13 15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Buyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O'Neill & Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James J. Hagerty

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Catherine Bahn

16. BIRTHPLACE (city or town) (State or country) Baltimore Co., Md.

17. INFORMANT Joseph C. Hagerty
(Address) 713 Nicholson St. Wash. DC.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery 2/13/39 19

19. UNDERTAKER H. W. Lucas & Son
(Address) 605 N. Calvert St.

20. FILED FEB 12 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from September, 1938 to February, 1939

I last saw h[illegible] alive on Feb. 9, 1939. Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1/28/39
Other contributory causes of importance:	
Cardio vascular failure	2/9/39
Oedema of lungs	2/9/39

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify.

(Signed) Frank R. DiSanto M. D.

(Address) 232 S. Conkling St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 55024

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 55024

1. PLACE OF DEATH Balto. City Hospital. 186-a CC

CITY OF BALTIMORE: (No.) Bay View St., 16-E Ward)

Registered No. 822

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Catherine Bremer

If U. S. Veteran specify WAR

(a) Residence: No. 919 N. Monroe St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Freeman E. Bremer

6. DATE OF BIRTH (month, day, year) March 20-1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME I. Hoos.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Herbert B. Fissel

(Address) 919 N. Monroe St.

18. BURIAL, CREMATION OR REMOVAL

Place Charleston S.C. Date Feb 12 1939

19. UNDERTAKER Wm. Pickup & Sons

(Address) 1806 E. Pratt St.

FEB 12 1939

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquiry or Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcino-Sarcoma of Rectum	about 4 months
Fracture Neck left femur	4 days
Senility	Some time

Other contributory causes of importance: Arterio-sclerosis General

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Feb. 11, 1939

Where did injury occur? 1019 N. Monroe (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell on floor

Nature of injury Fracture neck femur

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Flood M. D. Coroner

(Address) 1712 N. Broadway

N. B.—WRITE PLAINLY, WITH INKING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 55025

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55025

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2452 E. Eager St., 7-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Leonard L. Deck

If U. S. Veteran specify WAR Wells

(a) Residence: No. 2452 E. Eager St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov. 6, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William Deck.

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Minnie Horn

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Marie Deck

(Address) 2452. E. Eager St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date July 13" 1939

19. UNDERTAKER Geo. M. Smith & Son

(Address) 311 N. Wolfe St.

20. FILED FEB 12 1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 10, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance: —

Was an operation performed? No Date of ...

For what disease or injury? —

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify ...

(Signed) Paul Schreiber Coroner, M. D.

(Address) Coroner

FILE NUMBER, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 55026

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55026

CERTIFICATE OF DEATH

11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6819 Reisterstown Rd St. 27-29 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jesse N. Miller

if U. S. Veteran specify WAR

(a) Residence: No. 6819 Reisterstown Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Mar 18-1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Christopher Miller

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Eliza Johnson

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Blanche Barnett

(Address) 6819 Reisterstown Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olive Cem - Balto Co. Date Feb. 14, 1939

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

20. FILED , 19 Registrar.

FEB 13 1939 Hunting & Williams, Mgrs

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 12- , 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 11 1939, to Feb 12, 1939

I last saw he alive on Feb 12, 1939 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	48 hrs
Other contributory causes of importance: Grippe & Bronchitis	1 wk.

Was an operation performed? no Date of -

For what disease or injury? -

Name of operation -

What test confirmed diagnosis Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E. E. Nichols M. D.

(Address) Pikesville Md.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 55027

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 55027

CERTIFICATE OF DEATH

✓ 186-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp St. 12-2 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha B. Benson

If U. S. Veteran specify WAR

(a) Residence: No. Blackstone Apt 33rd & Chas Sts St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	Wh.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dr Charles Benson.

6. DATE OF BIRTH (month, day, year) Aug 31. 64.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	70	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Samuel Hunt

14. BIRTHPLACE (city or town) (State or country) Hagerstown Md.

MOTHER

15. MAIDEN NAME Martha Beall

16. BIRTHPLACE (city or town) (State or country) Frederick Md

17. INFORMANT Esther Hunt.
(Address) 100 Longwood Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place David Ridge Date Feb 15th 1939

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED 1939 Hester Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
stated by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture left femur.	Jan 5
Diabetes Mellitus.	?
Myocarditis.	?

Other contributory causes of importance:

Was an operation performed? Yes. Date of Feb 10. 38

For what disease or injury? Fracture left femur.

Name of operation Open reduction of fracture Date of 2/10/38

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accidental Injury 1/15 1938

Where did injury occur? Home Baltimore Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Falling down stairs

Nature of injury Fracture left femur

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) W. Hamer Coroner, M. D.

(Address) 1822 W Baltimore St

FEB 1939

U S 6

F 55028

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55028

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6310 York Rd. St., 27-12 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Irene Fargis Gracey

If U. S. Veteran specify WAR

(a) Residence: No. 6310 York Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 26 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Wm F Gracey

14. BIRTHPLACE (city or town) (State or country) Balt

MOTHER

15. MAIDEN NAME Rose Farrell

16. BIRTHPLACE (city or town) (State or country) Balt.

17. INFORMANT Frederick P Keller (Address) 6311 York Rd

18. BURIAL, CREMATION, REMOVAL Place Oak Lawn Date 2/14 1939

Mt Cor

19. UNDERTAKER (Address) 1217 E Cold St

20. FILED Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	2/10/39

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Evans, M. D.

Coroner

(Address)

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 13 1939

V 8 6

F 55029

F 55029

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .... yrs. .... mos. 3 ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

If U. S. Veteran, specify WAR World War

2. FULL NAME Harry C. Treshmann

(a) Residence: No. Glade Avenue, Fullerton St., (County) Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mildred M. Treshmann

6. DATE OF BIRTH (month, day, year) July 15, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	43	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Post Office

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Employee

10. Date deceased last worked at this occupation (month and year) Feb. 7, 1939

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME John H. Treshmann

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Margaret French

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Mrs. Harry C. Treshmann

(Address) Glade Ave., Fullerton, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Feb. 13, 1939

19. UNDERTAKER Frederick Lauenhammer

(Address) 7401 Belair Road

20. FILED FEB 13 1939, 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11th, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and (from the evidence obtained by said (Inquest, Autopsy or Inquiry)) find, that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Acute)	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of injury .... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schreiber Coroner, M. D.

(Address)

V56

INSTRUCTIONS: WRITE IN PENCIL OR INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

55030

HEALTH DEPARTMENT—CITY OF BALTIMORE

55030

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 938 S. Sharp St., 2nd Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lottie Thomas

If U. S. Veteran specify WAR

(a) Residence: No. 938 S. Sharp St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Garner

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Ida Garner
(Address) 938 Sharp St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cr Date 2/10/39

19. UNDERTAKER Isaiah L Brown & Son
(Address) 108 W Montgomery St

20. FILED 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1938 to Feb 9, 1939

I last saw h[illegible] alive on Feb 9, 1939 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	Dec 20 1938
Other contributory causes of importance: None	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lotus V. Gaines M. D.

(Address) 615 S. Paca St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

55031 — 55031 — V 108

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1009 Madison Ave St., 11-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Florence C. Hopkins

If U. S. Veteran specify WAR .....

(a) Residence: No. 1009 Madison Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	C	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Hopkins

6. DATE OF BIRTH (month, day, year) Mch 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	11	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None Housework

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Fruity Blake

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Juliett Hazelton

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Gertrude Hopkins

(Address) 1009 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 2-13 1939

19. UNDERTAKER Mrs Francis A. Hensley

(Address) 571 N. Biddle St.

20. FILED ..... 19..... Registrar.

FEB 13 1939

Hunting for Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9th 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 1st 1939 to Feb 9th 1939

I last saw h[e] alive on Feb 9 1939. Death is said to have occurred on the date stated above, at 1.30P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	Feb. 39

Other contributory causes of importance:

Non-Recite

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? Physical Was there an autopsy? none

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Harry E. Brown M.D.

(Address) 1835 Madison Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 55032

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55032

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1600 Millerman St. 27-3 Ward) 7

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Dozier

If U. S. Veteran specify WAR .....

(a) Residence: No. 1600 Millerman St., 7 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Dozier

6. DATE OF BIRTH (month, day, year) Dec 10 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62 72	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Servant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year) 9/4/37

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Ballo Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) a "

17. INFORMANT Marie Johnson

(Address) 1512 N Collin

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date 9-14 1937

19. UNDERTAKER Francis O. Hemsley

(Address) 578 W. Baltic St

20. FILED FEB 13 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/10/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 9/5/37 . 19 . to 9/10/37 . 19

I last saw h alive on 9/10/37 . 19 . Death is said to have occurred on the date stated above, at 6.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5
Other contributory causes of importance: Coma	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... , 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Alfred Gaye, M. D.

(Address) 707 N Broadway

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V0 8

Hattie Lee Williams, M.D.

F 55033 HEALTH DEPARTMENT—CITY OF BALTIMORE F 55033

CERTIFICATE OF DEATH

✓ 11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1702 N. Broadway St. 8-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. ✓ mos. ✓ ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rosalie de D. Blair

If U. S. Veteran specify WAR .....

(a) Residence: No. 1702 N. Broadway St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Blair

6. DATE OF BIRTH (month, day, year) March 17, 1850

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
88	10	24 25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ... 68

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

FATHER

13. NAME ? de Dutzale

14. BIRTHPLACE (city or town) (State or country) Belgium

MOTHER

15. MAIDEN NAME Mary Roberts

16. BIRTHPLACE (city or town) (State or country) Phila. Pa.

17. INFORMANT Jere G. Collier.

(Address) 1702 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Mem. Park Date Feb. 14. 1939

19. UNDERTAKER D. Q. Covington

(Address) 21 W. 25th St.

20. FILED Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 11. 1939

22. I HEREBY CERTIFY, That I attended deceased from February 2. 1939 to February 11. 1939

I last saw her alive on February 10. 1939 Death is said to have occurred on the date stated above, at 3.30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza and Lobar Pneumonia	2/2/39
Other contributory causes of importance: Cardiac Dilatation	1 day.

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If ...

(Signed) Albert Eisenberg M. D.

(Address) 2025 E. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 13 1939

va a

F 55034

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55034

CERTIFICATE OF DEATH

37577 (28) 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 23-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Lena Alford

If U. S. Veteran specify WAR

(a) Residence: No. ~~20 N. Peori st.~~ 13 E. Henrietta St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William E. Tucker

6. DATE OF BIRTH (month, day, year) 3/11/~~1893~~ 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~43~~ 44	~~42~~	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va. Lancaster County

FATHER

13. NAME John Alford

14. BIRTHPLACE (city or town) (State or country) ~~England~~ Lancaster County, Va.

MOTHER

15. MAIDEN NAME Rebecca ~~Sweeney~~ Sebree

16. BIRTHPLACE (city or town) (State or country) Va. Lancaster County.

17. INFORMANT ~~City Hospital Record~~ Mrs. Bertha E. Doeger.

(Address) 1444 Riverside Ave

18. BURIAL, CREMATION, OR REMOVAL Millenbeck, Va.

Place Paint Shop Cemetery Date 2/15, 1939

19. UNDERTAKER Howard N. Blizzt, Jr.

(Address) 4914 Belair Road.

20. FILED FEB 13 1939 Huntington Williams, M.D.

Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 2-12, 1939

22. I HEREBY CERTIFY, That I attended deceased from 10-1, 1938 to 2-12, 1939

I last saw her alive on 2-12, 1939 Death is said to have occurred on the date stated above, at 11:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cervix	?
Bronchopneumonia	3 days

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city, town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hunt Boring M. D.

(Address) Balto. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

55035

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55035

CERTIFICATE OF DEATH

V 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 28-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Helen Lehmen

If U. S. Veteran specify WAR .....

(a) Residence: No. 2707 Queen Anne Rd. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 9, 1907

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
31	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Practical nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Edward Bassbenger

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Lydia Wainer

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Univ. Hosp. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place New Freedom Pa Date Feb. 15 1939

19. UNDERTAKER Clemmett & Son

(Address) 3615-17 Chestnut Ave

Huntington Williams, M.D.

20. FILED FEB 13 1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1939, to Feb. 13, 1939

I last saw h.. alive on Feb. 13, 1939 Death is said to have occurred on the date stated above, at 5:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Pituitary or adrenal Tumor (?)	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ..... If so, specify .....

(Signed) Henry L Reydon, M. D.

(Address) University Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 55036

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 55036

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Harford Rd. & Abbottston St.) 9-7 (Ward)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John J. Engels

(a) Residence: No. 1519 Abbottston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Sadie Engels

6. DATE OF BIRTH (month, day, year) May 12, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jeweler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jewelry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Engelbert Engels

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katharine Peltz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John W. Knox
(Address) 1519 Abbottston St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Feby 14 193

19. UNDERTAKER John Ulrich
(Address) 200 E Oliver

20. FILED FEB 13 1939 Registrar

V S H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/11/39 , 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address) Coroner

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 55037

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55037

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1214 N Montford Ave St., E Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 5 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Weeks

If U. S. Veteran specify WAR .....

(a) Residence: No. 1214 N. Montford Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edw H Weeks

6. DATE OF BIRTH (month, day, year) Feb 27 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country)

FATHER

13. NAME Wm Abbott

14. BIRTHPLACE (city or town) Baltimore Md (State or country)

MOTHER

15. MAIDEN NAME Isabella Russell

16. BIRTHPLACE (city or town) Baltimore Md (State or country)

17. INFORMANT Edw H. Weeks (Address) 1214 N Montford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date 2-13 1939

19. UNDERTAKER Mt Olivet (Address) 325 E. Oliver St

20. FILED ..... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-10- 1939

22. I HEREBY CERTIFY, That I attended deceased from October 10 1938 to Feb 10 1939

I last saw h Er alive on Feb 12 1939 Death is said to have occurred on the date stated above, at 9:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2-10-39
Chronic Interstitial Nephritis	1929

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert G Engelhardt M. D.

(Address) 1613 E Fayette St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

FEB 13 1939

F 35038

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35038

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 940 Booth St. St. 18-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2 FULL NAME Mrs Fannie Wrede

(a) Residence: No. 940 Booth St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	widowed

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) [illegible] Maddox

FATHER

13. NAME Henry Maddox

14. BIRTHPLACE (city or town) (State or country) Frederick, Md

MOTHER

15. MAIDEN NAME Hester —

16. BIRTHPLACE (city or town) (State or country) Frederick, Md

17. INFORMANT Lawrence Johnson

(Address) 754 Reabrook St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Feb 14, 1939

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 N Schroeder St

FILED FEB 15 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4 hrs
Other contributory causes of importance: Hypertension	1 yr

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A. Ahearn M. D. Coroner

(Address) 7360 Eutaw Place

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 6

55039

HEALTH DEPARTMENT—CITY OF BALTIMORE

55039

CERTIFICATE OF DEATH

79-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME William Thomas Reese or Hyatt — If U. S. Veteran specify WAR

(a) Residence: No. 2030 St. Helena Ave, Dundalk Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 2 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
3	3	8 9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry C Hyatt

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Hazel M Grammer

16. BIRTHPLACE (city or town) (State or country) Sparrow Point Md

17. INFORMANT William T Grammer
(Address) 2932 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Feb 14 1939

19. UNDERTAKER William M Mareck
(Address) 715 Light St for Williamsville

20. FILED FEB 13 1939 19 Hunting for Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1939, to Feb. 11, 1939.

I last saw h[illegible] alive on Feb. 11, 1939. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcic Meningitis	Feb 2, 1939
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Spinal puncture

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arnold H. Eichert, M. D.

(Address) South Bell. Gen. Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 55040

F 55040

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3140 Elmora Ave St. 8-1 Ward)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Justin H. McCarthy

(a) Residence: No. 3140 Elmora Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	W	widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Harriett

6. DATE OF BIRTH (month, day, year) May 17-1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	8	25th	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Easton
(State or country) Ohio

FATHER

13. NAME Michael McCarthy

14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME Catherine Ward.

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Theresa Chambers
(Address) 3140 Elmora ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cemetery Baltimore Md Date Feb 14, 1939

19. UNDERTAKER William M Mareck
(Address) 715 Light St

Baltimore Md

20. FILED FEB 13 1939, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 11-, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 4-, 1939, to February 11-, 1939

I last saw him alive on February 10-, 1939. Death is said to have occurred on the date stated above, at 5:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorhage	2-4-39

Other contributory causes of importance:

Hypertension	unknown
Organic Heart Disease	unknown

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? P.S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Chester Piland, M. D.

(Address) 2532 Edmondson Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

55041

CERTIFICATE OF DEATH

55041

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2666 Kenneday Ave., St. 9-7 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Dorothy E. Hay

(a) Residence: No. 2666 Kennedy Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William T. Hay

6. DATE OF BIRTH (month, day, year) Dec. 16, 1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Harry M. Meyers

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Emma V. Dasch

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT William T. Hay
(Address) 2666 Kennedy Ave.,

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feb. 13, 19 39

19. UNDERTAKER G. Howard Strong
(Address) 715 Light St.,

20. FILED FEB 13 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1937 to Feb 10, 1939

I last saw her alive on Feb 10, 1939 Death is said to have occurred on the date stated above, at 10.45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Cardio Vascular disease with mitral Stenosis	1937
Other contributory causes of importance: Coronary Thrombosis	Feb 10 1939

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Chas W Edmunds M. D.

(Address) 2746 Alameda

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V0 3

Dr. Edmunds
2746 Alameda Blvd

M. D. B. 1268-9

55042

F 55042

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1113 Park Ave St. 11-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Josiah Dennicks

(a) Residence: No. 1113 Park St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Laura V. Dennicks

6. DATE OF BIRTH (month, day, year) ? 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter 10?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hutzler Bros

10. Date deceased last worked at this occupation (month and year) Retired

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Josiah Dennicks

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Robert Dennicks

(Address) 1113 Park Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lebanon Cem Date Feb. 13 1939

19. UNDERTAKER Mr. Geo H Holland

(Address) 1231 Druid Hill Ave

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 10 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 7 1939 to Feb 10 1939

I last saw him alive on Feb 9 1939 Death is said to have occurred on the date stated above, at 1230 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E Wilson Frey M. D.

(Address) 192 E Pennsylvania Ave

V. S. 3

INSTRUCTIONS: WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 55043

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55043

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2333 McCulloh St. 13-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amanda Moody

If U. S. Veteran specify WAR

(a) Residence: No. 2333 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Moody

6. DATE OF BIRTH (month, day, year) 10-1-64

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74-0	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Clover Halifax Va
(State or country)

FATHER

13. NAME Houser Garrett

14. BIRTHPLACE (city or town) Clover Halifax Va
(State or country)

MOTHER

15. MAIDEN NAME Patsy Morton

16. BIRTHPLACE (city or town) Clover Halifax Va
(State or country)

17. INFORMANT Wm. Moody
(Address) 2333 McCulloh

18. [illegible] REMOVAL
Place [illegible] Date 2/13 1939

19. UNDERTAKER Mrs Geo H. Holland
(Address) 1631 Druid Hill Ave.

20. FILED [illegible] Registrar.

FEB 13 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-8 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-6 1939 to 2-8 1939

I last saw her alive on 2-7 1939 Death is said to have occurred on the date stated above, at 10:45 a.m. of

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast	?

Other contributory causes of importance:

chr. myocarditis	?
diabetes	?

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) M. D.

(Address) 1500 E. Madison St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 55044

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55044

CERTIFICATE OF DEATH

92-a

Registered No. 1877

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 711 S. Bond St. 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Jergen Henik Martin Jensen

If U. S. Veteran specify WAR ...

(a) Residence: No. 711 S. Bond St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color of Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 12-1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) 28 Swedegate St.

11. Total time (years) spent in this occupation 6 months

12. BIRTHPLACE (city or town) (State or country) Copenhagen Denmark

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Ella Mueller Friend

(Address) 709 S. Bond St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Feb 13th 1939

19. UNDERTAKER George A Weber

(Address) 735 S Ann St

20. FILED FEB 13 1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6 months
Chronic Heart Disease	6 months

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. E. Wood M. D. Coroner

(Address) 1712 E. Baltimore St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55045

55045

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Division St. W-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Lloyd Bailey

If U. S. Veteran specify WAR

(a) Residence: No. 526 W. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Baby Tuckson

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Md

FATHER

13. NAME John Neale

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Susie Baily

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Susie Baily mother
(Address) 526 W Biddle St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Feb 13th 1939

19. UNDERTAKER Elroy O Welsh
(Address) 1000 Brantley ave.

20. FILED 19 Registrar.

FEB 1939

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-11- 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-31-39. 19 to 2-11-39. 19

I last saw him alive on 2-11-39. 19. Death is said to have occurred on the date stated above, at 3.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia Right upper Middle Lobes	1-28-39
Other contributory causes of importance:	
Leukemia	2-2-39

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G. F. Maloney M. D.

(Address) Provident Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 D

F 55046

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55046

CERTIFICATE OF DEATH

CGK--41828

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 3-1 Ward) 8 2-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Pollard

If U. S. Veteran specify WAR

(a) Residence: No. 116 S. Caroline St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50-60 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ga.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT City Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Ft Auburn Date Feb 14th 1939

19. UNDERTAKER Elwood Wilson
(Address) 1000 Bradley Ave

20. FILED 19 Registrar.

FEB 13 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 11. 1939

22. I HEREBY CERTIFY, That I attended deceased from February 9. 1939 to February 11. 1939

I last saw him alive on February 11. 1939 Death is said to have occurred on the date stated above, at 1:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	2-9-39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Y

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 55047

55047

HEALTH DEPARTMENT—CITY OF BALTIMORE

#39172

CERTIFICATE OF DEATH

94-B SF

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth 58 yrs. mos. ds.

2. FULL NAME Charles Fred Quaster

If U. S. Veteran specify WAR

(a) Residence: No. 724 W. Lexington St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married-sep.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of CLARA ? HEED AUMAN

6. DATE OF BIRTH (month, day, year) 8/8/1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
59	59	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany (State or country)

FATHER

13. NAME Henry Quaster

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Johanna Jonatsky (?)

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 2/13 1939

19. UNDERTAKER Harry H. Switzer

(Address) 4116 Edmondson Ave.

20. FILED Hunter Sr. Williams M.D. Registrar.

FEB 13 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/10/39 . 19

22. I HEREBY CERTIFY, That I attended deceased from November 20 1938 to February 10 1939

I last saw him alive on February 10, 1939. Death is said to have occurred on the date stated above, at 7½ A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	2-7-39
Other contributory causes of importance: Arteriosclerosis Unknown	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Santella M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

55048

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 55048

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 25-b Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Michael Kollinger

If U. S. Veteran specify WAR

(a) Residence: No. 602 Garrett St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Kollinger

6. DATE OF BIRTH (month, day, year) 10-7-67

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pensioned motorman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Street railway System

10. Date deceased last worked at this occupation (month and year) 2

11. Total time (years) spent in this occupation 30?

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Edmund Kollinger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Gunther

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Michael Kollinger

(Address) 602 Garrett St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 2/14/39 19

19. UNDERTAKER Philip Stumm Sons

(Address) 2016 Orleans St

20. FILED FEB 13 1939 19 Huntington Hillman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 11 1939 to Feb. 11 1939

I last saw h. alive on Feb. 11 1939 Death is said to have occurred on the date stated above, at 12 45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	ab. 1-1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. F. Schaefly M. D.

(Address) Mercy Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

G/B

55049

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55049

CERTIFICATE OF DEATH

✓ 93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 756 Mc Henrin Ave St., 9-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry R. Schaumburg

If U. S. Veteran specify WAR

(a) Residence: No. 756 Mc Henrin Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie E. Schaumburg

6. DATE OF BIRTH (month, day, year) Jan 30 - 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	0	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Henry Schaumburg

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Schmidt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mamie E. Schaumburg

(Address) 756 Mc Henrin Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 2/14/39

19. UNDERTAKER Philip Herwig Sons

(Address) 2016 Orleans St.

20. FILED 19

Registrar.

FEB 13 1939

Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 31 1939 to Feb 11 1939

I last saw h in alive on Feb 11 1939 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2/11/39
Other contributory causes of importance:	
Chronic Myocarditis	1936

Was an operation performed? No Date of —

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Sidney H. Streett M. D.

(Address) 721 E Fort Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

5050

F 55050

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 N. Payson Street St., 20-1 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME HENRY FEICK

If U. S. Veteran specify WAR

(a) Residence: No. 102 N. Payson Street St., 20 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie M. Feick

6. DATE OF BIRTH (month, day, year) Feb. 21-1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67 68	11	20 19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Henry Feick

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Madeline Gross

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Mrs. Lillie M. Feick
(Address) 102 N. Payson Street

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 2-13-39 19

19. UNDERTAKER J. F. & C. Tebbetts & Son
(Address) 1300 EUTAW PLACE

20. FILED [illegible] Registrar.

FEB 13 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-10-39. 19

22. I HEREBY CERTIFY, That I attended deceased from September 28 19 36 to Feb. 10 19 39
I last saw him alive on Feb. 9 19 39 Death is said to have occurred on the date stated above, at 11:47 m. A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-Renal Vascular Disease	
Acute Nephritis	2/5/39

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Maurice Laughlin M. D.
(Address) 700 N. Payson St.

V63

55051

HEALTH DEPARTMENT—CITY OF BALTIMORE

55051

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1934 W. Lanvale St., 16-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha A. Letmate.

If U. S. Veteran specify WAR

(a) Residence: No. 1934 W. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George A. Letmate.

6. DATE OF BIRTH (month, day, year) May 10 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Chas. A. Genig.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Pfifer

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Jos Rawleigh.
(Address) 1934 W Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL
DRUID HILL PK Date 2—13 1939
St Pauls Cem

19. UNDERTAKER Wm Chas A & Robbins
(Address) 2327 Edmondson Ave

20. FILED 19 Hunting for Williams Registrar.

FEB 13 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11th 1939

22. I HEREBY CERTIFY, That I attended deceased from May 14 1938 to Feb 11 1939

I last saw her alive on Feb 11 1939 Death is said to have occurred on the date stated above, at 345A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart dis	?
Other contributory causes of importance: Arteriosclerosis, Hemiplegia	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ernest W. Kahn M. D.

(Address) 735 Poplar Gr. St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

55052

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55052

CERTIFICATE OF DEATH

94-B 41633 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 7-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Armstrong

If U. S. Veteran specify WAR

(a) Residence: No. 1026 Chapel st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ida

6. DATE OF BIRTH (month, day, year) 1-29-1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
71	70	0 12	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Rachael

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Park Date 2-14 1939

19. UNDERTAKER Mrs Ida Bailey

(Address) 1421 Jefferson St

20. FILED FEB 13 1939 Thurston Hollagus, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 11. 1939

22. I HEREBY CERTIFY, That I attended deceased from February 3, 1939. to February 11, 1939

I last saw him alive on February 11, 1939. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	2-3-39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation clinical

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. A. de Lautelle M. D.

(Address) Baltimore City Hospitals

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

55053

HEALTH DEPARTMENT—CITY OF BALTIMORE

55053

CERTIFICATE OF DEATH

94-3

1. PLACE OF DEATH Pronounced dead at Mt. Sin. Hospital 2

CITY OF BALTIMORE: (No. 2 Mt. Sin. Hospital St., 2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Wimmer

If U. S. Veteran specify WAR

(3) Residence: No. 1437 N. Charles St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C. Wimmer

6. DATE OF BIRTH (month, day, year) Sept. 19 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Henry Wimmer

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Ann ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Ernest C. Wimmer

(Address) 2707 Oak St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem. Date Feb 14, 1939

19. UNDERTAKER C. Leroy Stiffler Inc.

(Address) 125 E. Biddle Ave

FEB 13 1939

19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above 9:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) C. Hays, Coroner, M. D.

(Address) 215 Hanover

If not to be filed with W.D. Mills, M.D.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

53054

35-8242

HEALTH DEPARTMENT—CITY OF BALTIMORE

55054

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. ..... Ward) 7-5 72-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna B. Reinhardt

If U. S. Veteran specify WAR .....

(a) Residence: No. Sumptner ave St., ... Ward. Rosedale Md

(Usual place of abode) (If non-resident give city or town and State)

Sumter

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick

6. DATE OF BIRTH (month, day, year) 10-25-91

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) New Jersey

FATHER

13. NAME Frank Hudorsky

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Anna Stock

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Ft Stanislaus Cem Date Feb 14, 1939

19. UNDERTAKER Martin E. Dippel

(Address) 37 S. Ann St

20. FILED ..... 19 ..... Registrar.

FEB 13 1939

Flemington, Hunterdon, N.J.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1939 to Feb 11, 1939

I last saw her alive on Feb 11, 1939 Death is said to have occurred on the date stated above, at 5.40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myeloid Leukemia	Sept 1938

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. Lawrence Heeley M. D.

(Address) Johns Hopkins Hospital

Mail CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

55055 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 55055

CERTIFICATE OF DEATH

122-a

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Univ. Hosp. St. 4-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 8 ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Nanny Lee Dick — If U. S. Veteran specify WAR

(a) Residence: No. PATUXANT Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	MARRIED

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of CARTER G. DICK

6. DATE OF BIRTH (month, day, year) JUNE 24, 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. OWN HOME

10. Date deceased last worked at this occupation (month and year) FEB. 1939

11. Total time (years) spent in this occupation 35 YRS

12. BIRTHPLACE (city or town) (State or country) HAYMARKET VA.

FATHER

13. NAME ROBERT COCKRILL

14. BIRTHPLACE (city or town) (State or country) CULLPEPPER CO. VA.

MOTHER

15. MAIDEN NAME IDA UTTERBACK

16. BIRTHPLACE (city or town) (State or country) HAYMARKET VA.

17. INFORMANT MR. CARTER G. DICK
(Address) PATUXANT, MD

18. BURIAL, CREMATION, OR REMOVAL
Place FRIENDSHIP A.A.CO. Date FEB. 16 1939

19. UNDERTAKER Thomas W. Singleton (n.o)
(Address) Glen Burnie, Md.

20. Filed ... Huntington Williams ... Registrar.
FEB 13 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1939 to Feb. 13, 1939

I last saw her alive on Feb. 13, 1939. Death is said to have occurred on the date stated above, at 6.29 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	2/5/39
Other contributory causes of importance: Bronchopneumonia	

Was an operation performed? Yes Date of 2/5/39

For what disease or injury? Intestinal Obstruction

Name of operation Repair umbilical hernia Resection loop small intestine

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Henry Hoover, M. D.
(Address) Univ. Hospital

V9 9

GAL

THE CAUSE OF DEATH is in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 55056

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1 St., 16-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Samuel Campbell

(a) Residence: No. 1207 Smithson St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sodonia

6. DATE OF BIRTH (month, day, year) 8-28-93

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saloon

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Robert Camel

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Caroline Linn

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place National Cem Date 2/14 19 39

19. UNDERTAKER Thomas E. Kelson (Address) 1303 Pennsylvania Ave

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 3 1939 to Feb 11 1939

I last saw her alive on Feb 11 1939. Death is said to have occurred on the date stated above, at 4:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriolar nephrosclerosis	
c azotemia	not known
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Freeman Kellogg M.D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

55057 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 55057

CERTIFICATE OF DEATH

8-2 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 8 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lawrence Wagner (41674) If U. S. Veteran specify WAR .....

(a) Residence: No. ~~Home or~~ 1811 N. Patterson Park Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Wagner

6. DATE OF BIRTH (month, day, year) ? ? ? July 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None York

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Refrigerator Co.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Md.

FATHER

13. NAME ?? John Wagner

14. BIRTHPLACE (city or town) ..... (State or country) ?? Md

MOTHER

15. MAIDEN NAME ?? Mary J. Miller

16. BIRTHPLACE (city or town) ..... (State or country) ?? Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Feb 14th 1939

19. UNDERTAKER Leo J. Logue
(Address) 1701 N. Patterson Park Ave.

20. FILED ..... 19 .....
Registrar.

FEB 13 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 6, 1939 to February 10, 1939

I last saw him alive on February 10, 1939. Death is said to have occurred on the date stated above, at 7:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4 days
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) L. M. Curtis, M. D.

(Address) Balto. City Hospitals

V0 8

Exact statement of OCCUPATION is very important. See instructions on back of certificate. Cause of DEATH in plain terms, so that it may be properly classified.

55058 HEALTH DEPARTMENT—CITY OF BALTIMORE 55058

CERTIFICATE OF DEATH

1. PLACE OF DEATH Church Home Infirmary — Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. N Broadway St. E — Ward) 1 15

Length of residence in city or town where death occurred 60 yrs. 11 mos. 10 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

If U. S. Veteran specify WAR ____

2. FULL NAME Mrs. Mollie D. Biggs

(a) Residence: No. 101 Shealey Avenue St., ____ Ward Towson, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of G. Howard Biggs

6. DATE OF BIRTH (month, day, year) March 2, 1878.

7. AGE Years	Months	Days	If LESS than 1 day, — hrs. or — min.
60	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0-37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Baltimore County Towson, Md.

FATHER

13. NAME Samuel Burton

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Cockey

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Natl. Cem. Date Sept 14 1939

19. UNDERTAKER J. H. Williams & Co.
(Address)

FEB 13 1939 1939 Registrar

Hunting for Williams

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) 2-12 1939

21. I HEREBY CERTIFY, That I attended deceased from 12-27- 1938, to 2-12 1939.

I last saw her alive on 2-12 1939. Death is said to have occurred on the date stated above, at 12 Mm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast	yrs (3)
Metastasis	
Myocardial degeneration & Failure	

Other contributory causes of importance:

Senility Coma	

Was an operation performed? — Date of ____

For what disease or injury? ____

Name of operation ____

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Edgar McKenzie, M. D.

(Address) Church Home & Infirmary

OCCUPATION is very important. See instructions on back of certificate.

55059

HEALTH DEPARTMENT—CITY OF BALTIMORE

55059

CERTIFICATE OF DEATH

93-C

Registered No. 83643

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Eaton & Wilkens Ave. Ward) 28-W

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Howard Stanley Erdman

If U. S. Veteran specify WAR

(a) Residence: No. 5311 Gwynn Oak Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Catherine A. Erdman

6. DATE OF BIRTH (month, day, year) January 27, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	0	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Refrigeration Mech

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Centerville, Md.

FATHER

13. NAME Charles Erdman

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Hattie Barker

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT (Address) Mr. Howard F. Erdman 364 Marydell Road

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Feby 14, 1939

19. UNDERTAKER (Address) Wm. J. Tickner & Sons, Inc. North & Pa. Ave.

20. FILED 19 Registrar.

(OCCUPATION is very important. See instructions on back of certificate. Exact statement of

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-12 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-6 1939 to 2-12 1939

I last saw him alive on 2-12 1939 Death is said to have occurred on the date stated above, at 2.30 a m.

The principal cause of death and related causes of importance were as follows:

Degenerative Cardiovascular disease with myocardial hypertrophy & failure — Date of onset

Other contributory causes of importance:

Chronic Passive Congestion of Viscera
Gastric hemorrhage — 2-9-39

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph E. Wise Jr. M. D.

(Address) St. Agnes Hosp

55060 E 55060

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 501 N. Pulaski St. 20-1 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... dys. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William J. Lehnhoff
if U. S. Veteran specify WAR

(a) Residence: No. 501 N. Pulaski St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William M. Lehnhoff

6. DATE OF BIRTH (month, day, year) March 16, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	10	2524	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail Tobacco Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 3—

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph Lehnhoff.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary Joyner

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs William M Lehnhoff
(Address) 501 N. Pulaski St.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Feb 14. 1939.

19. UNDERTAKER Jos. Rochdenel Son
(Address) 217 S Paca St.

20. FILED FEB 13 1939 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11. 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came death on the ... about midnight

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris.	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) C. Ham, M. D.
Coroner

(Address) 215 Harrison

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

55061

CERTIFICATE OF DEATH

94 F 55061

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2416 E Federal St., E Ward)

Length of residence in city of Baltimore if death occurred here 55 yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME (Lela) Leanna Allison.

(a) Residence: No. 2416 E Federal. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur Allison.

6. DATE OF BIRTH (month, day, year) Feb 9 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55		2.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓ None

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Maryland.

FATHER

13. NAME Geo Cobourn

14. BIRTHPLACE (city or town) (State or country) Balto. Maryland.

MOTHER

15. MAIDEN NAME ✓

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Harold Allison.
(Address) 711 Edmonson Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood. Date 2/14/39.

19. UNDERTAKER Richard Cuyler
(Address) 2006 North Ave

20. FILED FEB 13 1939 Huntington Nathaniel [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 8, 1939 to Feb. 11, 1939

I last saw h[illegible] alive on Feb. 10, 1939 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	1/18/39

Other contributory causes of importance:

Arteriosclerosis	1930

Was an operation performed? None Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr Allen Diengwall M. D.

(Address) 1613 E Monument

Instructions: Use black ink or typewriter. Prepare in duplicate. Make entries in all blank spaces. Write plainly. Be sure to fill in items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23. Cause of death must be stated for every death. Indefinite or unsatisfactory terms, such as "Heart Failure," "Old Age," "Senility," "Exhaustion," "Convulsions," "Uremia," "Septicemia," "Pneumonia," "Tuberculosis," "Cancer," "Abscess," "Hemorrhage," "Shock," "Paralysis," "Meningitis," "Hypostasis," "Asphyxia," "Suffocation," "Drowning," "Fracture," "Injuries," "Burns," "Wounds," "Poisoning," "Accident," "Suicide," "Homicide," are not sufficient. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

55062

HEALTH DEPARTMENT—CITY OF BALTIMORE

55062

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3817 PK. HGTS. AVE. St., 15-12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME ISAAC LUCHINSKY

If U. S. Veteran specify WAR .....

(a) Residence: No. 3817 PK. HGTS. AVE. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Esther Luchinsky

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paperhanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Simcha Luchinsky

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Bella —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sam Luchinsky

(Address) 3817 PK. Hgts. Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery 2-13- 39

19. UNDERTAKER Jack Meyers Inc

(Address) 739 E. Balto. St

20. FILED ..... 19 ..... Registrar.

Huntington Williams M.D.

FEB 13 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-12- 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 10 1939 to Feb 11 1939

I last saw him alive on Feb 11 1939 Death is said to have occurred on the date stated above, at 8a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary Thrombosis	

Other contributory causes of importance:

General arteriosclerosis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. L. Hornstein M. D.

(Address) 722 Augusta St

OCCUPATION is very important. See instructions on back of certificate.

55063

HEALTH DEPARTMENT—CITY OF BALTIMORE

55063

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hosp St. 7-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank P. Bestry Jr.

If U. S. Veteran specify WAR

(a) Residence: No. 1710 E Pratt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 28 1920

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
19	—	13 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Frank Bestry

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Magdalena Jurus

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Frank Bestry

(Address) 1710 E Pratt St

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Date Feb 15 1939

19. UNDERTAKER John J. Weber

(Address) 401 S. Chester St

20. FILED 19

Registrar.

FEB 13 1939

Hattie Joy Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11 19 39

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 19 39, to Feb 11 19 39

I last saw h... alive on Jan 4 19 39 Death is said to have occurred on the date stated above, at 9 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gangrenous Appendicitis	2-2-39
Other contributory causes of importance:	
Paralytic Ileus	2-8-39
Bronchopneumonia	2-10-39

Was an operation performed? Yes Date of 2-2-39

For what disease or injury? Acute Gangrenous Appendicitis

Name of operation Appendectomy

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. R. Trump M. D.

(Address) St. Joseph Hosp

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55064

CERTIFICATE OF DEATH

108 F 55064

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2008 Boone St St. 9-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Helen A. McShane

If U. S. Veteran specify WAR .....

(a) Residence: No. 2008 Boone St St., ... Ward.
(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph L.

6. DATE OF BIRTH (month, day, year) May 21-1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

FATHER

13. NAME Lawrence Finnegan

14. BIRTHPLACE (city or town) Balto
(State or country) Md.

MOTHER

15. MAIDEN NAME Susie Ward

16. BIRTHPLACE (city or town) Balto.
(State or country) Md.

17. INFORMANT Joseph A. McShane
(Address) 2008 Boone St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 2/15 19 39

19. UNDERTAKER Leonard J. Rucks
(Address) 5205 Harford Rd.

20. FILED ..... 19.....
FEB 13 1939 Registrar
Huntington Williams

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb 12 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7 1939 to Feb. 12 1939

I last saw her alive on Feb. 12 1939 Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Feb. 6 1939
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Ralph D. Lyon M. D.

(Address) 423 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

V6 8

355146

HEALTH DEPARTMENT—CITY OF BALTIMORE

55065

CERTIFICATE OF DEATH

23 F 55065

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 5-1 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Baby Wheelton

(a) Residence: No. 115 N. Eden St, Balto Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-28-38

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2 mos	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
PLACE JOHNS HOPKINS MEDICAL SCHOOL Date FEB 13 1939, 19

19. UNDERTAKER Commissioner of Health
(Address) Per Hamilton Williams

20. FILED FEB 13 1939, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1938 to Feb 9, 1939

I last saw her alive on Feb 9, 1939. Death is said to have occurred on the date stated above, at 9:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary tuberculosis - Congenital	Nov. 38
Tb. meningitis	
Pulmonary tuberculosis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violenre) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Wm C. Stiffler Jr. M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

VS 2

4588

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55066

CERTIFICATE OF DEATH

161-D F 55066

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St. 13-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Hummel

(a) Residence: No. Cordova Apts, Lake Drive St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male.	white	single

5a. If married, widowed, or divorced. HUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, year) January 22, 1939

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none.

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Melvin Hummel

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME adelaide Lee

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL JOHNS HOPKINS MEDICAL SCHOOL FEB 13 1939 Date ... 19

19. UNDERTAKER Commissioner of Health (Address)

20. FILED FEB 13 1939 H. A. Hunting Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1939, to Jan 25, 1939

I last saw h.. alive on Jan 25, 1939. Death is said to have occurred on the date stated above, at 1 40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra abdominal Hemorrhage	
Questionable Hemorrhagic Disease of the Newborn.	Jan 25, '39

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Joseph T. Sadusk, Jr. M. D.

(Address) J H H

OCCUPATION is very important. See instructions on back of certificate.

4587

55067

HEALTH DEPARTMENT—CITY OF BALTIMORE

55067

CERTIFICATE OF DEATH

27-17'07-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5009 Park Heights Ave St., 27 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME David Frank Schmid

(a) Residence: No. 5009 Park Heights Ave St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~or WIFE of~~ Florence K. Schmid

6. DATE OF BIRTH (month, day, year) Dec. 4, 1860

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
78	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor & Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salem Va.

FATHER

13. NAME John Bernard Schmid

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Deitz

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. Florence K. Schmid
(Address) 5009 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date 2/14/39

19. UNDERTAKER Lorenz Byron
(Address) 2005 Park Heights Ave.

20. FILED ....., 19.... Registrar, Baltimore, Md.

FEB 13 1939

GAG

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1939, to Feb 10, 1939

I last saw him alive on Feb 10, 1939. Death is said to have occurred on the date stated above, at 5:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. E. Dougherty M. D.

(Address) 5007 Park Heights Ave

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55068 — CERTIFICATE OF DEATH — 48 — F 55068

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4110 Southern Ave. St., 27-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. 6 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Katherine Karcher

If U. S. Veteran specify WAR .....

(a) Residence: No. 4110 Southern Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emil Jacob Karcher

6. DATE OF BIRTH (month, day, year) June 6, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) Dec. 25, 1938

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Jesse Thurdy

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Emil Jacob Karcher

(Address) 4110 Southern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Feb. 16, 1939

19. UNDERTAKER Ludlow Lanahan & Son

(Address) 740 N. Belair Ave.

20. FILED ....., 19..... Registrar.

FEB 13 1939 Washington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1938 to Feb. 13, 1939

I last saw her alive on Feb. 13, 1939. Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adeno carcinoma - body of uterus	2 yrs. ago
Other contributory causes of importance: Cerebral Hemorrhage	Sept. 20, 38

Was an operation performed? Yes Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Clifton E. A. Feeney M. D.

(Address) 101 West Monument St.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55069

CERTIFICATE OF DEATH

91-aF 55069

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mr. Earl LeRoy Martin

If U. S. Veteran specify WAR .....

(a) Residence: No. 2402 St. Paul St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 14, 1919

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	19	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Montgomery Ward Co.

10. Date deceased last worked at this occupation (month, day, year) Nov 15, 1938

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Lee Walter Martin

14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER

15. MAIDEN NAME Almina Laib

16. BIRTHPLACE (city or town) Cincinnati
(State or country) Ohio

17. INFORMANT Mrs. Almina Martin
(Address) 2402 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feb. 15, 1939

19. UNDERTAKER Wm. J. Tickner & Sons, Inc.
(Address) North & Pa. Ave.

20. FILED FEB 13 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 20, 1939, to Feb. 12, 1939

I last saw h[illegible] alive on Feb. 12, 1939 Death is said to have occurred on the date stated above, at 11 1/2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute Bacterial Endocarditis	11-15-38

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Francis J. Janusoski, M. D.

(Address) Maryland Federal Bldg.

OCCUPATION is very important. See instructions on back of certificate.

V8 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55070

CERTIFICATE OF DEATH

93-F 55070

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 406 N Hoffman St. 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Rachel Brooks

If U. S. Veteran specify WAR

(a) Residence: No. 406 N Hoffman St, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John H. Brooks

6. DATE OF BIRTH (month, day, and year) April 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland Russia

FATHER

13. NAME William White

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Fannie Rotman

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John H. Brooks

(Address) 406 N Hoffman St

18. BURIAL, CREMATION, OR REMOVAL

Place Mutual Protective Co. Date 2-14 1939

19. UNDERTAKER Samuel H. Engel & Son

(Address) 836 W. Fayette St

20. FILED FEB 13 1939 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/4/39, 19

22. I HEREBY CERTIFY, That I attended deceased from 2/1/39, 19 to 2/11/39, 19

I last saw her alive on 2/11/39, 19 Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows: 2/1/39 (Date of onset)

Myocarditis

Other contributory causes of importance:

Senile Dementia

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 524 Hamilton Ave

OCCUPATION is very important. See instructions on back of certificate.

V8 3

55071

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-cF 55071

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. St. 13-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Estella Carr

(a) Residence: No. 2523 Madison Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Arthur Carr

6. DATE OF BIRTH (month, day, year) March 15 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2066

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Capt. Edw J. Wheatley

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Elizabeth A. Cooper

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Dr. Edw Wheatley (Address) 1230 Dan. Hill

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date Feb. 14 1939

19. UNDERTAKER Mrs. George F. Holland (Address) 163 [illegible] Ave

FEB 13 1939 Huntington Williams Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15 1939 to Feb. 11 1939

I last saw h[illegible] alive on Feb. 11 1939 Death is said to have occurred on the date stated above, at 9½ A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2/11/39
Other contributory causes of importance: Perforated Carcinoma Splenic flexure colon	

Was an operation performed? Yes Date of Jan. 1939

For what disease or injury? Carcinoma colon

Name of operation Drainage abscess perforated Ca

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. Haas M. D.

(Address) Univ. Hosp. Balto, Md.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55072

CERTIFICATE OF DEATH

F 55072

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 433 E. Gittings St., 37-1293-C Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John N. Hook Sr.

If U. S. Veteran specify WAR .....

(a) Residence: No. 433 E. Gittings St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Josephine Sanders Hook

6. DATE OF BIRTH (month, day, year) May 1, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Ship Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Marcellus J. Hook

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Adaline Miller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Elizabeth Hook
(Address) 433 E. Gittings

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 2/15, 1939

19. UNDERTAKER Margaret A. Flynn
(Address) 1422 Light St

20. FILED FEB 13 1939 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12, 1939.

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 39 to Feb 12, 1939.

last saw him alive on Feb 12, 1939. Death is said to have occurred on the date stated above, at 9:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy.	

Other contributory causes of importance: Arteriosclerosis; Cystitis & Nephritis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... No

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) John A. Shreeve M. D.

(Address) 1337 S. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

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HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55073

CERTIFICATE OF DEATH

13 F 55073

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1425 Clarkson St. 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles A. Miller

If U. S. Veteran specify WAR

(a) Residence: No. 1425 Clarkson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna L. Miller

6. DATE OF BIRTH (month, day, year) March 26, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gas Maker (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Consolidated Gas, Electric Co.

10. Date deceased last worked at this occupation (month, day, year) June 1, 1931

11. Total time (years) spent in this occupation 27

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George Miller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Forman

16. BIRTHPLACE (city or town) (State or country) Don't know

17. INFORMANT Mrs. Anna L. Miller (Wife)
(Address) 1425 Clarkson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date 2/14/ 1939

19. UNDERTAKER A. Howard Evans
(Address) 1400-02 S. Charles St.

20. FILED FEB 13 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1936 to Feb. 12, 1939

I last saw him alive on Feb. 11, 1939 Death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General arterio sclerosis and cerebral; chronic interstitial nephritis	?
Other contributory causes of importance: Cerebral hemorrhage	2/8/1939

Was an operation performed? no Date of

For what disease or injury? - - -

Name of operation - - - -

What test confirmed diagnosis? p.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) D. Harry Deibel M. D.

(Address) 1226 Hanover St.

OCCUPATION is very important. See instructions on back of certificate.

V00

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55074

CERTIFICATE OF DEATH

46-F F 55074

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Gilman Aparts. D. N. Calvert St. St., 12-2 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ellen H. Procter

(a) Residence: No. Gilman Aparts D. N. Calvert St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 22. 1868.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	1	21 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Samuel T. Procter

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ellen H. Cowman

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT S. Procter Rogers

(Address) 303 Wendover Road

18. BURIAL, [redacted]

Place Green Mount Date Feby 14. 1939

19. UNDERTAKER Chas. O. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED FEB 13 1939 19 Lington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby. 12. 1939. 19

22. I HEREBY CERTIFY, That I attended deceased from June, 1938, to Feb. 12, 1939

I last saw h[illegible] alive on Feb. 11, 1939. Death is said to have occurred on the date stated above, at 10½ A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Pancreas	1938?
Other contributory causes of importance:	
Cancer of [illegible]	

Was an operation performed? Yes Date of June 8-'38

For what disease or injury? Gall Stones

Name of operation Gall Bladder removed

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury ✓

Nature of Injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edwin S. Royston, M. D.

(Address) 1126 Cathedral St.

OCCUPATION is very important. See instructions on back of certificate.

V8 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55075

CERTIFICATE OF DEATH

95-F 55075

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 215 Gittings Ave. St. 12 Ward)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Andrew Andersen

(a) Residence: No. 215 Gittings Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Fraser

6. DATE OF BIRTH (month, day, year) Nov. 4. 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Florist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER

13. NAME Anders O. Andersen

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Johanna

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT Mrs. E. H. Heath

(Address) 215 Gittings Ave.

18. BURIAL, CREMATION, REMOVAL

Place Druid Ridge Date Feby 14. 1939

19. UNDERTAKER John E. Mitchell & Son

(Address) 1900 Eutaw Place

20. FILED Feb 13 1939 Harrington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby. 12. 1939

22. I HEREBY CERTIFY, That I attended deceased from December 26 1938 to February 12 1939

I last saw him alive on February 11 1939. Death is said to have occurred on the date stated above, at 5.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	1930.
Other contributory causes of importance: Coronary Thrombosis	Jan. '39

Was an operation performed? No Date of

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? Physician Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. J. Chaffant M. D.

(Address) 6210 York Road

OCCUPATION is very important. See instructions on back of certificate.

V8 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55076

CERTIFICATE OF DEATH

F 55076

93-C

1. PLACE OF DEATH Edgewood Sanitarium

Registered No.

CITY OF BALTIMORE: (No. 6000 Bellona Ave. St. 27-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lida Pleasenton Hepbron

If U. S. Veteran specify WAR

(a) Residence: No. 6000 Bellona Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Archer M. Hepbron

6. DATE OF BIRTH (month, day, year) June 4, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Odesa, (State or country) Del.

FATHER

13. NAME Rev. James Black Merritt

14. BIRTHPLACE (city or town) Kent Co. m (State or country) Md.

MOTHER

15. MAIDEN NAME Hannah P. Webb

16. BIRTHPLACE (city or town) Kent Co. (State or country) Del.

17. INFORMANT Mr. James M. Hepbron

(Address) 427 E. Lake Ave.

18. BURIAL, CREMATION, OR REMOVAL Shrewsbury Cemy. Kent Co. Md. Date 2/15/ 19 39

19. UNDERTAKER Lee O. Mitchell Funeral Co.

(Address) 1900 Eutaw Place

20. FILED FEB 13 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1938 to Feb. 13, 1939

that I saw her alive on Feb. 13, 1939. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Jan. 1938
Acute Dilatation of Heart	Feb. 13
Terminal Edema of Lungs	Feb. 13

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Herman P. Thomas, M. D.

(Address) 2504 St. Paul St.

OCCUPATION is very important. See instructions on back of certificate.

V8 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55077

CERTIFICATE OF DEATH

F 55077

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1801 N. Chapel St. 8-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Varga

(a) Residence: No. 1801 N. Chapel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Vojsovity

6. DATE OF BIRTH (month, day, year) Aug. 25th 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hungary

FATHER

13. NAME Michael Varga

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME Anna Didick

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Wm. Varga (Address) 1801 N. Chapel St.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross Cem. Date 2/14/ 1939

19. UNDERTAKER C. J. Fanning & Son (Address) 1938 E. Lafayette Ave.

20. FILED FEB 13 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 10th 1939

22. I HEREBY CERTIFY, That I attended deceased from May 10 1937 to February 10 1939

I last saw h[illegible] alive on February 10 1939. Death is said to have occurred on the date stated above, at 9 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia & Influenza	5 days
Cerebral Embolism	3 days
	prior

Other contributory causes of importance:

Cerebral Hemorrhage	1 Yr
Cardiac Dilatation	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55078

CERTIFICATE OF DEATH

100 F 55078

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 3908 N. Charles St. St. 12-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. 0 mos. 29 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas A. Whelan, Jr.

If U. S. Veteran specify WAR

(a) Residence: No. 3908 N. Charles St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Waring

6. DATE OF BIRTH (month, day, year) Jan. 14, 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	0	29 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bond & Stock

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Broker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thomas A. Whelan

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Nellie Campbell

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Josephine W. Whelan
(Address) 3908 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date 2/14/39 19

19. UNDERTAKER Hohnecker & Son
(Address) 805 N. Calvert St.

20. FILED FEB 13 1939 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 11th, 1938, to Feb 11th, 1939

I last saw him alive on Feb 11th, 1939. Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	Feb 11/39
Myocarditis Streptococcic	Jan 1938
Other contributory causes of importance:	
Phlebitis Rt Leg	Jan 1939

Was an operation performed? U Date of —

For what disease or injury? U

Name of operation —

What test confirmed diagnosis? Streptococcus Was there an autopsy? U

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify U

(Signed) J. A. Whelan, M. D.

(Address) 3908 N. Charles St

OCCUPATION is very important. See instructions on back of certificate.

VS B

HEALTH DEPARTMENT—CITY OF BALTIMORE

55079 F 55079

CERTIFICATE OF DEATH

163 Registered No.

1. PLACE OF DEATH Provincial Gen. Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. at Mt Gen, St. 11-5 Ward)

Length of residence in city or town where death occurred 37 yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. da. If U. S. Veteran Any WAR

2. FULL NAME James Luster Parsons,

(a) Residence No. 1125 Cherry Hill Road, Catonsville, Md, Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Parsons,

6. DATE OF BIRTH (month, day, year) July 6 1911

7. AGE	Years	Months	Days	If LESS than 1 day.. hrs. or min.
	27	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Service mancer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. The National Cash Register

10. Date deceased last worked at this occupation (month and year) 2/1939 11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Bridgeport Ind.

FATHER

13. NAME Luster Wharton Parsons

14. BIRTHPLACE (city or town) (State or country) Plainfield Ind

MOTHER

15. MAIDEN NAME Lay Waterbury

16. BIRTHPLACE (city or town) (State or country) Lawrence Ind

17. INFORMANT (Address) Luster W Parsons Bridgeport Ind.

18. BURIAL, CREMATION, OR REMOVAL Place Indianapolis Ind Date Feb 13, 1939

19. UNDERTAKER (Address) Loehr Wells & Loehr Funeral Home

20. FILED FEB 13 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came death on the day stated above. 4:50 P.M.

The principal cause of death and related causes of importance were as follows: Date of onset

Probably Carbide Chloride Poisoning

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 2-12-1939

Where did injury occur? Floor of National Cash Register (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Probably Carbide Chloride

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) O Hare, M. D.

(Address) 215 Hanover Coroner

V S 6

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

O.K. Paul Schamberg M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55080

CERTIFICATE OF DEATH

186a F 55080

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 E 36th St. 13-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME George M. Bath

If U. S. Veteran specify WAR

(a) Residence: No. 1110 E 36 St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa Bath

6. DATE OF BIRTH (month, day, year) July 12, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Monuments

10. Date deceased last worked at this occupation (month and year) 2/39

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Geo Bath

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Schmidt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Theresa Bath

(Address) 1110 E 36 St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Feb 15, 1939

19. UNDERTAKER Robert Gilbert

(Address) 3202 Clifton Ave

20. FILED FEB 13 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-12-35, to 2-12, 1939

I last saw him alive on 2-12, 1939 Death is said to have occurred on the date stated above, at 11:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Hypostatic)	2/10/39
Other contributory causes of importance: Fracture left hip	1/31/39

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1-31, 1939

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury Fall in Greenmount Cem.

Nature of injury Fracture of left hip

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Bro. B. Sybert M. D.

(Address) 2802 Harford Ave.

OCCUPATION is very important. See instructions on back of certificate.

V8 3

Spec.—2-29-28—L. F. S.—500 Bks.

F 55081

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

F 55081

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 542 E. 38th ST., 9-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Myrtle Thomas Weaver

(a) RESIDENCE NO. 542 E. 38th ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced WIFE of (or) HUSBAND of: Herbert See Weaver

6 DATE OF BIRTH (month, day, and year): Dec 29-1892

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46 47	1	14/13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Eugene Marion Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Lula Warfield

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Indiana

14 Informant: Herbert See Weaver
(Address) 542 E. 38th St.

15 Filed FEB 13 1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 12 1939

17 I HEREBY CERTIFY, That I attended deceased from 3 PM- 2-12-37, 19 , to Feb 12 , 1939,

that I last saw her alive on Feb 12 , 1939

and that death occurred, on the date stated above, at 4.12 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Pulmonary Hemorrhage

(duration) yrs. mos. 1/2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) F. V. D. Wack, M. D.

, 19 (Address) 513 East 39th

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem

DATE OF BURIAL: Feb 16 - 1939

20 UNDERTAKER: Charles H. Black

ADDRESS: 742 W. North Ave

Important. See instructions on back of certificates.

55082

HEALTH DEPARTMENT—CITY OF BALTIMORE

55082

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James Boyd (41627)

If U. S. Veteran specify WAR

(a) Residence: No. 833 N. Ostend St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 23, 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. Car.

FATHER

13. NAME Alcy

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) ??

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Greenwood S C Date Feb 13th 1939

19. UNDERTAKER Elroy O Wilson
(Address) 1000 E Brantley

20. FILED Huntington Williams Registrar.

FEB 14 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 4, 1939 to February 11, 1939

I last saw him alive on February 11, 1939 Death is said to have occurred on the date stated above, at 12 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Nov. 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See INSTRUCTIONS on back of certificate.

55083

HEALTH DEPARTMENT—CITY OF BALTIMORE

55083

CERTIFICATE OF DEATH

XV51-C

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md.

Registered No.

CITY OF BALTIMORE: (No. ~~2~~ St. 12-b Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Herbert Omar Dunn (Admiral)

If U. S. Veteran specify WAR

(a) Residence: No. St., Ward. Westerly, Rhode Island

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of ~~last~~ WIFE of Eleanor Cameron

6. DATE OF BIRTH (month, day, year) May 29, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Admiral U. S. Navy (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Navy

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Westerly, (State or country) Rhode Island

FATHER

13. NAME Edward M. Dunn

14. BIRTHPLACE (city or town) Westerly, (State or country) Rhode Island

MOTHER

15. MAIDEN NAME Desire Ann Davit

16. BIRTHPLACE (city or town) Westerly, (State or country) Rhode Island

17. INFORMANT Records-U. S. Marine Hospital (Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Place Westerly R. I. Date Feb 15th 1939

19. UNDERTAKER Wm Cook (Address) 1317 St Paul st

20. FILED FEB 14 1939 Registrar. Washington Funeral Home, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 5, 1938, to February 13, 1939.

I last saw h alive on February 13, 1939. Death is said to have occurred on the date stated above, at 5 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, adeno, prostate	6 yrs.

Other contributory causes of importance:

Valvular heart disease, aortic stenosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. R. Bryan, M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

55084 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 55084

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1714 E. 31st St. 4-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Schindhelm

If U. S. Veteran specify WAR

(a) Residence: No. 1714 E. 31st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married, widowed, or divorced~~ HUSBAND of ~~late wife of~~ Catherine Schindhelm

6. DATE OF BIRTH (month, day, year) May 10th 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Safford & Brooks

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Brownsville Washington Co. Md.

FATHER

13. NAME Nicholas Schindhelm

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mamie Hitchcock

(Address) 1714 E. 31st St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Feb 16th 1934

19. UNDERTAKER Wm Cook

(Address) 217 St Paul St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 7 1934 to Feb 13 1934

I last saw h alive on Feb. 13 1934 Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Arter. Sclerosis	
Other contributory causes of importance Pneumonia	Feb 7 1934

Was an operation performed? None Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Phys. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. L. Mayer M. D.

(Address) 1500 E. 3

FEB 14 1999

Hearing for Williams, Mr.

55085

HEALTH DEPARTMENT—CITY OF BALTIMORE

55085

CERTIFICATE OF DEATH

V 158

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto. Gen. Hosp. St., 25-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Tatka

If U. S. Veteran specify WAR .....

(a) Residence: No. 3803 - 6th St. Brooklyn St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) February 12/39

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5 Minutes		18

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Albert Anthony Tatka

14. BIRTHPLACE (city or town) Asbury Park
(State or country) New Jersey

MOTHER

15. MAIDEN NAME Anna Zacharow

16. BIRTHPLACE (city or town) New York City
(State or country) New York State

17. INFORMANT Albert Anthony Tatka
(Address) 3803 6th St. Brooklyn

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Feb 14 1939

19. UNDERTAKER Eliz. Hartle Inc.
(Address) 1186 West St.

20. FILED Feb 14 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxemia of Pregnancy resulting in Stillbirth	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul Ladyn M. D.

(Address) 320 Cathedral Ave

OCCUPATION is very important. See instructions on back of certificate.

FEB 14 1939

55086 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 55086

CERTIFICATE OF DEATH

V 131

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 25 N Ann St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Brad Warner

(a) Residence: No. 25 N Ann St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie Warner

6. DATE OF BIRTH (month, day, year) 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Colin Wales

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Back

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Maggie Warner
(Address) wife

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Feb 14th 1939

19. UNDERTAKER Elroy O Wilson
(Address) 1000 Brantley ave

20. FILED FEB 14 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-11-39

22. I HEREBY CERTIFY, That I attended deceased from 1/10 1937 to 2-11 1939

I last saw h.. alive on 2/10 1939 Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cardio Vascular Renal Disease	1 yr
Other contributory causes of importance: Senile Bronchitis Pneumonia	5 days

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. J. Cartano M. D.

(Address) 600 Washington Ave

55087

F 55087

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 424 N Arlington Ave St., 8-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Rosaline Kearney

(a) Residence: No. 1915 E Biddle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William H Kearney

6. DATE OF BIRTH (month, day, year) June 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Chester Jefferson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Louise Love

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Wm H. Kearney

(Address) 1910 E Biddle

18. BURIAL, CREMATION, OR REMOVAL

Place Crem Va. Date 2-14- 1939

19. UNDERTAKER Belmont Funeral Home

(Address) 2180 Eutaw & Laberty St

Huntington Williams U.P.

Registrar.

FILED FEB 14 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Apoplexy	Feb 10 1939

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Hist. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) George L. Allen, M. D. (Coroner)

(Address) 501 Cathedral St

OCCUPATION is very important. See instructions on back of certificate.

55088 Quarengesser F 55088

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

127

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital 8-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. 7 mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Marie B. Quarengesser

(a) Residence: No. 1639 Chilton Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jerome Quarengesser

6. DATE OF BIRTH (month, day, year) July 6, 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James A. Boyle Sr.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary Ellen Dillon

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Edw. J. Quarengesser (Address) 1639 Chilton Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Moreland Park Date Feb. 15. 1939

19. UNDERTAKER John Ulrich (Address) 2008 Gelson St.

20. FILED FEB 14 1939 19... Registrar. Hunting C. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-9 1939 to Feb 12 1939

I last saw h[er] alive on Feb 12 1939 Death is said to have occurred on the date stated above, at 11 40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cholecystitis	1933
Adynamic ileus	2-10 39
Liver shock	2-11 39

Other contributory causes of importance:

Was an operation performed? yes Date of 2-10-39

For what disease or injury? Cholecystitis + stones

Name of operation Cholecystectomy

What test confirmed diagnosis? X-ray Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) M. R. Trump M. D.

(Address) St. Josephs Hosp.

OCCUPATION is very important. See instructions on back of certificate.

VS 3

35089 **HEALTH DEPARTMENT—CITY OF BALTIMORE** No. 35089

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1202 Bolton St. 11-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret C. Fox

If U. S. Veteran specify WAR .....

(a) Residence: No. 1202 Bolton St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, ~~Married, Widowed,~~ or ~~Divorced~~ (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 18 1859

7. AGE: Years 79 | Months 7 | Days 25 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles A Fox

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Eliza Boggs

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Charles A Fox Jr

(Address) 1202 Bolton St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Feb 15 1939

19. UNDERTAKER Henry Hopkins & Co

(Address) Cradle & McCullough Sts

20. FILED ..... 19 ..... Registrar

FEB 14 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13 1939

22. I HEREBY CERTIFY, That I attended deceased from January 1938 to Feb 13th 1939

Last saw her alive on Feb 13th 1939. Death is said to have occurred on the date stated above, at 6 30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 day
Chronic Bronchitis	yrs 8 yrs

Other contributory causes of importance:

Arteriosclerosis	yrs yrs

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. A. Lankford, M. D.

(Address) 1201 E. Calvert St

OCCUPATION is very important. See instructions on back of certificate.

55090 Stolarski

HEALTH DEPARTMENT—CITY OF BALTIMORE

55090

CERTIFICATE OF DEATH

123

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward) 25-5

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mr. Anthony Stolarski

If U. S. Veteran specify WAR

(a) Residence: No. 1602 Clarz St. City Curtis Bay Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~her~~ WIFE of Helen Stolarski.

6. DATE OF BIRTH (month, day, year) — 1878.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61 60	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME Teodor Stolarski.

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Mrs. Helen Stolarski Wife.

(Address) 1602 Cherry St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross R.C. Cem. Date Feb. 15th 39

19. UNDERTAKER August Brock Inc.

(Address) 2321 Holland Ave.

20. FILED 19 Registrar.

Huntingtown, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1939, to Feb 12, 1939.

I last saw him alive on Feb 12, 1939. Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage from bowel	Feb 7 '39
Secondary anemia	

Other contributory causes of importance:

Arteriosclerotic Hrt. disease

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Douglas H. Story M. D.

(Address) Mercy Memorial Hosp.

V 2

55091 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 55091

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 6-2 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME RICHARD BEATTY

(a) Residence: No. 4209 Hurley St. Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 11, 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
3	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME George T Beatty md

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Ruth Courtney

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Mrs Beatty

(Address) 4209 Hurley Ave

18. BURIAL, CREMATION, OR REMOVAL

Interment Date 2-14-39 19

19. UNDERTAKER Jos. J. Kelly & Son

(Address) 3301 Pentwater Ave

20. FILED 19 Thurlow Hollowell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 11 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 10 1939 to FEB 11 1939

I last saw him alive on 2/11 1939 Death is said to have occurred on the date stated above, at 5:50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
GANGRENOUS APPENDICITIS	2/5/39
GENERALIZED PERITONITIS.	2/10/39
Other contributory causes of Importance: BRONCHO-PNEUMONIA	12 HRS.

Was an operation performed? YES Date of 2/10/39

For what disease or injury? APPENDICITIS

Name of operation APPENDECTOMY

What test confirmed diagnosis? Gross Path. Was there an autopsy? YES.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. Edwin Mueller M. D.

(Address) Mercy Hospital

V S B

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55092

CERTIFICATE OF DEATH

F 55092

1. PLACE OF DEATH

Registered No. 94-B

CITY OF BALTIMORE: (No. 1620 N. Monroe St. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. da.

2. FULL NAME Harry Feldman

If U. S. Veteran specify WAR

(a) Residence: No. 1620 N. Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pants Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 45

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wife
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Rosedale Date 2/14/39

19. UNDERTAKER Joel Lewis Inc
(Address) 1439 E. Baltimore

20. FILED . 19 Registrar

Huntington Williams, M.D.

VOS

FEB 14 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1938 to Feb. 14, 1939

I last saw him alive on Feb. 14, 1939. Death is said to have occurred on the date stated above, at 1:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	11-29-38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. L. Lallo, M. D.

(Address) 707 E. Fort Ave

55093

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 55093

82-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1921 W. Baltimore St. (Ward) 20-3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. 8 mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Thomas Waters Sr.

(a) Residence: No. 1921 W. Baltimore St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Waters.

6. DATE OF BIRTH (month, day, year) June 10, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lyon-Conklin Co

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Thos. Waters Sr.

14. BIRTHPLACE (city or town) (State or country) Annapolis Md.

MOTHER

15. MAIDEN NAME Mary Lafevre

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Carrie Waters
(Address) 1921 W. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park, Date Feb 15 1939

19. UNDERTAKER Wm Lefevre Sons
(Address) North & Fremont Aves.

20. FILED ..... 19... Huntington Williams Registrar.

FEB 14 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13. 1939

22. I HEREBY CERTIFY That I attended deceased from Jan 1 1939 to Feb 13 1939

I last saw him alive on 2/13 1939 Death is said to have occurred on the date stated above, at 12.15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1931

Other contributory causes of importance: Arterio Sclerosis Hypertension

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Chas A Cahn M. D.

(Address) 2145 N. Calvert St

5094

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 55094

CERTIFICATE OF DEATH

47-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 750 Ramsay Street St. 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frederick P. Vernon, SR.

(a) Residence: No. 750 Ramsay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of Annie B. Vernon

6. DATE OF BIRTH (month, day, year) November 25th 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Cooperage Co.,

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (city or town) England
(State or country)

FATHER

13. NAME Frederick P. Vernon

14. BIRTHPLACE (city or town) England
(State or country)

MOTHER

15. MAIDEN NAME Rebecca Campbell

16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMANT Mrs. Annie B. Vernon
(Address) 750 Ramsay Street.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feb 14th 1939

19. UNDERTAKER Wm. J. Tickner & Sons.
(Address) North & Penna Aves.

20. FILED FEB 14 1939 Registrar. Washington Hollingsworth

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 12 1939

22. I HEREBY CERTIFY, That I attended deceased from MAY 24 1938 to FEB 12 1939

I last saw h.m alive on FEB 11 1939. Death is said to have occurred on the date stated above, at 11:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancinoma of Larynx	1938
Other contributory causes of importance: —	

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Exam Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify.

(Signed) Edward F. Thilan M. D.

(Address) 682 WASHINGTON BLVD

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55095

CERTIFICATE OF DEATH

93-C

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital (Ward) 26-4

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Mrs. Maria Hennigan

(a) Residence: No. 815 S. Dean St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles Hennigan

6. DATE OF BIRTH (month, day, year) July 24-1886

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Frank McNew

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary Friedinwald

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Charles Hennigan (Husband)

(Address) 815 S. Dean St

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Feb. 14 1939

19. UNDERTAKER Lilly & Zeiler Inc

(Address) 403 S. Wolfe St

20. FILED Huntington Williams Registrar

FEB 14 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1939, to Feb 11, 1939.

I last saw her alive on Feb 11, 1939. Death is said to have occurred on the date stated above, at 1.25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Jan, 1939
Asthmatic bronchitis	?
Myocarditis	?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arnold H. Eichert, M. D.

(Address) South Balto. Gen. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

55096

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Lyndenhurst Hospital St., 9 Ward)

Registered No. 56

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nancy Youngbar

If U. S. Veteran specify WAR ...

(a) Residence: No. 816 South Conkling St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 2, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ×

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Wife)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George Youngbar

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Margaret Wild

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Wife
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date Feb. 16, 1939

19. UNDERTAKER Lilly & Leiby Inc.
(Address) 403 S. Wolfe St.

20. FILED ... 19... Huntington Whitehall, M.D.
FEB 14 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1939 to Feb 12, 1939

I last saw her alive on Feb. 12, 1939 Death is said to have occurred on the date stated above, at 8:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus Septicemia	Feb. 9
Pneumonia mid Effusion	
Arthritis R. ankle	
Other contributory causes of importance:	
Cardiac Failure	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation — and ...

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Henry S. Stempfl M. D.

(Address) Lyndenhurst Hospital

VS 8

55097

HEALTH DEPARTMENT—CITY OF BALTIMORE

55097

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 625 W Lee St., 22-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Estella Williams

If U. S. Veteran specify WAR

(a) Residence: No. 625 W Lee St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Peter W. Williams

6. DATE OF BIRTH (month, day, year) 9/29/1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Wesley Powell

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Estella Carpenter

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Daughter
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 2/14/39, 19

19. UNDERTAKER Leonard Brown & Son
(Address) 108 N Montgomery St

20. FILED FEB 14 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-10-, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-2-, 1939, to 2-10-, 1939.

I last saw her alive on 2-10, 1939 Death is said to have occurred on the date stated above, at 7:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cardio-Vascular Renal Disease	1937
Terminal Bronchio pneumonia	10 days
Illness Caused	1 day

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) C. E. Carlson, M. D.

(Address) 625 W Lee St

55098

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 55098

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 936-E. Biddle Street St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Catherine Hacker

If U. S. Veteran specify WAR

(a) Residence: No. 1005-E. Lanvale Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edwin Hacker

6. DATE OF BIRTH (month, day, year) 12/25/1869

7. AGE Years	Months	Days	If LESS than 1 day: hrs. or min.
69	1	18 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cockeysville, Md.

FATHER

13. NAME Nicholas Kehl

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eva Brickner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John G. Germeck

(Address) 1217-W. North Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 2/15/39, 19

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1735-Harford Ave.

20. FILED FEB 14 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/14, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2/4, 1939, to 2/12, 1939.

I last saw her alive on 2/14, 1939. Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Gangrene-Mfoot	6 mo.

Other contributory causes of importance:

Diabetes mellitus	?
Arteriosclerosis	?

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation P.E.

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Dr. Thos S. Blum M. D.

(Address) 1206 E. Preston St.

V.S.

55099

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55099

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 513 Orchard St. 17-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME John H Johnson

(a) Residence: No. 513 Orchard St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Johnson

6. DATE OF BIRTH (month, day, year): May 9 1889

7. AGE: Years 49 | Months 9 | Days 2 3 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Paige Johnson

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: James Amos

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Mrs Bessie Johnson

(Address) 513 Orchard St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Cem Date 2-16 1939

19. UNDERTAKER: Francis A Hemsley

(Address) 578 W Biddle St

20. FILED ... 19 ... Huntington Williams Asst. Registrar

FEB 14 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 12 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) found that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Apoplexy	Feb 12 1939
Other contributory causes of importance:	

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Wash Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify .....

(Signed) Jorge P. Allen Coroner M. D.

(Address) 1 W Preston St

V 5 6

HEALTH DEPARTMENT—CITY OF BALTIMORE 55100

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1101 Argyle Ave St., 17-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Annie Harrison

(a) Residence: No. 1101 Argyle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Wid.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Walton Harrison

6. DATE OF BIRTH (month, day, year) Nov 14 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Mary Williams

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mary Shepherd
(Address) 1101 Argyle Ave

18. BURIAL, CREMATION, OR REMOVAL Mt Auburn Cem Date 2-15 1939

19. UNDERTAKER Francis A Hemsley
(Address) 578 N Biddle St

20. FILED Huntington Williams, Registrar.

FEB 14 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1938, to Feb 12, 1939.

I last saw her alive on Feb 11, 1939. Death is said to have occurred on the date stated above, at 11.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular disease, mitral insufficiency	Dec 15 38

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J Gmelich M. D.

(Address) 1126 Druid Hill Ave

OCCUPATION is very important. See instructions on back of certificate.

55101

HEALTH DEPARTMENT—CITY OF BALTIMORE 55101

CERTIFICATE OF DEATH

82-B.

1. PLACE OF DEATH University Hospital

Registered No. .....

CITY OF BALTIMORE: (No. 412 Central Ave. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Ralph Brewer

If U. S. Veteran specify WAR .....

(a) Residence: No. 412 Central Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
M	C	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Sept 20 1923

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
15	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) MD.

FATHER

13. NAME George Brewer

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Henerietta Wynn

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mattie Brewer

(Address) 412 Central ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery. Date Feb 16 1939

19. UNDERTAKER Elroy O Wilson

(Address) 1000 Brantley ave

20. FEB 16 1939 By ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12. 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1939, to Feb 12, 1939

I last saw him alive on Feb 11, 1939. Death is said to have occurred on the date stated above, at 9 00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Purulent Otitis Media Left	
Left Lateral Sinus Thrombus	
& Bronchitis & Meningitis	
BRAIN ABSCESS	

Other contributory causes of importance:

Was an operation performed? yes Date of Feb 12

For what disease or injury? Mastoid

Name of operation Cisterna Puncture

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry L. Rydon, M. D.

(Address) Univ. Hosp.

V9 3

55102

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55102

CERTIFICATE OF DEATH

210-G

1. PLACE OF DEATH BALTIMORE CITY HOSPITAL. Registered No.

CITY OF BALTIMORE: (No. ..... St. 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME ROBERT H. BURKINDINE. If U. S. Veteran specify WAR

(a) Residence: No. 1913 East Preston St., Ward. U.S. ARMY.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) August. 8. 1917

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Soldier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fort Howard

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Frederick H. Burkindine

14. BIRTHPLACE (city or town) (State or country) Baltimore.

MOTHER

15. MAIDEN NAME Roberta Jones.

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Frederick H. Burkindine.
(Address) 1913 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date 2. 15 . 39

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Hollins Sts.

FILED 2 14 1939
VSS

12 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2. 12. 39 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Internal Injury to Chest	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident Date of injury Feb. 12, 1939 . 19

Where did injury occur? Balto. Co. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Road (North Pt Rd. and Wire Av.

Manner of injury Pushing stalled Auto. struck by

Nature of Auto.

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) G. R. Cloeter M. D.
Coroner

(Address) 2731 Mar

55103 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 55103

CERTIFICATE OF DEATH

87-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3700 Hickory avenue Ward) 7

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Susan Smith

(a) Residence: No. 3700 Hickory avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Elijah Smith

6. DATE OF BIRTH (month, day, year) March 30-1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore County

FATHER

13. NAME Thomas Hunt

14. BIRTHPLACE (city or town) (State or country) Baltimore County

MOTHER

15. MAIDEN NAME Johanna Ruge

16. BIRTHPLACE (city or town) (State or country) Baltimore County

17. INFORMANT Lida McClelland
(Address) 3700 Hickory avenue

18. BURIAL, CREMATION, OR REMOVAL
Place St Mary's Hampden Feb 15 1939

19. UNDERTAKER A. L. Wagg Hall
(Address) 3539 Falls Road Huntington Baltimore Md.

20. FILED FEB 14 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov, 1938 to Feb 12, 1939

I last saw her alive on Feb 10, 1939 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Sclerosis	3 yrs
Parkinsons Syndrome	

Other contributory causes of importance:

Arteriosclerosis	—

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, If so, when?

(Signed) Peter H. O'Shea M. D.

(Address) 2020 N. Charles

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55104 — CERTIFICATE OF DEATH — 131 — F 55104

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1231 E. Eager St. St. 10-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred about 55Yrs. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna M. Myers

If U. S. Veteran specify WAR

(a) Residence: No. 1231 E. Eager St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Jesse E. Myers

6. DATE OF BIRTH (month, day, year) March-16-1869

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
69Yrs.	10Mo.	27Days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Joseph H. Kraus

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT John J. Myers

(Address) 1231 E. Eager St.

18. BURIAL, CREMATION, OR REMOVAL

Feb.-15-1939 Most Holy Redeemer C[illegible]

Place Date 19

19. UNDERTAKER Henry Hoeck & Sons Inc.

(Address) 1301 E. Eager St. Baltimore, Md.

20. FILED FEB 14 1939 Huntington Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb.-13-1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1938 to Feb. 13, 1939

I last saw h[illegible] alive on Feb. 13, 1939 Death is said to have occurred on the date stated above, at 10.30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
coronary thrombosis	1-26-39
bronchopneumonia	12-2-38
Other contributory causes of importance: arteriosclerosis & hypertension nephritis	?

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel [illegible] M. D.

(Address) 714 E. Preston St.

55105 E 55105

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

249-23

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bessie Savage (39078) If U. S. Veteran specify WAR

(a) Residence: No. 581 Oxford St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Div.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Johnson

6. DATE OF BIRTH (month, day, year) ? ? ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Elijah

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Bessie

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MED. SCH. Date FEB 14 1939

Commissioner of Health

19. UNDERTAKER

(Address) For H. A. Boone

20. FILED Feb 14 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from November 17, 1938 to February 7, 1939

I last saw her alive on February 7, 1939 Death is said to have occurred on the date stated above, at 12:35 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Oct 1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

V8 3

4593

F 55106

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55106

CERTIFICATE OF DEATH

92-a cc

Registered No. 1572

1. PLACE OF DEATH Balto. City Hospitals

CITY OF BALTIMORE: (No. Bay View St., 1 C 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Joseph Giardina

(a) Residence: No. 1914 E. Potomac St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary F. Giardina

6. DATE OF BIRTH (month, day, year): April 6 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0.0.0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Italy

FATHER

13. NAME: Vincent Giardina

14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER

15. MAIDEN NAME: Rosina Drusa

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT: Mary F. Giardina (Wife)
(Address) 1914 E. Potomac St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Redeemer Date: Dec 15 1939

19. UNDERTAKER: Jos. C. B. Mullen
(Address) Forest & Shelburne Sts.

20. Date Received: FEB 14 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 11, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	Years.
Other contributory causes of importance: Acute Pulmonary Edema	Day

Was an operation performed? No / Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. E. Wood M. D.
Coroner

(Address) 1712 N. Broadway

OCCUPATION is very important. See instructions on back of certificate.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55107 CERTIFICATE OF DEATH 41238 (MB) F 55107

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 26-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Seibert

If U. S. Veteran specify WAR

(a) Residence: No. 421 S. Lehigh St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta

6. DATE OF BIRTH (month, day, year) 8/18/1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
62	62	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

FATHER

13. NAME Christian

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Maggie Avige

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT City Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Ark Lawn Date 2/16 1939

19. UNDERTAKER Jno. J. Connelly (Address) East Md.

20. FILED FEB 14 1939 21. Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-13 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-24 1939 to 2-13 1939

I last saw h[illegible] alive on 2-12 1939 Death is said to have occurred on the date stated above, at 7½ A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Duodenal ulcer	?
Broncho pneumonia	few days
Other contributory causes of importance:	

Was an operation performed? Yes Date of 1-31-39

For what disease or injury?

Name of operation Partial gastric resection

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. K. Edwards Jr. M. D.

(Address) Balto City Hosp.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 55108 — 108 F 55108

1. PLACE OF DEATH: Franklin Sq. Hosp.

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 27-14 ..... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME: Mrs. Nellie Loomis

(a) Residence: No. 3218 Belvedere Av. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	M.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: James M. Loomis

6. DATE OF BIRTH (month, day, year): Dec. 19-1884

7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or ... min.
	54	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: John Bradmiss

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Mr. James M. Loomis

(Address) 3218 Belvedere Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date 2/16 1939

19. UNDERTAKER: John B. Connelly

(Address) 1300 Druid Hill Ave

FEB 14 1939

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2-12 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-9- 1939 to 2-12- 1939.

I last saw h W alive on 2-12- 1939. Death is said to have occurred on the date stated above, at 5:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia (R. upper + R. lower lobe.)	
Other contributory causes of importance: Carcinoma of Thyroid by extension from Thyroid.	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) N. P. Friedman, M. D.

(Address) Franklin Sq. Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

35-8182 35109

CERTIFICATE OF DEATH

107-2 E 55109

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. 26-9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William M Hughes If U. S. Veteran specify WAR ...

(a) Residence: No. 1017 S. Highland ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara

6. DATE OF BIRTH (month, day, year) 8-21-94

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 059

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Wm B Hughes

14. BIRTHPLACE (city or town) (State or country) N. J.

MOTHER

15. MAIDEN NAME Bertha Tall

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date 2/16 39

19. UNDERTAKER John J Rudo
(Address) 2229 Hudson St

20. FILED ... 19... Huntington Williams, M.D. Registrar.

FEB 14 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb - 6, 1939, to Feb 13, 1939

I last saw him alive on Feb 13, 1939 Death is said to have occurred on the date stated above, at 5 25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Feb 1 '39
? Cerebral Embolus	

Other contributory causes of importance:

Chronic Bronchitis -	1915
? Bronchiectasis	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Roger B. Scott M. D.

(Address) Johns Hopkins Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

55110

CERTIFICATE OF DEATH

F 55110
Registered No.

1. PLACE OF DEATH St. Agnes' Hospital
CITY OF BALTIMORE: (No. Wilkens & Caton Aves. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... dys. How long in U. S. If of foreign birth? ... yrs. ... mos. ... dys.

2. FULL NAME Baby Carol Ann Heldmacher
If U. S. Veteran specify WAR

(a) Residence: No. 2543 Frederick Ave St., ... Ward. Baltimore, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Feb 13, 1939

6. DATE OF BIRTH (month, day, year) Dec 12, 1938

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	1	8 wks.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER
13. NAME Wilton
14. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

MOTHER
15. MAIDEN NAME Louise Weibe
16. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

17. INFORMANT Wilton B Heldmacher
(Address) 2543 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feb 15 1939

19. UNDERTAKER Henry A Wittle & Sons
(Address) 4101 Edmondson Ave

20. DATE FEB 14 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-10 1939 to 2-13 1939
I last saw her alive on Feb 13 1939. Death is said to have occurred on the date stated above, at 1:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-11-39
Other contributory causes of importance: Foreign body in oesophagus	2-10-39

Was an operation performed? Yes Date of 2-11-39
For what disease or injury? Foreign body
Name of operation Esophagoscopy
What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? 2543 Frederick Ave
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury Dislodged a button
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John F. Coolahan M. D.
(Address) St Agnes' Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55111 CERTIFICATE OF DEATH 181 F 55111

1. PLACE OF DEATH Balto. City Hospitals Registered No. 1872
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bay View St., 36-12 Ward)

Length of residence in city or town where death occurred 86 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Vicarini

(a) Residence: No. 32 Nicholson Ave. St., Ward. Essex
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Ermine Vicarini

6. DATE OF BIRTH (month, day, year) Dec. 10-1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bldg. Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 8016

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Biena Italy

MOTHER FATHER

13. NAME Louis Vicarini

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Rosana ?

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT John Rabai Son in law
(Address) 32 Nicholson Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cathedral Date Feb 15 1934

19. UNDERTAKER Henry H Vitale
(Address) 4111 Eastern Ave

20. FILED 1934 Huntington Williams Registrar

FEB 14 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 12 1934

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
acquired by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
3rd degree burns face head neck, shoulders	Feb. 12-1934
Asphyxia by carbon monoxide gas	Feb. 12-1934

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of Injury Feb. 12 1934

Where did injury occur? 32 Nicholson Ave.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Looking for gas leak in cellar

Nature of injury Explosion and fire

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Broadway

V S 8

55112

HEALTH DEPARTMENT—CITY OF BALTIMORE

55112

CERTIFICATE OF DEATH

93-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2109 RAMSAY St. 20-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? 57 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME PAUL H. TREUCHEL

(a) Residence: No. 2109 RAMSAY St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced BUSHAND of (or) ~~WIFE~~ of AGUSTA TREUCHEL

6. DATE OF BIRTH (month, day, year) FEB - 24 - 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. BLACKSMITH

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. RAILROAD

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 71

12. BIRTHPLACE (city or town) (State or country) GERMANY

FATHER

13. NAME UNKNOWN

14. BIRTHPLACE (city or town) (State or country) ✓

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) ✓

17. INFORMANT HERMAN J. TREUCHEL
(Address) 621 ALLENDALE ST.

18. BURIAL, CREMATION, OR REMOVAL
Place LOUDON PARK Date FEB 15 1939

19. UNDERTAKER C. Raymond Kaufman
(Address) 917 LEEDS AVENUE.

20. FILED FEB 14 1939 Huntingtn Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/13/39

22. I HEREBY CERTIFY, That I attended deceased from Feb 8 1939 to Feb 13 1939

I last saw h... alive on Feb 12 1939 Death is said to have occurred on the date stated above, at 4.0, m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Cardiac Conditions	3 days
Pulmonary Oedema	10 days
Other contributory causes of importance: General Arterio Sclerosis	3 yrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury 19

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard Kelly M. D.

(Address) 7027 Wendell St.

FEB 14 1939

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55113

CERTIFICATE OF DEATH

93-4 F 55113

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6719 Youngstown Ave St. 26-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nelson Henry Duckett

If U. S. Veteran specify WAR

(a) Residence: No. 6719 Youngstown Ave St., ... Ward. Same

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susan E. Tucker

6. DATE OF BIRTH (month, day, year) Nov. 7 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Can Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Nelson Duckett

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Susan E. Tucker

(Address) 6719 Youngstown Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Feb. 17, 1939

19. UNDERTAKER E. A. Simmons

(Address) 1005 N. Eutaw St.

20. FILED FEB 14 1939 Hunnington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1939 to Feb 14, 1939

I last saw him alive on Feb 14, 1939 Death is said to have occurred on the date stated above, at 12 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	
Chr Myocarditis	
Myocardial Failure	2-9-39.

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) E. A. Schumacher, M. D.

(Address) 842 S. Eastern Ave

va 3

55114 F 55114

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6237 Fair Lawn Ave. St., 28th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Franklin Edgar

If U. S. Veteran specify WAR

(a) Residence: No. 6237 Fair Lawn Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Emmor.

6. DATE OF BIRTH (month, day, year) Dec. 31. 1855.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Samuel Emmor

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Riley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Maggie Smith

(Address) 28 Fawn St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Feb 16th 1939

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St.

20. FILED FEB 15 1939 Thomas J. Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 2-3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry [illegible] Coroner, M. D.

(Address) 216 Hanover St.

V S 6

55115

HEALTH DEPARTMENT—CITY OF BALTIMORE

55115

CERTIFICATE OF DEATH

✓126

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St. 27-18 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Florence M. Courts

If U. S. Veteran, specify WAR .....

(a) Residence: No. 3306 Spaulding Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Winfield F. Courts

6. DATE OF BIRTH (month, day, year) Nov. 24, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hsw

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Francis Medfodden

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Sarah F. Smith

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Winfield F. Courts

(Address) 3306 Spaulding Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Feb 16th 1939

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED FEB 15 1939 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-14 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-10 1939 to 2-14 1939

I last saw her alive on 2-14 1939 Death is said to have occurred on the date stated above, at 5:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cholecystitis C Cholelithiasis	
Other contributory causes of importance	

Was an operation performed? Yes Date of 2-13-39

For what disease or injury? Chr. Cholecystitis

Name of operation Cholecystostomy

What test confirmed diagnosis? Gross Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) S Pearson M.D.

(Address) 1121 Linden Ave Balto. Md.

55116 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 55116

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2606 Riggs Ave 16-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Josephine Gaither

If U. S. Veteran specify WAR .....

(a) Residence: No. 2606 Riggs Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, year) Mar 17-73 abt.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 65	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) a.a. Co Md.

FATHER

13. NAME Joseph Gaither

14. BIRTHPLACE (city or town) (State or country) aa Co Md.

MOTHER

15. MAIDEN NAME Josephine Phelps

16. BIRTHPLACE (city or town) (State or country) aa Co. Md.

17. INFORMANT Isabel Gaither
(Address) 2606 Riggs Ave

18. BURIAL, CREMATION, OR REMOVAL Severn Md.
Place Family Burial Grounds 2/15 1939

19. UNDERTAKER Wellington Cook
(Address) 1217 St Paul St.

20. FILED ... 19... Registrar.

FEB 15 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13 + ave 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 9 1939 to Feb 13 1939

I last saw her alive on Feb 12 1939. Death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
cerebral Thrombosis	Feb 12
chronic myocarditis	unk

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Nathan Rosen M. D.

(Address) 206 S. Gilmor St.

55117 Knochel E 55117

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X/95-B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Josephs Hosp St. 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sophie Knochel

(a) Residence: No. 2809 Taylor Ave Ward. Balto Co Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed,~~ or Divorced (write the word)
Female	White	Divorced

5a. If ~~married, widowed, or~~ divorced HUSBAND of (or) WIFE of William Whitford

6. DATE OF BIRTH (month, day, year) Aug 3rd 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. McDowell Carpet Co

10. Date deceased last worked at this occupation (month and year) Dec 1938

11. Total time (years) spent in this occupation 6 mo

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Conrad Knochel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Gendrizig

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Geo. Schenerman

(Address) 2809 Taylor Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Feb 17th 1939

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED FEB 15 1939 Huntington Williams, M.D.

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-14-39

22. I HEREBY CERTIFY, That I attended deceased from 1-16-39 to 2-14-39

I last saw h. alive on 2-14-39 Death is said to have occurred on the date stated above, at 8P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency & Arteriosclerotic Cardio-Vascular Disease & Cerebral Hemorrhage	? about 1-16-39
Other contributory causes of importance: Terminal Bronchopneumonia	1-8-39

Was an operation performed? No Date of -

For what disease or injury?

Name of operation

What test confirmed diagnosis? Spinal Puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. R. Tunnell M. D.

(Address) St Josephs Hosp.

F 55118

55118 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4148 Pimlico Rd. St. 15-13 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth ..... yrs. ..... mos. ..... ds.

2. FULL NAME Fannie Wagner

If U. S. Veteran specify WAR .....

(a) Residence: No. 4148 Pimlico Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nathan

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia.

FATHER

13. NAME Jacob

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Kaila

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT husband.
(Address)

18. BURIAL, CREMATION, OR REMOVAL.
Place Washington Rd. Date 2/16/39

19. UNDERTAKER Jack Lewis Co.
(Address) 1439 E. Eager St.

20. FILED ..... 19 ..... Registrar.

FEB 15 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/18/39

22. I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1934 to Feb. 13, 1939

I last saw her alive on Jan. 27, 1939. Death is said to have occurred on the date stated above, at 9.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular Disease	?
Diabetes Mellitus	?
Other contributory causes of importance: Coronary Thrombosis	20 min

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) A. A. Swooman, M. D.

(Address) 2340 Entaw Place

M. D. B. 1268-9

55119

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55119

CERTIFICATE OF DEATH

√ 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 417 N. Fallswood St. 6-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Geruc

(a) Residence: No. 417 N. Fallswood St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Geruc

6. DATE OF BIRTH (month, day, year) Oct 18 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Oskar Glass

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine -

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Emma Kellner

(Address) 417 N. Fallswood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 2/16 1939

19. UNDERTAKER Philip Herwig Sons

(Address) 2011 Eutaw St

20. FILED FEB 15 1939 Harry W. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 12 1938 to Feb 13 1939

I last saw her alive on Feb 13 1939 Death is said to have occurred on the date stated above, at 12:15P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardio-Vascular disease	?
Coronary Thrombosis	2/13/39

Other contributory causes of importance:

Chronic Bronchitis

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. M. Baumgardner M. D.

(Address) Pikesville Md

55120 HEALTH DEPARTMENT—CITY OF BALTIMORE E 55120

CERTIFICATE OF DEATH ✓ 93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 430 N. Broadway St., 6-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jacob H. Hettleman

(a) Residence: No. 430 N. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE~~) of Leida Hettleman

6. DATE OF BIRTH (month, day, year) 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Michel Hettleman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Leah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Leida Hettleman

(Address) 430 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cemetery Date Feb 15, 1939

19. UNDERTAKER Sol Levinson & Bros

(Address) 1124-26 W. North ave

20. FILED 19 Huntington Williams, M.D.

FEB 15 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 13, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schreiber Coroner, M. D.

(Address) Coroner

5121

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55121

CERTIFICATE OF DEATH

✓ 46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 27-20 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mon. — ds.

2. FULL NAME Louis Wohlmuth

If U. S. Veteran specify WAR

(a) Residence: No. 3601 Pinkney Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sara B.

6. DATE OF BIRTH (month, day, year) Aug 28 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
54	53	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clothing manufacturer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hungary (State or country)

FATHER

13. NAME William Wohlmuth

14. BIRTHPLACE (city or town) Hungary (State or country)

MOTHER

15. MAIDEN NAME Rosa

16. BIRTHPLACE (city or town) Hungary (State or country)

17. INFORMANT Mrs Sara B. Wohlmuth

(Address) 3601 Pinkney Road

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Friendship Cemet. Date Feb 16 1939

19. UNDERTAKER Sol Levinson & Bros

(Address) 124-26 W. North ave

20. FILED FEB 15 1939 Hunter for Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1938, to Feb 14, 1939

I last saw h[im] alive on Feb 14, 1939. Death is said to have occurred on the date stated above, at 12:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid	
Other contributory causes of importance:	

Was an operation performed? — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) K. L. Gaspe M. D.

(Address) Sinai Hosp

55122 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 55122

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1403 Mt Royal St. 17-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 3 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Elizabeth Watts

If U. S. Veteran specify WAR None

(a) Residence: No. 1403 Mt Royal Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Edw. A. Watts

6. DATE OF BIRTH (month, day, year) Nov 7 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Jacob Snyder

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Eliz Hamilton

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mr. B. R. Watts (nephew)
(Address) 912 W University Pky

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feb 15 1939

19. UNDERTAKER STEWART & MOWEN COMPANY
(Address) (W. F. MOWEN SUCC.) 103 W. NORTH AVENUE

20. FILED FEB 15 1939 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 27, 1939, to Feby 13, 1939

I last saw her alive on Feby 12, 1939 Death is said to have occurred on the date stated above, at 6 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	?
Chronic Myocardial Disease	?
Congestive Heart failure	Feby 11?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Chas. W. Lamond, M. D.

(Address) 1327 Park Ave

F 55123

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 55123

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1623 Division St., 14-2-131 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary A. Robinson

If U. S. Veteran specify WAR

(a) Residence: No. 1623 Division St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David L. Robinson

6. DATE OF BIRTH (month, day, year) May ? 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	9	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Daniel Thomas

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Eleanor Nichols

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Eleanor R. Henry (daughter)
(Address) 1623 Division St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date 2-15-1939

19. UNDERTAKER John M. Johnson
(Address) 1700 Druid Hill Ave

20. Date FEB 15 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-12-1939

22. I HEREBY CERTIFY, That I attended deceased from 2-4, 1939 to 2-12, 1939

I last saw h.er alive on 2-11, 1939 Death is said to have occurred on the date stated above, at 3:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
apoplexy	2/8/39
Other contributory causes of importance:	
chr. interstitial nephritis	several yrs
chr. myocarditis	several yrs

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) 1500 E. Madison St. M. D.

(Address)

55124 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 55124

CERTIFICATE OF DEATH

✓131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2906 Louise Avenue St. 27-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME EMMA C. GAFFEY

If U. S. Veteran specify WAR .....

(a) Residence: No. 2906 Louise Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William J. Gaffey

6. DATE OF BIRTH (month, day, year) Oct. 19, 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓37

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wilmington, Delaware

FATHER

13. NAME James Rodgers

14. BIRTHPLACE (city or town) (State or country) Delaware

MOTHER

15. MAIDEN NAME Elizabeth O. Burrier

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT William J. Gaffey
(Address) 2906 Louise Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Feb. 17 1939

19. UNDERTAKER Chas. H. Grace & Son Inc
(Address) 118 W. Mt. Royal Ave

20. FILED FEB 15 1939 Registrar. Huntingtown Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1936 to Feb. 13, 1939

I last saw her alive on Feb 13, 1939. Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio-vascular renal disease	1936
Cerebral hemorrhage	2-13-39

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....

(Signed) S. A. Aleson M. D.

(Address) 6217 Harford Rd

55125 HEALTH DEPARTMENT—CITY OF BALTIMORE 55125

CERTIFICATE OF DEATH

117-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Ida Hagger

(a) Residence: No. 614 S. Broadway Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Davis Hagger

6. DATE OF BIRTH (month, day, year) [illegible] 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible] 1037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Jacob Kramer

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Gertrude

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Bessie E. Coar

(Address) 614 S. Broadway

18. BURIAL, CREMATION, OR REMOVAL Windsor Hill Date 2-15-39 19

19. UNDERTAKER Paul Louis Lee

(Address) 1439 E. Baltimore St

20. FILED FEB 15 1939

Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Febr. 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4 1939 to February 14, 1939

I last saw h[illegible] alive on February 14, 1939. Death is said to have occurred on the date stated above, at 8 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bleeding gastric ulcer	2/2/39
Secondary anemia	2/2/39
Tympanic perforation	2/10/39
Parotiditis, right	2/12/39

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Everett S. Diggs, M. D.

(Address) University Hosp.

5126

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 55126

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2001 Walbrook Ave 5th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louis Philip Krumm

If U. S. Veteran specify WAR Spanish

(a) Residence: No. 2001 Walbrook Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C. Krumm

6. DATE OF BIRTH (month, day, year) June 14 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Louis P Krumm

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Mr Louis P Krumm

(Address) 2001 Walbrook Ave

18. BURIAL, CREMATION, OR REMOVAL

National Balls Date Feb 15, 1939

19. UNDERTAKER William J Fukner & Son

(Address) North & Pa. Ave

Huntington Williams MD

20. FILED FEB 15 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1939 to Feb 13 1939

I last saw h.. alive on February 12 1939 Death is said to have occurred on the date stated above, 1.5 A. m.

The principal cause of death and related causes of importance were as follows:

Chronic Hypertrophy — Date of onset 3 yrs

Other contributory causes of importance: Angina Pectoris — over 8 months

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical Surgeons

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Charles E. Clark, M. D.

(Address) 3814 Pocahontas Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

55127 ✓F 55127

55127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1515 Wiliams St., 2nd Ward) Registered No. 95-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Sarah A. Ripple

If U. S. Veteran specify WAR

(a) Residence: No. 1515 Williams St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Caleb Ripple

6. DATE OF BIRTH (month, day, year) 10-10-1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ellicott City Md.

FATHER

13. NAME Geo. W. Feathers

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah Reynolds

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Ripple

(Address) 1515 Williams St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Feb 15-39 19

19. UNDERTAKER Forrest J. Rusk

(Address) 5305 Harford Ave.

20. FILED FEB 15 1939 Huntington for Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/13/39

22. I HEREBY CERTIFY, That I attended deceased from 9/9/38 to 2/13/39

I last saw her alive on 2/12/39 Death is said to have occurred on the date stated above, at 1245 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	9/9/38
Cerebral hemorrhage	9/9/38
	2/10/39

Other contributory causes of importance:

Cardiac insufficiency	2/10/39
Pneumonia	2/11/39

Was an operation performed? None Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) George A Barber M. D.

(Address) 1517 E North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

55128 F 55128

CERTIFICATE OF DEATH

122-B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St. 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Bertha Harden

(a) Residence: No. 908 N. Caroline St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Killiam

6. DATE OF BIRTH (month, day, year) Feb. 1st 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	0	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Howard

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT Harrison Woods (Address) 211 E. Lexington St

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Cem Date 2-15-1939

19. UNDERTAKER Bryant Mumford W. Wright (Address) 1218 McElderry St.

20. FILED FEB 15 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1939 to Feb 13, 1939

I last saw her alive on Feb 13, 1939. Death is said to have occurred on the date stated above, at 4 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	2/8/39
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. R. Tennyson, M. D.

(Address) St. Joseph's Hosp.

5129 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 5129

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2318 Calverton Heights St., 16-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Andrew A. Martin,

(a) Residence: No. 2318 Calverton Heights St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cora E. Martin,

6. DATE OF BIRTH (month, day, year) May 14, 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	9	--	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore City,

FATHER

13. NAME John Martin,

14. BIRTHPLACE (city or town) (State or country) Baltimore City.

MOTHER

15. MAIDEN NAME Elizabeth Adelsberger.

16. BIRTHPLACE (city or town) (State or country) Baltimore City

17. INFORMANT Elmer H. Martin,

(Address) 2318 Calverton Heights Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date FEB 17 1939, 19

19. UNDERTAKER Geo. W. Little

(Address) 2700 Edmondson Ave.

20. [illegible] 19 Huntington Williams, M.D. Registrar.

FEB 15 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 14 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1939 to Feb. 14 1939

I last saw him alive on Feb. 13 1939. Death is said to have occurred on the date stated above, at 8.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	2 year
Other contributory causes of importance: Chronic Nephritis	1 year
arteriosclerosis.	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation Classified

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Wm. Norbert Forst M. D.

(Address) 202 Preston St.

5130 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 55130

CERTIFICATE OF DEATH

92-a cc

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 513 S. Collington ave. St., 1-4 Ward)

Registered No. 1872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Stansbury

If U. S. Veteran specify WAR

(a) Residence: No. 513 S. Collington ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm J. Stansbury

6. DATE OF BIRTH (month, day, year): 1878

7. AGE: Years 61 | Months | Days | If LESS than 1 day, hrs. or min. 60

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): Feb. 11-1939

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Cambridge Md.

FATHER

13. NAME: Not Known

14. BIRTHPLACE (city or town) (State or country): "

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: Herbert C. Stansbury

(Address) 513 S. Collington Ave. Balto

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: Feb 15 1939

19. UNDERTAKER: John M Weber

(Address) 401 S. Chester St

20. FILED: FEB 15 1939 Huntington Williams, M.D. Registrar.

VSG

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 12, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Minutes

Other contributory causes of importance: Valvular heart disease Years

Was an operation performed? No Date of

For what disease or injury?

Name of operation: Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Gay St.

31

HEALTH DEPARTMENT—CITY OF BALTIMORE

55131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) John Hopkins Hospital (Ward) 18

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Vaste Stockley

(a) Residence: 1213 n Stricker St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	S.

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 18-1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Leo Stockley

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Vaste Spraggins

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Leo Stockley

(Address) 1123 S Stricker St

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters cmty Date 2/15 1939

19. UNDERTAKER T. E. Kelson

(Address) 1303 Presstman St

20. FILED Feb 15 1939 19 Hunting ton Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) found that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Meningitis Streptococcus	Feb 10 1939

Other contributory causes of importance: —

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Curtis S. Miller M. D. Coroner

(Address) 210 Penn St

132

HEALTH DEPARTMENT—CITY OF BALTIMORE

DR 55132

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Melvin Butler

If U. S. Veteran specify WAR

(a) Residence: No. 1627 Vincent St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 16-1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Melvin Butler

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Ellamae Hendy

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT (Address) Melvin Butler 1627 Vincent St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 2/15 1939

19. UNDERTAKER T. E. Kalas
(Address) 1203 Pressman St

Filed FEB 15 1939 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchus Pneumonia	Feb 10
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) ... M. D.

(Address) ...

55133

HEALTH DEPARTMENT—CITY OF BALTIMORE

55133

40768 JS

CERTIFICATE OF DEATH

107-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 6-1 Ward)

Length of residence in city or town where death occurred ....yrs....mos....da. How long in U. S. If of foreign birth? ....yrs....mos....da.

If U. S. Veteran specify WAR .....

2. FULL NAME Kate Perlich (KATHERINE PERLICH)

(a) Residence: No. 407 S. Ellwood Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-1-1860

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sweet Air
(State or country) Balto. Co., Md.

FATHER

13. NAME Herman Perlich

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Caroline Webber

16. BIRTHPLACE (city or town) ?
(State or country) Germany

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt. Carmel Cem. Date Feb. 15 1939
Place

19. UNDERTAKER H. Sander & Son, Inc. by J. Sander
(Address) Baltimore St. & Broadway Huntington Williams, Jr.

20. FILED FEB 15 1939 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 13. 1939

22. I HEREBY CERTIFY, That I attended deceased from January 9, 1939, to February 13, 1939

I last saw her alive on February 13, 1939. Death is said to have occurred on the date stated above, at 12.05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-11-39
Other contributory causes of importance:	
Arteriosclerosis	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) H. A. de Santelle M. D.

(Address) Baltimore City Hospitals

55134

✓ F 55134

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3 + c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) John Hopkins Hospital 12 ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Jones

(a) Residence: No. 2218 Oak St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Jones

6. DATE OF BIRTH (month, day, year) 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn Greene Md

FATHER

13. NAME Lewis Harvey

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Georgiana Dunkley

16. BIRTHPLACE (city or town) (State or country) Penn Greene Md

17. INFORMANT George Jones

(Address) Penn Greene Md

18. BURIAL, CREMATION, OR REMOVAL

Place Pleasant Hill Date Feb 15 1939

19. UNDERTAKER Hattie R. Williams

(Address) 322 N. Schroeder St Huntingtop Williams, Md.

20. FILED FEB 15 1939

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Inquest, Autopsy or Inquiry)

(Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Cortis	about 1937

Other contributory causes of importance: —

Was an operation performed? — Date of ...

For what disease or injury? —

Name of operation — Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) George L. Allen M. D.

Coroner

(Address) 20 Jefferson Pl

55135 F 55135

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a CC

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 156 N. Kasson St. 26-4 Ward)

Registered No. 872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Kahler

if U. S. Veteran specify WAR

(a) Residence: No. 156 N. Kasson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Sara M. Kahler

6. DATE OF BIRTH (month, day, year) July 9-1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1930

10. Date deceased last worked at this occupation (month and year) July - 7.8

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frankfurt Germany Balto. Co. Md.

FATHER

13. NAME Joseph Kahler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Sara M. Kahler wife

(Address) 56 N. Kasson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Co. Date 2/16- 1939

19. UNDERTAKER John A. Moran

(Address) 3000 E. Baltimore St.

20. FILED 2/15/1939 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Unknown
Other contributory causes of importance: Valvular heart disease	Year

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Feb. 11, 1939

Where did injury occur? 156 N. Kasson St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell on bath tub

Nature of injury Sprained wrist

24. Was disease or injury in any way related to occupation of deceased? No (If so, specify)

(Signed) Chas. E. Wood M. D. Coroner

(Address) 1712 N. Broadway

55136 F 55136

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 S. Robinson St. 1-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Joseph Erwin

If U. S. Veteran specify WAR .....

(a) Residence: No. 13 S. Robinson St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal	White	Married

3a. If married, widowed or divorced: BUSBAND of (or) WIFE of Birdie Erwin

6. DATE OF BIRTH (month, day, year) Feb 8 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	56	05	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore City Hall

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (city or town) (State or country) City.

FATHER

13. NAME William Erwin

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth Robbins

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Birdie Erwin

(Address) 13 S. Robinson

18. BURIAL, CREMATION, OR REMOVAL Place Prospect Cem. Date 2/16 39

19. UNDERTAKER John A. Moran

(Address) 300 E. Baltimore St.

20. FILED FEB 15 1939 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/13/39

22. I HEREBY CERTIFY, That I attended deceased from 2-11-39, to 2-13 19 39

I last saw h... alive on 2-13, 19 39 Death is said to have occurred on the date stated above, at 12 40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myocarditis	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jos Erwin M. D.

(Address) 4 N Eutaw ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

55137

CERTIFICATE OF DEATH

94-B F 55137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2722 Reisterstown St. 15-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Louis Epstein

(a) Residence: No. 2722 Reisterstown Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary

6. DATE OF BIRTH (month, day, year) 1884

7. AGE: Years 54; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Tailor 085

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Isaac Epstein

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: —

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: D. C. Epstein (Son)

(Address) 2722 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Workmen Circle Date 2-15- 1939

19. UNDERTAKER: Jack Lewis Inc

(Address) 1429 E. Baltimore St Huntington Woodlawn Md

20. FILED FEB 15 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-15-39

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above at 2:30 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Hann M. D.

Coroner

(Address) 12 N. Howard St.

Coroner

U. S. 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 55138 — 159 F 55138

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 15-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Levitt

(a) Residence: No. 2423 Shirley Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	SINGLE

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/14/39

7. AGE Years	Months	Days	If LESS than 1 day, 12 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. INFANT

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore MD

FATHER

13. NAME Henry Levitt

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Dorothy Goldman

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Hosp. Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oheb Shalom Date 2/15/39 19

19. UNDERTAKER Jack Levine Inc.
(Address) 1439 E. Balto St

20. FILED FEB 15 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/14, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2/14/, 1939, to 2/14/, 1939

I last saw HIM alive on 2/14, 1939. Death is said to have occurred on the date stated above, at 9:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
PREMATURITY	2/14/39
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? CLINICAL Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J Warren Alberlan M.D.

(Address) University Hospital

55139 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 55139

CERTIFICATE OF DEATH

CGK--41563 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 21-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Clinton Smith

If U. S. Veteran specify WAR

(a) Residence: No. 514 Archer St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 2, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
49	49	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher Odd Jobber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary (?) (D)

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 2—16 1939

19. UNDERTAKER Chas H Alexander
(Address) 1200 McCulloh st.

20. FILED ..... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 1, 1939 to February 12, 1939

I last saw him alive on February 12, 1939 Death is said to have occurred on the date stated above, at 4.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. de Santalle M. D.

(Address) Baltimore City Hospitals

8 15 1939

55140 [redacted] F 55140

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital 121

CITY OF BALTIMORE: (No. 1423 St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary A. Brown

If U. S. Veteran specify WAR .....

(a) Residence: No. 1835 Madison Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dr. Henry A. Brown

6. DATE OF BIRTH (month, day, year) May 7, 1889.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Feb. 3, 1939. | 11. Total time (years) spent in this occupation 28 yrs.

12. BIRTHPLACE (city or town) (State or country) Wilmington, North Carolina

FATHER

13. NAME William H. Wiggins

14. BIRTHPLACE (city or town) (State or country) Raleigh N.C.

MOTHER

15. MAIDEN NAME Henrietta Wilkerson

16. BIRTHPLACE (city or town) (State or country) Wilmington, N.C.

17. INFORMANT Mrs. Mary F. Brown.
(Address) 1835 Madison Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Antrim Date Feb. 15, 1939

19. UNDERTAKER Mrs. Geo H. Holland
(Address) 1900 Druid Hill Ave

20. FILED FEB 13 1939 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1939 to Feb. 11, 1939

I last saw h[illegible] alive on Feb. 11, 1939. Death is said to have occurred on the date stated above, at 3:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism & Acute Cardiac Dilatation	2/11
Intestinal Flu	2/5

Other contributory causes of importance:

Carcinoma Uteri

Was an operation performed? Yes Date of 2/4/39

For what disease or injury? Carcinoma Uteri & Appendicitis

Name of operation Hysterectomy Appendectomy

What test confirmed diagnosis? Clin. & Path. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dr. Walter F. Wiggins M. D.

(Address) 1243 Madison Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55141

CERTIFICATE OF DEATH

53-B F 55141

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1632 Montpelier Street St. 9-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Ellen Duvall

If U. S. Veteran specify WAR

(a) Residence: No. 1632 Montpelier Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of -------

6. DATE OF BIRTH (month, day, year) July 5 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ridgeville (State or country) Md.

FATHER

13. NAME Wm. Tyler Duvall

14. BIRTHPLACE (city or town) Fred. Co., (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Ellen Humrichouse.

16. BIRTHPLACE (city or town) Wash. Co., (State or country) Md.

17. INFORMANT Charles T. Duvall
(Address) 2820 Roselawn Ave

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cem. Frederick Md. Date 2-16-39 19

19. UNDERTAKER George J. Smith
(Address) 1200 Rutaw Place

FILED FEB 15 1939 19 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1935 to Feb. 13, 1939

I last saw h.. alive on Feb. 12, 1939. Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder.	2 yrs
Other contributory causes of importance: Marasmus.	few days

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M Brinsmade Hood M. D.

(Address) 2200 Jarrow Blvd.

Maenora Jackson

55142 F 55142

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 442 W. Biddle St., 11-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Maenora Jackson

If U. S. Veteran specify WAR .....

(a) Residence: No. 442 W. Biddle St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 13 1939

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Crafton Jackson

14. BIRTHPLACE (city or town) (State or country) Cincinnati Ohio

MOTHER

15. MAIDEN NAME Carrie Jackson

16. BIRTHPLACE (city or town) (State or country) Lacofane Ga.

17. INFORMANT Carrie Jackson

(Address) 442 W. Biddle St

18. BURIAL, CREMATION, OR REMOVAL

Bel Cabana Date Feb 16-39

19. UNDERTAKER Goldstein Halstead

(Address) 217 Druid Hill Ave

20. FILED FEB 15 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

death on the day stated above. 2 3 6 am,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	

Other contributory causes of importance:

Teething

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. Kann Coroner M. D.

(Address) 1210 Hanover

HEALTH DEPARTMENT—CITY OF BALTIMORE

55143

CERTIFICATE OF DEATH

48 F 55143

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hosp. St. 11-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Amy Crump

If U.S. Veteran specify WAR ...

(a) Residence: No. 510 Park Ave. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Charles Crump

6. DATE OF BIRTH (month, day, year): Oct 12 1882

7. AGE — Years: 56 | Months: 4 | Days: 2 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Silston Eng.

MOTHER FATHER

13. NAME: Charles Clark

14. BIRTHPLACE (city or town) (State or country): Silston Eng

15. MAIDEN NAME: Mary Ann Lane

16. BIRTHPLACE (city or town) (State or country): Eng

17. INFORMANT (Address): Marion Clark 1122 N. Front St. Plainfield N.J.

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: 2/17 1939

19. UNDERTAKER: Jos. Cook & Co.

(Address): 127 E. Lexington St.

FEB 15 1939 Huntington Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1939 to Feb. 14, 1939

I last saw her alive on Feb. 14, 1939. Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralytic Ileus, Post-Operative	Feb. 13, 1939
Localized Pelvic Peritonitis	Feb. 10, 1939

Other contributory causes of importance:

Adenocarcinoma, Uterus	?
Pyometrium	?

Was an operation performed? Yes Date of Feb. 11, 1939

For what disease or injury? Adenocarcinoma, Uterus

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. P. Sellers, M. D.

(Address) Woman's Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55144

CERTIFICATE OF DEATH

131 F 55144

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 9 N Mt Hope Hosp St. 8-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert Lee McClintock

If U. S. Veteran specify WAR

(a) Residence: No. 1727 E. Federal St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Nov 1863

7. AGE: Years 70 | Months 3 | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lumber Merch

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Richmond Va

MOTHER FATHER

13. NAME: Robert M. McClintock

14. BIRTHPLACE (city or town) (State or country): Eng

15. MAIDEN NAME: Elizabeth Lee

16. BIRTHPLACE (city or town) (State or country): Richmond Va. Indefinite

17. INFORMANT: Sarah Klein

(Address): 1727 Federal St

18. BURIAL, CREMATION, OR REMOVAL: Richmond Va Date 2/16, 1939

19. UNDERTAKER: The Co-Operative

(Address): 1217-19 Fairfield

Huntington Williams, Mgr.

20. FILED FEB 15 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2.15.39

22. I HEREBY CERTIFY, That I attended deceased from 1-31-39, 19... to 2.15.39, 19...

I last saw h... alive on 2.13.39, 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis.	
Chr. degenerative myocarditis	2
Cardiac decompensation	2
Acute cystitis	
Other contributory causes of importance:	
Terminal pneumonia.	2.12.39
Unrelated	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. R. Tunstall, M. D.

(Address) St. Josephs Hosp.

STATE OF MARYLAND—CERTIFICATE OF DEATH

55145 F 55145

1. PLACE OF DEATH

County Baltimore Co. Registration Dist. No.

Village or City Baltimore No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Wolsey James Massey If U.S. Veteran specify WAR

(a) Residence: No. 307 West 27th St St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Massey

6. DATE OF BIRTH (month, day, and year) April 30, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Night Watchman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Balto. Trust Bldg

10. Date deceased last worked at this occupation (month and year) Jan 16

11. Total time (years) spent in this occupation 9

12. BIRTHPLACE (city or town) (State or country) Dover, Del.

FATHER

13. NAME Wolsey Massey

14. BIRTHPLACE (city or town) (State or country) Dover, Del.

MOTHER

15. MAIDEN NAME Sarah Marsh

16. BIRTHPLACE (city or town) (State or country) Dover Del.

17. INFORMANT Laura J Massey (Address) 818 McCabe Ave Balt. Md

18. BURIAL, CREMATION, OR REMOVAL Place Church Hill Date Feb 16 1939

19. UNDERTAKER Wm H Todd (Address) Church Hill, Md.

FEB 15 1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb (Month) 13 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 27 1931 to Feb 13 1939

I last saw h[illegible] alive on Feb 13 1939, 4 p.m. death is said to have occurred on the date stated above, at 4 p.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Jan 27
Other **Contributory Causes** of Importance:	
Hypostatic Congestion	Feb 11 39

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [illegible] M. D.

(Address) 307 W. 27th St.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

William G Berlan. V

5146 HEALTH DEPARTMENT—CITY OF BALTIMORE D 55146

CERTIFICATE OF DEATH

× 169

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hospital 2-6 St., (E) Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William G Berlan

If U. S. Veteran specify WAR .....

(a) Residence: No. Dogtown Arbutus (County) St., ... Ward. Balto Co Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Marie Berlan

6. DATE OF BIRTH (month, day, year) Oct. 23rd 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Buck Glass Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Henry Berlan

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Margaret Brant

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Helen M Berlan

(Address) Arbutus

18. BURIAL, CREMATION, OR REMOVAL

Place U.S. National Cem Date Feb. 17th 1939

19. UNDERTAKER L. Schloman & Son

(Address) 1039 Hanover St

20. FILED FEB 15 1939 19 ... Registrar

Huntington Hillegas, M.D.

EKB

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, found that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide	
Jumping from 6th floor	
Death rolon wards	2/14/39
of U. S. Marine Hospital	
Fractured Skull	

Other contributory causes of importance:

Acute Melancholia

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

~~Accident~~, suicide, ~~or homicide~~? Date of Injury ..., 19...

Where did injury occur U. S. Marine Hospital (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) John N Carr, M. D. Coroner

(Address) ...

V 5 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

55147 — 38 F 55147

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1719 Frederick Ave. Ward) 25-1

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Kaetastin Diamont

(a) Residence: No. 1719 Frederick St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anapo Cessuno

6. DATE OF BIRTH (month, day, year) Jan 1 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	85	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) —

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Henry Kutzleman (Address) Elderly relative

18. BURIAL, CREMATION, OR REMOVAL Place Catedral Date 2-17-39

19. UNDERTAKER Leonard J. Ford (Address) 2308 Harford Ave.

20. FILED FEB 15 1939 Huntington Woods

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-14-39

22. I HEREBY CERTIFY, That I attended deceased from July 6 1933 to Feb 14 1939

I last saw him alive on Feb. 14 1939 Death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart disease	
a Myocardial degeneration	
b Hypostatic Pneumonia	Feb 14 1939

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Eliot W. Johnson M. D.

(Address) 343 Frederick Road

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55148

CERTIFICATE OF DEATH

48 F 55148

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5224 York Road St. 27-H Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Lydia E. Bittle

(a) Residence: No. 5224 York Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Maurice F. Bittle

6. DATE OF BIRTH (month, day, year) Nov. 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 4037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME John O'Brien

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Jane King

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John Bittle
(Address) 5224 York Road

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's Cove Date Feb. 16 19 39

19. UNDERTAKER Rita Wiedefeld
(Address) 914 Greenmount Ave

20. FILED FEB 15 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-13-, 1939

22. I HEREBY CERTIFY, That I attended deceased from 10-16, 1938 to 2-13-, 1939

I last saw her alive on 2-13-, 1939 Death is said to have occurred on the date stated above, at 3:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma uterus	2 yrs.

Other contributory causes of importance:

Was an operation performed? no. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Jno B. Sybert M. D.

(Address) 2307 Harford Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55149 — CERTIFICATE OF DEATH — F 55149

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyden Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mabel Zander

If U. S. Veteran specify WAR

(a) Residence: No. Joppa Road - Fullerton Ward. Maryland

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov. 7, 1930

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
8	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

MOTHER FATHER

13. NAME Henry Zander

14. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

15. MAIDEN NAME Ada Hartlove

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Henry Zander

(Address) Fullerton Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Feb. 16 1939

19. UNDERTAKER Fredk Lussahn

(Address) 7401 Belair Rd

20. FILED FEB 15 1939 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1939 to Feb. 15, 1939

I last saw her alive on Feb. 15, 1939 Death is said to have occurred on the date stated above, at 9 20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diphtheria - Pharyngeal	2-5-39
Other contributory causes of importance: Cardiac Failure	2-14-

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Myron L. Jones, M. D.

(Address) Lyden

55150

HEALTH DEPARTMENT—CITY OF BALTIMORE

55150

CERTIFICATE OF DEATH

92-a cc

Registered No. 1872

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 412 S. Bouldin St. 26-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John J. Binko

If U. S. Veteran specify WAR

(a) Residence: No. 412 S. Bouldin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Helen Binko

6. DATE OF BIRTH (month, day, year) Jan. 31-1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	9	14	3

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Templin Czecho-Slovakia

FATHER

13. NAME George Binko

14. BIRTHPLACE (city or town) (State or country) Czecho Slovakia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Czecho-Slovakia

17. INFORMANT Helen Binko Wife

(Address) 412 S. Bouldin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb 18, 1939

19. UNDERTAKER Frank Smeak & Son

(Address) 1706 Ashland Ave.

FEB 15 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	4 Minutes
Valvular heart disease	4 years.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury.

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Bouldin St.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

55151 55151

CERTIFICATE OF DEATH

46-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. St. 19-E Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Edwin Leye

If U. S. Veteran specify WAR

(a) Residence: No. 1826 Ramsay Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hattie (wife)

6. DATE OF BIRTH (month, day, year) July 27 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R.

10. Date deceased last worked at this occupation (month and year) Retired

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

MOTHER'S MAIDEN NAME

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Caroline Unknown

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Hattie Leye

(Address) 1826 Ramsay St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem Date Feb 18, 1939

19. UNDERTAKER Geo L Berger Jr

(Address) 1512 Hollins St

20. FILED FEB 16 1939 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-15, 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-15, 1938, to 2-15, 1939

I last saw him alive on 2-15, 1939. Death is said to have occurred on the date stated above, at 7 45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury? ~~Pneumonia Abscess~~

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John M. Scott, M. D.

(Address) Md. General Hosp.

55152

HEALTH DEPARTMENT—CITY OF BALTIMORE

55152

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 3105 Hamilton Ave. St. 27-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David J. Staudenmayer

If U. S. Veteran specify WAR

(a) Residence: No. 3100 Hamilton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose A. Staudenmayer

6. DATE OF BIRTH (month, day, year) 3/14/1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Caretaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cemetery

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Baltimore City

FATHER

13. NAME John J. Staudenmayer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Staudenmayer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charles R. Madary

(Address) 6307 Glenheim Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 2/18/39

19. UNDERTAKER Walter Burke Bradley

(Address) 1422 W. North Ave.

20. FILED Feb 16 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1939 to Feb 15, 1939

I last saw h— alive on Feb 15, 1939. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Degeneration	
+ Cardiac Failure with	
Pulmonary Oedema	
Other contributory causes of importance:	
Senile Degeneration	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles Devine M. D.

(Address) 4706 Gorsuch Ave

John I Matey

55153

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55153

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5622 Greenhill Ave (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John I Matey

If U. S. Veteran specify WAR .....

(a) Residence: No. 5622 Greenhill St., (Usual place of abode) Ward. ..... (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Matey

6. DATE OF BIRTH (month, day, year) Oct 24 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 80

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bell Creator

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Austria

MOTHER'S MAIDEN NAME

13. NAME John Matey

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Emma Matey

(Address) 5622 Greenhill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Leonard Hunt Date 2-16 1939

19. UNDERTAKER Leonard Hunt

(Address) 1305 Hollins St

20. FILED ..... 19... Registrar.

FEB 16 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-13 1939

22. I HEREBY CERTIFY, That I attended deceased from July ... 1939 to Feb. 13 1939

That I last saw h... alive on Feb. 13 1939 Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	2/6/39
Chronic Deforming Arthritis	1934

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George A Patterson M. D.

(Address) 432 Cathedral

55151

HEALTH DEPARTMENT—CITY OF BALTIMORE

55154

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2½ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Whittaker (Whitacre) If U. S. Veteran specify WAR No Record

(a) Residence: No. Arundel Hotel St., Charles & 23rd Ward.

(Usual place of abode) Res. Cincinnati Ohio (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Martha E. Whitacre

6. DATE OF BIRTH (month, day, year) Nov 8th 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wall Paper

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Cincinnati Ohio

MOTHER PARENTS

13. NAME Joseph D. Whitacre

14. BIRTHPLACE (city or town) (State or country) Richmond Ind

15. MAIDEN NAME Emma E. (Whitmore)

16. BIRTHPLACE (city or town) (State or country) Lenel Ind

17. INFORMANT Wm T. Whitacre Jr

5724 Kuhn Ave, Cincinnati Ohio

18. BURIAL, CREMATION, OR REMOVAL

Place Cincinnati Ohio. Date Feb 16th, 1939

19. UNDERTAKER Wm Cook

(Address) 217 E Pratt St

20. FILED 1939 Registrar

FEB 16 1939

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 2/14, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2/12, 1939 to 2/14, 1939

I last saw him alive on 2/14, 1939 Death is said to have occurred on the date stated above, at 10⁰⁵ p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Hypertensive Heart Disease	
Other contributory causes of importance:	
Pneumonia (Ave)	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jerome Hoffa, M. D.

(Address) Sinai Hosp.

5155 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 55155

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH Registered No.

CITY OF BALTIMORE: (No. 4310 Finley Ave St. 26-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James Anthony Hilton

If U. S. Veteran specify WAR

(a) Residence: No. 4310 Finley Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rhoda A. Hilton

6. DATE OF BIRTH (month, day, year) Dec 13 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Millwright

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R R Co

10. Date deceased last worked at this occupation (month and year) 1912

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edward R. Hilton

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Emeline McLennon

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Ethel Chilcoat

(Address) 2250 Brookfield Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 2/18/39

19. UNDERTAKER

(Address) 1211 E Fayette

20. FILED 2/18/39 Huntington Williams Registrar.

FEB 16 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 12 1935 to Feb 15 1939

I last saw him alive on Feb 14 1939 Death is said to have occurred on the date stated above, at 11:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1935
Other contributory causes of importance: Myocardial insufficiency	Feb 1939

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward Benson, M. D.

(Address) 1 W. Oxford Ave

Edward Benson

Minor G Adams Sr

55156 F 55156

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 56

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 8 6 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minor Lebron Adams Sr. If U. S. Veteran specify WAR No

(a) Residence: No. 1501 N. Bethel St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~) Anita A. Adams

6. DATE OF BIRTH (month, day, year) April 2, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer 463

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School Board

10. Date deceased last worked at this occupation (month and year) 12/13/38

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William Adams

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Katherine Blember

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Anita A. Adams

(Address) 1501 N. Bethel St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 2/16 19 39

19. UNDERTAKER Wm Cook

(Address) 1219 St Paul St

20. FILED 2/16 19 39 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 17, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry found that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Endocarditis	
Cardiac Failure	
~~Rheumatic Fever~~	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schreiber Coroner, M. D.

(Address) Coroner

M. D. B. 1268-9

55157 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 55157

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1124 W. Saratoga St. 16-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas E. Murray

(a) Residence: No. 1124 W. Saratoga St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jane Elizabeth Murray

6. DATE OF BIRTH (month, day, year) July 12 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas Co. Bldg.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md

FATHER

13. NAME Thos. Murray

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Maria Johnson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Jane E. Murray

(Address) 1124 W. Saratoga St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Co Date 3/17 1939

19. UNDERTAKER Samuel W. Cheal & Son

(Address) 638 N. Gilmor

Registered 3/18 1939 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1938 to July 14, 1939

I last saw h[illegible] alive on July 9, 1939. Death is said to have occurred on the date stated above, at 1 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	indef.
Other contributory causes of importance:	
Acute bronchitis	Dec '38

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinic. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Chas. D. Keller M. D.

(Address) 722 W. Monument St

Charity Jones

HEALTH DEPARTMENT—CITY OF BALTIMORE

55158

CERTIFICATE OF DEATH

82-a F 55158

1. PLACE OF DEATH
CITY OF BALTIMORE: (a) 1826 E Eager St., 7-4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charity Jones

If U. S. Veteran specify WAR .....

(a) Residence: No. 1826 E Eager St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): M

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of: Columbus Jones

6. DATE OF BIRTH (month, day, year): 1870

7. AGE: 69 Years: 68 | Months: — | Days: — | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —
10. Date deceased last worked at this occupation (month and year): 27
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va

FATHER
13. NAME: Jorge Jackson
14. BIRTHPLACE (city or town) (State or country): Va

MOTHER
15. MAIDEN NAME: unk
16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT (Address): Columbus Jones 1826 Eager St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lebanon Date Feb 16 1939

19. UNDERTAKER (Address): Mrs Robt A. Gillett-Dr 1129 N. Caroline St

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 12 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Apoplexy	2 12
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..... 19.....

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... M. D. Coroner

(Address) ...

HEALTH DEPARTMENT—CITY OF BALTIMORE

55159

CERTIFICATE OF DEATH

V 131 F 55159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 655 Sterling St. 5-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia A. Smith

If U. S. Veteran specify WAR

(a) Residence: No. 655 Sterling St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) August 15/1865

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	5	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Bessie Smith Tucker

(Address) 655 Sterling St

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Memorial Park Date Feb 16, 1939

19. UNDERTAKER Mrs. R. A. Elliott's Daughter

(Address) 1120 N. Caroline St.

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1939, to Feb 12, 1939

I last saw h[illegible] alive on Feb 12, 1939. Death is said to have occurred on the date stated above, at 11.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1939 Feb 4
Other contributory causes of importance: Chr. Pulmonary Tuberculosis Myocarditis.	Complete

Was an operation performed? no Date of

For what disease or injury?

Name of operation none

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. J. Young M. D.

(Address) 647 E. Monument St

5160

HEALTH DEPARTMENT—CITY OF BALTIMORE

35160

CERTIFICATE OF DEATH

66a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2013 Greenmount Ave St., 9-8 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rosetta N. Whettle

If U. S. Veteran specify WAR .....

(a) Residence: No. 2013 Greenmount Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 28 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	7	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Charles B. Whettle

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Mary E. Swisher

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Mary E. Whettle
(Address) 719 Belgian Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Feb 16 1939

19. UNDERTAKER Albert W Deegan
(Address) 470 E. North Ave

20. FILED ..., 19... Registrar.

FEB 16 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1939 to Feb 13 1939

I last saw h 4 alive on Feb 12 1939 Death is said to have occurred on the date stated above, at 11.10A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Acute Dilatation of Heart	2 hrs
b.	
c.	
d.	
Other contributory causes of importance: — Enlarged Thyroid - Septic	2 mos.

Was an operation performed? No Date of —

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C B Whelpley M. D.

(Address) 729 William St

F 55161 HEALTH DEPARTMENT—CITY OF BALTIMORE F 55161

CERTIFICATE OF DEATH

✓ 108

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. St., 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mrs. Ann Clarke Dee

If U. S. Veteran specify WAR .....

(a) Residence: No. 3022 Brighton St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William P. Dee

7. DATE OF BIRTH (month, day, year) Aug. 24, 1885

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	5	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

13. NAME Charles Clark

14. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

15. MAIDEN NAME Catherine Scott

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

17. INFORMANT William P. Dee

(Address) 3022 Brighton St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 2/18/ 39

19. UNDERTAKER Margaret G. Flynn

(Address) 421 N. Hilton St.

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-15-39

22. I HEREBY CERTIFY, That I attended deceased from 2-13-39, 19.. to 2-15-39, 19..

I last saw h.e.r. alive on 2-15-39, 19.. Death is said to have occurred on the date stated above, at 2:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Geo. H. Brouillet M.D. D.

(Address) Bon Secours Hospital

55162

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55162

CERTIFICATE OF DEATH

41168 (MB) V 98

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael Bloom

If U. S. Veteran specify WAR

(a) Residence: No. 721 S. Bond St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes

6. DATE OF BIRTH (month, day, year) 8/22/~~1866~~ 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
~~72~~ 66 ~~75~~	5	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) Germany (State or country)

13. NAME Vincent

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Josephine

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT City Hospital Records

(Address) Dead

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Feb 17 1939

19. UNDERTAKER Fred W Cazakoski

(Address) 1930 Eastern Ave

20. FILED 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-14, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-21, 1939, to 2-14, 1939

I last saw him alive on 2-14, 1939 Death is said to have occurred on the date stated above, at 1:05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcers Sclerotic Gangrene Left Foot ?	
Bronchopneumonia	four days
Other contributory causes of importance:	

Was an operation performed? Yes Date of 2-9-39

For what disease or injury? Gangrene left foot

Name of operation Amputation left leg

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Unknown If so, specify

(Signed) Louis Lurie M. D.

(Address) Balto City Hosp.

16 1939

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55163

CERTIFICATE OF DEATH

82-B 55163

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1735 Ashland Ave St. 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John L. Diggs

If U. S. Veteran specify WAR .....

(a) Residence: No. 1735 Ashland Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: widowed

6. DATE OF BIRTH (month, day, year): May 1, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Odd Jobs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Laborer.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Anundel Co. Md.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Daughter / Ida M. Diggs

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: at Calvary Cem. Date: 2/17 19 39

19. UNDERTAKER: Joseph G. Locke, Jr.

(Address) 1363 E. Eager St. Balto.

20. FILED FEB 16 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2-13, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-6, 1939 to 2-13, 1939

I last saw h/ alive on 2-13, 1939. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	2-6-39
Bronchopneumonia.	2-9-39

Other contributory causes of importance:

Hypertension

Pulmonary edema

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury —, 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify no

(Signed) Louis E. Harman, M. D.

(Address) 2340 Madison Ave.

HARMAN

5164 F 55164

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3207 Baker St., 16-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary McFadden Hearn

If U. S. Veteran specify WAR .....

(a) Residence: No. 3207 Baker St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of C. Edgar Hearn, Sr.

6. DATE OF BIRTH (month, day, year) July 2, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	7	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John McFadden

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Louise McFadden

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT C. Edgar Hearn, Sr.
(Address) 3207 Baker St.,

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feb. 16 1939

19. UNDERTAKER G. Howard Strong
(Address) 715 Light St.,

20. FILED ..... 19 ..... Registrar.

2 16 39

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 28th, 1938, to February 15, 1939.

I last saw her alive on February 13, 1939. Death is said to have occurred on the date stated above, at 12.05 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance: Hypertension Congestive Heart failure

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) M. McByrne M. D.

(Address) 3045 W North Ave

55165

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55165

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Balto Genl. Hosp 59 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME William T. Collins

(a) Residence: No. 4157 Eierman Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or WIFE of) Elizabeth B. Collins

6. DATE OF BIRTH (month, day, year) Feb. 28 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69 Yrs.	11	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME George B. Collins

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Sarah Lee

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Elizabeth B. Collins

(Address) 4157 Eierman Ave

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Cem. Date Feb. 17 1939

19. UNDERTAKER Henry Stocker Sons Inc

(Address) 1301 E Eager St

Entering Clerk L. Williams M.D.

20. FILED FEB 16 1939 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 13 1939, to Feb 15 1939.

I last saw h[im] alive on Feb 15 1939. Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	
Generalized Arteriosclerosis Cerebral hemorrhage	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Dr Shear M. D.

(Address) 1173 W Fay St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 55166

5166

51-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Infirmary 16-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. 5 mos. 8 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mr. Jennings Scott

(a) Residence: No. 1121 N. Bentalow St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Anna L. Scott

6. DATE OF BIRTH (month, day, year) Sept. 6, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	5	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Drug Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drug

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Jonathan Scott

14. BIRTHPLACE (city or town)
(State or country) Maryland

15. MAIDEN NAME Rose Swarty

16. BIRTHPLACE (city or town)
(State or country) Maryland

17. INFORMANT Anna L. Scott
(Address) 1121 N. Bentalow St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 2/17 39

19. UNDERTAKER John. A. Moran
(Address) 3000 E. Baltimore St.

20. FILED FEB 16 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 17, 1939, to February 14, 1939

I last saw him alive on February 14, 1939. Death is said to have occurred on the date stated above, at 5:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	1935?
Hydronephrosis, bilateral	
Metastasis to Spleen	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Cystoscopy

What test confirmed diagnosis? Clinically Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Wesley J. Keyes M. D.

(Address) The Church Home and Inf.

F 55167

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55167

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 233 S Chester St., 1-5 Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 37 yrs. ... mos. ... ds.

2. FULL NAME Michael Kurowski

If U. S. Veteran specify WAR .....

(a) Residence: No. 233 S Chester st St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Sept 16-1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	5	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Director Bldg & Loan

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Kosciuszko Permanent 1635 Eastern ave

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) Poland.

13. NAME Walenty Kurowski

14. BIRTHPLACE (city or town) (State or country) Poland.

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Stella Kowalewski

(Address) 233 S Chester st

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date Feb. 18th 1939

19. UNDERTAKER George A Weber

(Address) 725 S Conkling st

20. FILED ... 19... Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15th 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 13 1939 to Feb. 15 1939

I last saw h... alive on Feb. 15 1939 Death is said to have occurred on the date stated above, at 7:20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Lobar Pneumonia	2 days
Other contributory causes of importance: Chronic Myocarditis	6 yrs.

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? P.S.-S Was there an autopsy? .....

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John V. Scarlachi M. D.

(Address) 1802 Eastern Ave

S16 1939

55168 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 55168

CERTIFICATE OF DEATH

46-D

1. PLACE OF DEATH Maryland General Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 2[illegible] Ward)

Length of residence in city or town where death occurred ..... yrs. 9 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Dorthea F. Weisenborn — If U. S. Veteran specify WAR .....

(a) Residence: No. 5004 Liberty Heights Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): DEC 20 1896

8. AGE — Years: 42 — Months: 1 — Days: 24 — If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laboratory Technician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: (8)

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): HAZLETON Pa

13. NAME: [illegible] Weisenborn

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Katherine Eitzert

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs Margaretta Winkler
(Address) 5004 Liberty Hts. Ave

18. [illegible], CREMATION, [illegible]
Place LOUDAN PARK Date FEB 16 1939

19. UNDERTAKER: Wm J Tickner & Sons
(Address) Madison & Eutaw Aves

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2-14 . 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-19-39, 19..., to 2-14, 1939

I last saw her alive on 2-14, 1939 Death is said to have occurred on the date stated above, at 11:49 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Tissue Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

[illegible] for William, M.D.

Baltimore

HEALTH DEPARTMENT—CITY OF BALTIMORE

55169 F 55169

CERTIFICATE OF DEATH ✓ CGK--40093

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 2-3 Ward) 115 B

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Nicholas, Kantiotis

(a) Residence: No. 817 S. Ann St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-15-1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	5	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Sacred Heart Am Date 2/14 1939

19. UNDERTAKER John J Farley & Son
(Address) 1330 Eutaw St

20. FILED FEB 16 1939 Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-12 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-14 1938 to 2-12 1939

I last saw him alive on 2-11 1939 Death is said to have occurred on the date stated above, at 12 20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infected tooth-abscess	four months
Ludwigs Angina	four months
Osteomyelitis mandible	four weeks

Other contributory causes of importance:

Was an operation performed? yes Date of 2-11-39

For what disease or injury? Osteomyelitis mandible

Name of operation Osteotomy mandible

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) L K Woodward Jr M. D.

(Address) Balto City Hosp.

✓ F 55170

55170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 12-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Paul Delgrippo

(a) Residence: No. 221 E. Lafayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 6, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0500

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.J.

FATHER

13. NAME Paul Delrippo

14. BIRTHPLACE (city or town) (State or country) N.J.

MOTHER

15. MAIDEN NAME Edna Eppler

16. BIRTHPLACE (city or town) (State or country) N.J.

17. INFORMANT Mrs Edna Delgrippo
(Address) 221 E. Lafayette

18. BURIAL, CREMATION, OR REMOVAL
Place Newark, N.J. Date 2/18/39

19. UNDERTAKER Mary M. Riedefeld
(Address) 331 E. 22nd St.

FEB 16 1939 Hamilton Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis Clin Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? Accident Feb. 14, 1939, 19...

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Ran into St. in 200 Bl. E. Lafayette Ave. struck by Auto.

24. Was disease or injury in any way related to occupation of deceased?
No If so, what?

(Signed) T. Roselius, M. D.
Coroner

(Address) 323 ...

S 6

55171 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 55171

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Henry #1

If U. S. Veteran specify WAR .....

(a) Residence: No. 303 W. Lorraine Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) February 17 1939

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 2 min.
Infant				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Norman Edward Henry

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Jeannette Loguska

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT .....

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Md. Gen. Hosp. Date Feb. 13, 1939

19. UNDERTAKER .....

(Address)

20. FILED ..... By Huntington Williams Registrar

B 16 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 17, 1939, to February 17, 1939

I last saw him alive on February 17, 1939. Death is said to have occurred on the date stated above, at 4:17 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (20 weeks)	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Irving P. Klemkowske, M. D.

(Address) Maryland General Hospital

55172 HEALTH DEPARTMENT—CITY OF BALTIMORE 55172

CERTIFICATE OF DEATH

159

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital 1207 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Henry # 2

(a) Residence: No. 303 W. Lorraine Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) February 12, 1939

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
Infant			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Norman Edward Henry

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Jeannette Loguska

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT .....

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Md. Gen. Hosp. Date Feb 13, 1939

19. UNDERTAKER .....

(Address)

20. FILED ..... 19... ..... Registrar.

FEB 16 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 12, 1939 to February 12, 1939

I last saw h.. alive on February 12, 1939 Death is said to have occurred on the date stated above, at 4:16 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Prematurity (10 wks)	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Henry F. Kleinkauf M. D.

(Address) Maryland General Hospital

35173 HEALTH DEPARTMENT—CITY OF BALTIMORE 35173

CERTIFICATE OF DEATH

160-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward) 11-3

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby girl Lurz

If U. S. Veteran specify WAR

(a) Residence: No. 821 Eutaw Place St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) February 12, 1939

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
Infant			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Walter Boyce Lurz

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Virginia Delonia Valentine

16. BIRTHPLACE (city or town) Rocky Ridge
(State or country) Maryland

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Md. Jew Soop Date Feb 13, 19 39

19. UNDERTAKER
(Address)

20. FILED ..., 19... For Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 12, 1939 to February 12, 1939

I last saw her alive on February 12, 1939. Death is said to have occurred on the date stated above, at 7:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (34 weeks)	
Congenital Atelectasis	
Subarachnoid Hemorrhage	
(Low forceps Delivery)	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Irene P. Kleinkourke, M. D.

(Address) Maryland General Hospital

16139

F 55174

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55174

CERTIFICATE OF DEATH

160-B

Registered No. 25-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Baby Girl Hare

☐ U. S. Veteran specify WAR ...

(a) Residence: No. 3615 Fairhaven Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	SINGLE

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of INFANT

7. DATE OF BIRTH (month, day, year) 2/12/39

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 3 min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. INFANT

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore MD

13. NAME OF FATHER William Francis Hare

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME OF MOTHER Ruth Violet Kopp

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Johns Hopkins Medical School Date FEB 16 1939.
Commissioner of Health

19. UNDERTAKER
(Address) Per H. A. Moore

20. FILED ... 19 ... Registrar.

4602

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2/12, 1939, to 2/12, 1939

I last saw her alive on 2/12/39 Death is said to have occurred on the date stated above, at 6:23 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
INTRACRANIAL HEMORRHAGE	2/12/39
Other contributory causes of importance:	
	none

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? → Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Marsden Allen, M. D.

(Address) University Hospital

55175 HEALTH DEPARTMENT—CITY OF BALTIMORE 55175

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 954 Forrest St. 10-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME James Gore

(a) Residence: No. Maryland Penitentiary St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Black	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) December 25, 1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Raleigh, N. C.

MOTHER FATHER

13. NAME Hayward Gore

14. BIRTHPLACE (city or town) (State or country) Raleigh, N. C.

15. MAIDEN NAME Mary Lassiter

16. BIRTHPLACE (city or town) (State or country) Raleigh, N. C.

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date FEB 16 1939 19

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. FILED FEB 16 1939 19 Hampton Williams, Registrar.

4598

MEDICAL CERTIFICATE OF DEATH

8. DATE OF DEATH (month, day, year) February 10. 1939

I HEREBY CERTIFY, That I attended deceased from December 15 1939 to February 10 1939

I last saw him alive on February 10 1939 Death is said to have occurred on the date stated above at 9:25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis	
	over

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John Z. Ambrose M. D.

(Address) Temple Court Apartments

55176 HEALTH DEPARTMENT—CITY OF BALTIMORE E 55176

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 253 Bond St. 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence In city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Lunthes

If U. S. Veteran specify WAR

(a) Residence: No. 253 Bond St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of: unk

6. DATE OF BIRTH (month, day, year): 1869

7. AGE: Years 90 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: unk

14. BIRTHPLACE (city or town) (State or country): unk

MOTHER

15. MAIDEN NAME: unk

16. BIRTHPLACE (city or town) (State or country): unk

17. INFORMANT: Police Board Eastern Police Station

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [redacted] Date FEB 16 1939

19. UNDERTAKER: Per H. A. Moore

(Address)

FILED FEB 16 1939 Huntington Williams M.D. Registrar.

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 25. 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest and from the evidence

(Inquest, Autopsy or Inquiry)

obtained by said found that said deceased came

(Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Apoplexy	Jan 24
Other contributory causes of importance:	39

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George C. Allen M. D.

(Address) 6 E Lexington St

5177 ✓ F 55177

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 1926 McCulloh St., Ward 23)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Lane — If U. S. Veteran specify WAR

(a) Residence: No. 1926 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About 54				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown Md

FATHER

13. NAME Unknown James

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT No information
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date FEB 16 1939 19
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED ... 19 ... Registrar

16 1939 Huntington Williams M.D. 4397

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) ... Coroner, M. D.

(Address) 1926 McCulloh

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55178

55178

CERTIFICATE OF DEATH

93-C

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1516 Bolton St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ella M. Jones

(a) Residence: No. 1516 Bolton St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur L. Jones

7. DATE OF BIRTH (month, day, year) June 3, 1857

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	8	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Annapolis, (State or country) Md.

13. NAME Henry Jones

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Ann Sophia Tuck

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Mr. Arthur L. Jones

(Address) 1516 Bolton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemy. Date 2/16/ 1939

19. UNDERTAKER Chas. O. Meyer & Sons Inc.

(Address) 1900 Eutaw Place

19[illegible] FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1930, to Feb 14, 1939

I last saw her alive on Feb 14, 1939. Death is said to have occurred on the date stated above, at 8 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	1/26/39
Bronchopneumonia	2/6/39

Other contributory causes of importance:

Hypertension Myocarditis. Senile Cerebral Sclerosis

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

no If so, specify .....

(Signed) W. W. Woody, M. D.

(Address) 1403 Park Ave

Lillian Roth

55179

HEALTH DEPARTMENT—CITY OF BALTIMORE

55179

CERTIFICATE OF DEATH

53-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univeristy Hospt. St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Lillian Roth

If U. S. Veteran specify WAR

(a) Residence: No. 3108 Cliftmont Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of WILLIAM ROTH

DATE OF BIRTH (month, day, year) NOV. 14 - 1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	2 3	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

13. NAME ALEXANDER LACKEY.

14. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

15. MAIDEN NAME MARY Mc DONOUGH

16. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

17. INFORMANT WILLIAM ROTH (HUSBAND)

(Address) 3108 CLIFTMONT AVE.

18. BURIAL, CREMATION, OR REMOVAL

Place SACRED HEART Date FEB. 18 19 39

19. UNDERTAKER Lilly & Zeiler INC.

(Address) 403 N. WOLFE ST.

20. FILED FEB 16 1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 15 1939

22. I HEREBY CERTIFY, That I attended deceased from February 2 1939 to February 15 1939

I last saw her alive on February 15 1939. Death is said to have occurred on the date stated above, at 1 35 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adeno-carcinoma of abd. viscera primary site unknown at present.	?
Metastases to all abd. + thoracic viscera.	?
Other contributory causes of importance:	
Lympho-granuloma of rectum	?
Abd. ascites; bilat pleural effusion	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Everett S. Diggs, M. D.

(Address) University Hospital.

55180 HEALTH DEPARTMENT—CITY OF BALTIMORE F 55180

9+B

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 4315 Groveland Ave St., 28-1 Ward)
Length of residence in city or town where death occurred 79 yrs. 2 mos. 28 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR

2. FULL NAME Emma L. Ebsworth
(a) Residence: No. 4315 Groveland Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas J. Ebsworth

DATE OF BIRTH (month, day, year) Nov 16th 1859

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79	2	28 27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md
13. NAME Carl Wardaga
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Charlotte Wiemeke
16. BIRTHPLACE (city or town) (State or country) Germany
17. INFORMANT Carl J Ebsworth Son
(Address) 4315 Groveland Ave
18. BURIAL, CREMATION, OR REMOVAL
Place Balto Mem Date Feb 18th 1939
19. UNDERTAKER Geo Schilling & Sons
(Address) 1125-1126 E Lexington St
20. FILED FEB 16 1939 Wenington for Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15, 1939.
22. I HEREBY CERTIFY, That I attended deceased from February, 1936 to February 15, 1939.
I last saw h[illegible] alive on February 15, 1939. Death is said to have occurred on the date stated above, at 11 15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1935
Coronary Thrombosis	2/15/39

Other contributory causes of importance:
?

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of Injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) [illegible] M. D.
(Address) 2202 Eastern Ave.

55181

HEALTH DEPARTMENT—CITY OF BALTIMORE

41715 JS

CERTIFICATE OF DEATH

157-CF 55181

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Nancy Bechtel

If U. S. Veteran specify WAR

(a) Residence: No. 1827 Harford Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1-2-1938

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	1	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

13. NAME John S.

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Anna Preston

16. BIRTHPLACE (city or town) Md. County
(State or country)

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Bellevue Cem. Date Feb 16, 1939

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED FEB 16 1939 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1939 to Feb. 15, 1939

I last saw HER alive on Feb. 15, 1939. Death is said to have occurred on the date stated above, at 12:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
	Birth
CONGENITAL HEART DISEASE	Birth.
CEREBRAL THROMBOSIS	2/4/39

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? C/S/AB. Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Joseph M. Cook, M. D.

(Address) Baltimore City Hospitals

F 55182 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82 F 55182

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Women Hospital St., 25-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35+ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Kosar Lazar

(a) Residence: No. 1511 Cherry St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 7, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Czechoslavakia

MOTHER FATHER

13. NAME Frank Klanski

14. BIRTHPLACE (city or town) (State or country) Czechoslavakia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Czechoslavakia

17. INFORMANT Anna J. Webb

(Address) 17 E. Henrietta St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem Date 2/18/39

19. UNDERTAKER CHARLES E. SCHIMUNEK

(Address) 2603 E. MADISON ST.

20. FILED FEB 16 1939 Huntington Williams M.R. REGISTRAR

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above. @ 9.45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia, or Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. Hamm, Coroner, M. D.

(Address) 125 Hammond

F 55183

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE (No. St Joseph Hospital St., 26-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ~~1 yrs~~ ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John H. Hafele

(a) Residence: No. 3106 Kenyon Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherin Hafele

6. DATE OF BIRTH (month, day, year) June 7 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. W 52

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paper Hanger

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME UnKnown

14. BIRTHPLACE (city or town) (State or country) UnKnown

MOTHER

15. MAIDEN NAME UnKnown

16. BIRTHPLACE (city or town) (State or country) UnKnown

17. INFORMANT Katherin Hafele

(Address) 3106 Kenyon Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 2/17/39 19

19. UNDERTAKER Combs Inc. 11.

(Address) 1611 W. Lanvale St.

20. FILED FEB 16 1939 Huntington Williams Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of R. Tibia & Fibula	
Broncho Pneumonia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? ..... Date of .....

Name of operation ..... What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Accident Jan. 22, 1939 Date of injury ..... 19.....

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Crossing North Av At Collington

Nature of injury Struck by Auto.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D. Coroner

(Address) 2357 Wilson St

184

HEALTH DEPARTMENT—CITY OF BALTIMORE 55184

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 315 Wyman Pk. Drive St., 12-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth 55 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Bridget M. Welch

(a) Residence: No. 315 Wyman Pk. Drive St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widowed

6a. If married, widowed, or divorced (or) WIFE of Michael J. Welch

6. DATE OF BIRTH (month, day, year) March 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	10 11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER FATHER

13. NAME Martin McDonough

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT William Welch

(Address) 315 Wyman Pk. Drive

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Moriah Cem. Date Feb. 18, 1939

19. UNDERTAKER Martin Fisher & Sons

(Address) 1827 W. North Ave.

Huntington Williams M.D. Registrar.

20. FILED FEB 16 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-14-1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 7 1939 to Feb 14 1939

I last saw h[illegible] alive on Feb. 14 1939 Death is said to have occurred on the date stated above, at 9 50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis	2
Renal Insufficiency	
(Other contributory causes of importance:)	
Chr Arthritis.	5 yrs

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) George E. Enos M. D.

(Address) 28 W 25 St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

55185

CERTIFICATE OF DEATH

× 131 F 55185

Registered No.

1. PLACE OF DEATH Provident Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Division St. 14 Ward)

Length of residence in city or town where death occurred ... yrs. — mos. 29 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Dennis Fenton

(a) Residence: No. 410 Virginia Ave. St., Towson, Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of — none

DATE OF BIRTH (month, day, year) June 1, 1860

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	78	9	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) June 1930

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co, Md.

13. NAME Johnson Fenton

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

15. MAIDEN NAME Laura Johnson

16. BIRTHPLACE (city or town) (State or country) Balto Co, Md

17. INFORMANT Dennis Fenton

(Address) Towson, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Spalding, Md Date Feb. 17 1939

19. UNDERTAKER London M. Burton

(Address) Towson, Md

FEB 16 1939 . 19 Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-14- , 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-16-39 19... to 2-14- , 19 39

I last saw him alive on 2-14-39 19... Death is said to have occurred on the date stated above, at 11.55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	?
Chr. Interstitial Nephritis	?

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. F. Maloney M. D.

(Address) Provident Hospital

55186 63

HEALTH DEPARTMENT—CITY OF BALTIMORE

V E 55186

CERTIFICATE OF DEATH

× 131

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ..... St. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Blanche Pollock

If U. S. Veteran specify WAR

(a) Residence: No. Heidleberg Hotel St., ... Ward Jackson-Miss
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-14-02

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
36	8	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales Lady

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Miss

13. NAME J. H. Giles

14. BIRTHPLACE (city or town) (State or country) Miss

15. MAIDEN NAME Lana Nesh

16. BIRTHPLACE (city or town) (State or country) Miss

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Jackson Miss Date Feb 16 1939

19. UNDERTAKER Wm J Tricken & Son

(Address) North & Pa

FEB 16 1939 Hunting for Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 14 1939 to Feb 15 1939

I last saw her alive on Feb 15 1939 Death is said to have occurred on the date stated above, at 11 44 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-vascular disease & arteriolar nephrosclerosis and azotemia	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H Lemuel Meeks M. D.

(Address) Johns Hopkins Hospital

GPG.

5187 E 55187

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 34-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Baby Holland

(a) Residence: No. Huntingtown Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Feb 7-39

7. AGE: Years — | Months — | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Calvert County Md

FATHER

13. NAME: Robert Holland

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: [illegible] Jones

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Robert Holland

(Address): Huntingtown Md

18. BURIAL, CREMATION, REMOVAL

Place: Glen Port Md Date Feb 9 1939

19. UNDERTAKER: Prince E. Lovell

(Address): Prince Frederick Md

Feb 6 1939 19 Huntington Williams, M.D. Registrar.

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 5 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry)

observed by said ... (Inquest, Autopsy or Inquiry) find that said deceased came ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Congenital Lesio

Date of onset: 2/9

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.

(Address)

55188 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

E 55188

CERTIFICATE OF DEATH

108

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 906 S. Paca St. 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Vincent Marsanto

If U. S. Veteran specify WAR .....

(a) Residence: No. 906 S. Paca St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Salvatora Marsanto

6. DATE OF BIRTH (month, day, year) Jan 1 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	1	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Nicola Marsanto

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME ? ?

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Charles Messina

(Address) 906 S. Paca St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Feb 17, 1939

19. UNDERTAKER Albert M. Leonard

(Address) 440 E. Fayette Ave

Huntington, Philadelphia Pa.

20. FILED ..... 19.....

FEB 17 1939

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb - 11, 1939 to Feb - 14, 1939

I last saw h[illegible] alive on Feb - 14, 1939 Death is said to have occurred on the date stated above, at 7 1. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	2/10/39

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) David Franklin, M. D.

(Address) 1[illegible] W [illegible]

55189

HEALTH DEPARTMENT—CITY OF BALTIMORE

55189

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 20-8 St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Arthur P. Heinze

(a) Residence: No. 4033 Frederick Ave St., ... Ward. .....

(Usual place of abode) City (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

6a. If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Anna Heinze

6. DATE OF BIRTH (month, day, year) May 2nd 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	9	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. delicatessen store keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 5/38

11. Total time (years) spent in this occupation 45 yrs

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Johan K. Heinze

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Pauline Koster

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Horace A. Heinze

(Address) 4033 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb 20th 1939

19. UNDERTAKER Wm Cook

(Address) 7217 St Paul St

20. FILED ..... 19 ..... Registrar.

FEB 17 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1939, to Feb 16, 1939

I last saw h~~er~~ alive on Feb 16, 1939. Death is said to have occurred on the date stated above, at 8:35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular disease	
Auricular fibrillation	
Pulmonary edema	2/16/39
Cardiac decompensation	

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Hammond J Brogan, M. D.

(Address) Union Memorial Hosp.

55190 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 55190

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 224 N Fulton Ave St. 19-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anton Winter

If U. S. Veteran specify WAR .....

(a) Residence: No. 224 N. Fulton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Winter

6. DATE OF BIRTH (month, day, year) July 10-1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83	7	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Anton Winter

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Lampe

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Madeline McCarthy
(Address) 229 N Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date Feb. 17 19 39

19. UNDERTAKER Wm Cook
(Address) 217 St Paul St.

20. FILED ..... 19..... .....
Registrar.

FEB 17 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1939 to Feb 15 1939

I last saw he alive on Feb 14 1939 Death is said to have occurred on the date stated above, at 1 00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
generalized arteriosclerosis	7
Coronary arteriosclerosis	1
Other contributory causes of importance:	
cerebral hemorrhage	2/14/39

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ernest Kurp M. D.

(Address) 2030 Eutaw Pl.

55191 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 55191

CERTIFICATE OF DEATH

V 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 851 W Fayette St. 18-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Daniel Ronald Lean

(a) Residence: No. 851 W Fayette St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Emma M Lean

7. DATE OF BIRTH (month, day, year) Jan 4. 1893

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46	1	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Garage Owner Auto

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sales

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 8.

12. BIRTHPLACE (city or town) (State or country) Chicago Ill.

13. NAME Daniel Reed Lean

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Cidella McCoy

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Emma M Lean
(Address) 851 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feb 18 1939

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15 1939

22. I HEREBY CERTIFY, That I attended deceased from Jany 19 38 to Feb 15 1939

I last saw him alive on Feb. 15 1939. Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1930
Cerebral Hemorrhage	1939

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) C. L. Lang M. D.

(Address) 45 E Lanvale St

FEB 17 1939

55192 E 55192

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

37714-FS

95-B

Registered No. 26-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St. (If death occurred in a hospital or institution, give its NAME instead of street and number.) Ward

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frank Hook

(a) Residence: No. No Home St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced WIFE of (or) HUSBAND of Catherine Hook

7. DATE OF BIRTH (month, day, year) 2-11-1885

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	54	0	5

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. salesman of 66

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John W. Hook

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary E. Burton

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B.C.H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Feb 17th 1939

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED 19 (Registrar)

FEB 17 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from October 5, 1938, to February 16, 1939. I last saw him alive on February 16, 1939. Death is said to have occurred on the date stated above, at 2:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. W. DeSantis M. D.

(Address) Baltimore City Hospitals

55193 Read F 55193

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

99

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4421 Wickford St., 20-14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Amy Read

(a) Residence: No. 4421 Wickford Rd. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

No War Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 18-1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Married Woman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nothing for 24 y

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 1086

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md

FATHER

13. NAME James Read

14. BIRTHPLACE (city or town) (State or country) Carroll Co Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Amy Read

(Address) 4421 Richford

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Feb 18th 1939

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED 19 ... Registrar.

B 17 1939 Hearing for Wife

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16. 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 15. 1939 to Feb 16 1939

I last saw h... alive on Feb 15. 1939 Death is said to have occurred on the date stated above, at 2 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Erysipelas Face & Neck	3 days
(2) Static Pneumonia	1 day

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) Thomas Lee Jones M. D.

(Address) 2 W. Read St

55194 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 55194

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital — 122-a — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 9-5 Ward)

Length of residence in city or town where death occurred ... yrs. 30 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Mary Elizabeth Mattingly — If U. S. Veteran — specify WAR .....

(a) Residence: No. 1149 Harwick Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced: HUSBAND of — (or) WIFE of —

7. DATE OF BIRTH (month, day, year) Oct. 21 1875

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	3	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

13. NAME Charles Mattingly

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Mary Elizabeth Brawley

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Mrs. Bessie Schuller

(Address) 1149 Harwick Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Feb 18 1939

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19— ..... Registrar.

FEB 17 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-16 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-4-39 19... to 2-16-39 19...

I last saw her alive on 2-16 1939 Death is said to have occurred on the date stated above, at 9:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post genital Ventral Hernia	

Other contributory causes of importance:

Was an operation performed? Yes Date of 2-15-39

For what disease or injury? Ventral Hernia

Name of operation Vent. Herniaplasty

What test confirmed diagnosis? Gastric Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. Pearson Gill M. D.

(Address) Md Gen Hosp. Balto, Md.

Matilda Theis

55195 HEALTH DEPARTMENT—CITY OF BALTIMORE 55195

CERTIFICATE OF DEATH

134

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 5-E Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran, specify WAR

2. FULL NAME Matilda Theis

(a) Residence: No. 320 Montford Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Henry Theis

7. DATE OF BIRTH (month, day, year) April 8 1864

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	10	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Grace Kupferberg

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Ursula Fasoli

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Sophia Weinmann

(Address) 3444 Cardenas Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb 20 1939

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 14 1939 to Feb 16 1939

I last saw her alive on Feb 16 1939 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Renal Colic	2
Pyo-nephrosis	3
Pericholecystitis	3
Peritonitis	4 days
Other contributory causes of importance: Auricular Fibrillation	

Was an operation performed? Yes Date of Feb 15 1939

For what disease or injury? Peritonitis

Name of operation Laparotomy - resection of bowel

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify No

(Signed) W. J. Dorn M. D.

(Address) Mercy Hospital

55196

F 55196

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq Hosp. St. 27-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph C. Cramer

(a) Residence: No. 3224 Monticello Terrace St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura R. Cramer

DATE OF BIRTH (month, day, year) Dec 29 1859

AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	1	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Frederick Md

13. NAME Catherine Cramer

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Lusom ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Charles Cramer

(Address) 3946 Hickory Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Frederick Md Date Feb 17 1939

19. UNDERTAKER Albert W Gregory

(Address) 440 E Fourth St

20. FILED ..... 19..... Registrar.

FEB 17 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-27-39, 19..... to 2-14-39, 19.....

I last saw him alive on 2-14-39, 19..... Death is said to have occurred on the date stated above, at 7:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach- lesser curvature & Pylorus	
Obstruction	
—	

Other contributory causes of importance:

Name of operation Exploratory laparotomy Date of 2-8-39

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Nathan Wolf M. D.

(Address) Franklin Sq Hospital

55197 HEALTH DEPARTMENT—CITY OF BALTIMORE 55197

CERTIFICATE OF DEATH ✓ 47-B

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5619 Carter Ave 27-H Ward)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Frederick A Buchmann If U. S. Veteran specify WAR

(a) Residence: No. 5619 Carter Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian M Buchmann

DATE OF BIRTH (month, day, year) March 2nd 1884

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	10	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Silver Plater

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Balto. City Md.

13. NAME Goswin Buchmann

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Augusta Krone

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. L. M. Buchmann

(Address) 5619 Carter Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Feb 20. 1939

19. UNDERTAKER Fred'k. Lorsch & Son

(Address) 7701 Belair Rd.

20. FILED 2/17/1939 Hunting for Williams M.R. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 16th 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25. 1938. to Feb. 16 1939.

I last saw him alive on Feb. 16 1939. Death is said to have occurred on the date stated above, at 1.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lung.	

Other contributory causes of importance: Arteriosclerotic heart disease

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Brooke Boyle M. D.

(Address) 5309 Hanford Rd

55198 HEALTH DEPARTMENT—CITY OF BALTIMORE F 55198

CERTIFICATE OF DEATH 140 41910 JS 107a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 18-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth Grammer

(a) Residence: No. 418 N. Carrollton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of James Grammer

DATE OF BIRTH (month, day, year) 10-6-1902

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	4	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0-

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Edward Gough

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Howard

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Feb 20th 1937

19. UNDERTAKER Eloy C. Wilson
(Address) 1000 Brantley Ave

20. FILED 19 Registrar.

2 17 1937 Hugh [illegible]

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 2-15, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-11, 1937, to 2-15, 1937

I last saw her alive on 2-15, 1937. Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date at onset
(Spontaneous) Incomplete miscarriage	?
Septicemia	several days
Broncho pneumonia	four days

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
None If so, specify

(Signed) L. Pinkus Grossfeld, M. D.

(Address) Balto City Hosp

55199 E 55199

HEALTH DEPARTMENT—CITY OF BALTIMORE

42013-FS

CERTIFICATE OF DEATH

95-B

Registered No.....

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 17-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da. 50 yrs.

2. FULL NAME John A. Brown If U. S. Veteran specify WAR .....

(a) Residence: No. 574 St. Mary's St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Roberta

DATE OF BIRTH (month, day, year) 12-19-1860

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	78	1	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

13. NAME John

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Hennie Franklin

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Feb 18-39

19. UNDERTAKER Adolphus Halstead
(Address) 918 Edmund St. City

20. FILED ..... Hunter for Williams M.D.
Registrar.

FEB 17 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 14, 1939, to February 16, 1939

I last saw h[illegible] alive on February 16, 1939. Death is said to have occurred on the date stated above, at 2.20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	1938
Other contributory causes of importance	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) W. A. De Santelle, M. D.

(Address) Baltimore City Hospitals

Agnes Dew

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55200

5200

CERTIFICATE OF DEATH

V 953

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp St. 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Agnes Dew

If U. S. Veteran specify WAR

(a) Residence: No. 2530 Guilford Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race W

5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word) Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Dew

7. DATE OF BIRTH (month, day, year) Jan 10-1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	1	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Dec 1937

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Emmitsburg Md

13. NAME OF FATHER Martin Long

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME OF MOTHER Martha M Milton

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Theodore Dew

(Address) 2530 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cem Date Feb 18 1939

19. UNDERTAKER Partridge & Lore

(Address) 2320 N Charles St.

20. FILED FEB 17 1939 Huntington Williams, Registrar.

GKL

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2.16.39

22. I HEREBY CERTIFY, That I attended deceased from 2.12.39 to 2.16.39

I last saw h 9 alive on 2.16.39 Death is said to have occurred on the date stated above, at 4.40 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Left Sided Hemiplegia	2-12-39
Arteriosclerotic & Hypertensive Cardio Vascular disease	

Other conditions contributory to death but not related to principal cause listed above

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. R. Tennyst M. D.

(Address) 31 S. Joseph Ave

55201 HEALTH DEPARTMENT—CITY OF BALTIMORE E 55201

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 829 Washington Blvd St., 21-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William Wirth

U. S. Veteran specify WAR

(a) Residence: No. 829 Washington Blvd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Wh.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helena Wirth

6. DATE OF BIRTH (month, day, year) Apr 21, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B&O RR Co

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Switzerland

FATHER

13. NAME not known

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Helena Wirth

(Address) 829 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place St Paul Cemetery Date Feb 17, 1939

19. UNDERTAKER Mrs Clara A. G. Rohde

(Address) 2327 Edmondson Ave

Huntington Williams, M.D.

20. FILED FEB 17 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Degeneration Myocarditis	3 mos?
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M. Hamm M. D.

Coroner

(Address) 829 W Baltimore St

55202 HEALTH DEPARTMENT—CITY OF BALTIMORE 55202

CERTIFICATE OF DEATH

Registered No. 94-3

1. PLACE OF DEATH St. Agnes' Hospital.
CITY OF BALTIMORE: (No. Mileham + Caton Aves. Ward) 43-2
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 3 mcs. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Robert L Wersten
(a) Residence: No. 108 W. Randall St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. IMHOFF. WERSTEN

DATE OF BIRTH (month, day, year) Nov. 15 1888

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	3	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk. 4209
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Candy store
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

7. BIRTHPLACE (city or town) Baltimore, (State or country) Md.
12. NAME Fred. Wersten
14. BIRTHPLACE (city or town) Balto (State or country) Md.
15. MAIDEN NAME Louise Smith
16. BIRTHPLACE (city or town) Balto (State or country) Md.
17. INFORMANT Mrs. Mary Wersten
(Address) 108 W. Randall St.
18. BURIAL, CREMATION, OR REMOVAL Holy Cross A&C Date 2-18th 1939
19. UNDERTAKER Bernard C. Harle
(Address) 121 E. West St.
Heather E. Williams, M.D.
Registrar.
20. FILED FEB 17 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEBRUARY 15. 1939

22. I HEREBY CERTIFY, That I attended deceased from FEB. 6 1939 to FEB 15 1939
I last saw him alive on FEB 15 1939 Death is said to have occurred on the date stated above, at 5:25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	2-10-39

Other contributory causes of importance:
Hypertension
Probable coronary disease

Was an operation performed? No Date of —
For what disease or injury? —
Name of operation —
What test confirmed diagnosis? E.K.G. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles V. Sercif M. D.
(Address) St. Agnes' Hospital

55203

HEALTH DEPARTMENT—CITY OF BALTIMORE

55203

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH Little Sisters of Poor

CITY OF BALTIMORE: (No. 1200 Valley St. 10-1 St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Augusta Hoffman

If U. S. Veteran specify WAR .....

(a) Residence: No. 1200 Valley Street St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Dec 26, 1863

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75 76	1	21 20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0069

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME John Hoffman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Bertha Link

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Little Sisters of the Poor

(Address) 1200 Valley Street

18. BURIAL, CREMATION, OR REMOVAL Baltimore Cemetery Date 2/18/39

19. UNDERTAKER Geo. H. Kleinbach

(Address) 625 N. Eutaw St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 16 1939 11.30 a m. 19

22. I HEREBY CERTIFY, That I attended deceased from June 10 1939 to Feb 16 1939 19

I last saw her alive on Feb 13 1939. Death is said to have occurred on the date stated above, at 11.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Endocarditis	?
Other contributory causes of importance: Asthenia	?

No

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Phys Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) L. McCarter M. D.

(Address) 1114 Hartman

55204 HEALTH DEPARTMENT—CITY OF BALTIMORE F 55204

CERTIFICATE OF DEATH

Registered No. 169

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) U. S. Marine Hospital (Ward) 5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Eugene Pyle

(a) Residence: No. 1415 Homestead St Ward 1415 Homestead St
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond, Va.

FATHER
13. NAME Hardy D. Pyle
14. BIRTHPLACE (city or town) (State or country) Richmond, Va.

MOTHER
15. MAIDEN NAME Rachel Meyer
16. BIRTHPLACE (city or town) (State or country) Richmond, Va.

17. INFORMANT Miss. Sadie Cohen
(Address) 3638 Coolige Ave

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place London Park Cy Date July 17 19 39

19. UNDERTAKER Baird Sondheim & Co
(Address) 902 Eutaw Place

20. FILED Huntington Williams Registrar

JUL 17 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15 , 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide	
Jumping from 6th Floor Window	2/16/39
in Hospital room	

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, ~~or homicide~~? Suicide Date of injury 2-15 1939

Where did injury occur? U. S. Marine Hos.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Fall or jump from window

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John A Evans M. D.
Coroner

(Address)

E 55205

55205

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-4 93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sieling Sanitarium 600 Chapel Gate Lane St., life Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4' yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edward L. Foy

(a) Residence: No. 3436 Auchentoroly Terrace St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Amelia C. Foy

6. DATE OF BIRTH (month, day, year) June 16, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME James H. Foy

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs. Amelia C. Foy
(Address) 3436 Auchentoroly Terrace

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date Feb. 17, 1939

19. UNDERTAKER William M Mareck
(Address) 715 Light St.,

20. FILED ..... 19 ..... Registrar.

FEB 17 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Degenerative Myocarditis	2/14
Pulmonary edema	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) M. J. Hanna Coroner, M. D.

(Address) 1822 W. Baltimore St.

206 E 55206

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 20-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Potts

If U. S. Veteran specify WAR None

(a) Residence: No. 529 North Brice St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) April 24 1916.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	9	22 21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waitress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

13. NAME Charles E. Potts.

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Rosie A. Porter.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Rosie A. Potts.

(Address) 529 N. Brice St.

18. BURIAL, CREMATION, OR REMOVAL Place Olivet, Randallstown Md. Date Feb. 18 1939

19. UNDERTAKER Charles J. Schwab.

(Address) 505 N. Monroe St.

20. FILED 19

Registrar.

FEB 17 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1939 to Feb. 15, 1939

I last saw her alive on Feb. 15, 1939 Death is said to have occurred on the date stated above, at 7 20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia - Pharyngeal Carcinoma	
Other contributory causes of importance: Carcinoma Larynx	2-15-39
Toxic Encephalitis	2-8-39

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Myron G. Tice M. D.

(Address) Sydenham

207

HEALTH DEPARTMENT—CITY OF BALTIMORE F 55207

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Hebrew Home for Aged & Infirm

CITY OF BALTIMORE: (No. Belvedere & Greenspring Ave St. 27 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Mollie Hunter

If U. S. Veteran specify WAR .....

(a) Residence: No. Belvedere & Greenspring Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Louis Hunter

DATE OF BIRTH (month, day, year) 1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
98	76			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Henry Kastner

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Ida Kramer

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Fannie Hurwitz

(Address) 4852 Reisterstown Rd.

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cem. Date 2/17/39

19. UNDERTAKER Jack Lewis & Sons

(Address) 1432 E. Baltimore St.

20. FILED FEB 17 1939 Huntington Williams, M.D.

GKG

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1937 to Feb 16, 1939

I last saw h[illegible] alive on Feb 16, 1939. Death is said to have occurred on the date stated above, at 7:40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Other contributory causes of importance:	
Hypertension	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) Edmund Levin, M. D.

(Address) Lonsdale

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55208 F 55208

CERTIFICATE OF DEATH

1. PLACE OF DEATH — 600 S. Chapelgate Lane 82-a
CITY OF BALTIMORE: (No.) Sinai Sanitarium (Ward) — Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.
If U. S. Veteran specify WAR

2. FULL NAME Elizabeth P Boyd

(a) Residence: No. 422 N. Broadway, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of Frank A

7. DATE OF BIRTH (month, day, year) Sept 16 - 1857

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	5	1 11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wheeling W. Va
13. NAME Alfred Hughes.
14. BIRTHPLACE (city or town) (State or country) Wheeling W. Va
15. MAIDEN NAME Mary Kirby
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.
17. INFORMANT Elizabeth P Boyd
(Address) 422 N. Broadway
18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Date 2/18 19 39
19. UNDERTAKER William Cook
(Address) 1217 St Paul
20. FILED ... 19 ... Registrar.

FEB 17 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1938 to Feb 17, 1939
I last saw her alive on Feb 17, 1939. Death is said to have occurred on the date stated above, at 4:30a m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset Feb 17

Other contributory causes of importance:
Asthenia Senility Infirmities of age

Was an operation performed? no — Date of
For what disease or injury? no
Name of operation no
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no — Date of injury ... 19...
Where did injury occur? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) H. L. Kuyer M.D.
(Address) Westwood 7615

Huntington Williams, M.D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

55209

CERTIFICATE OF DEATH

131 F 55209

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5723 Bellona Ave Ward)

Length of residence in city or town where death occurred 85 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosalia Yost

If U. S. Veteran specify WAR

(a) Residence: No. 5723 Bellona Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Sept 9th 1852

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	5	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Towson Md.

13. NAME William Yost

14. BIRTHPLACE (city or town) (State or country) York Pa.

15. MAIDEN NAME Elizabeth Schunck

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Blanche Conchman

(Address) 5723 Bellona Ave

18. BURIAL, CREMATION, OR REMOVAL Presbyterian (Govans) Date Feb 18th 1939

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED ~~FEB~~ 19 ~~Huntington Williams M.D.~~ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16th, 1939

22. I HEREBY CERTIFY, That I attended deceased from July, 1938 to Feb 16, 1939

I last saw h.e alive on Feb 15, 1939. Death is said to have occurred on the date stated above, at 7:30 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Usual Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Fred B Jewett, M. D.

(Address) 2516 Penna Ave

35574 35210

HEALTH DEPARTMENT—CITY OF BALTIMORE 35210

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 6-4 St., Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran ____
specify WAR .....

2. FULL NAME John Whitaker

(a) Residence: No. 1917 Jefferson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Divorced

6. If ~~married, widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Unknown

DATE OF BIRTH (month, day, year) 7-18-70

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	6	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brakeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. on RR. 1073

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dela

13. NAME Jonathan Whitaker

14. BIRTHPLACE (city or town) (State or country) Mass

15. MAIDEN NAME Mary Hudson

16. BIRTHPLACE (city or town) (State or country) Dela

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place St Matthews Date Feb 18th 1939

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

FEB 17 1939 19 Huntington Williams, M.D.
FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1939 to Feb 15, 1939

I last saw him alive on Feb 15, 1939. Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	Jan 15 '39
& Cardiac Failure	

Other contributory causes of importance:

Arteriosclerosis — generalized	
? Dietary Deficiency	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Roger B. Scott, M. D.
(Address) Johns Hopkins Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

55211 CERTIFICATE OF DEATH F 55211

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 46-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 16 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Ernest White If U. S. Veteran specify WAR

(a) Residence: No. 50 Buena Vista Ave St. Hagerstown Md

(Usual place of abode) Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence

DATE OF BIRTH (month, day, year) 7 1903

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Operator / trucks

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Charles N.

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Elizabeth Socks

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Sidney

(Address) Hagerstown Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Hagerstown Md. Date Feb. 19 1939

19. UNDERTAKER C. H. Fridt & Sons

(Address) Hagerstown Md.

FEB 17 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 17. 1939

22. I HEREBY CERTIFY, That I attended deceased from February 1, 1939 to February 17, 1939

I last saw him alive on February 17, 1939. Death is said to have occurred on the date stated above, at 7⁰⁵ A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of esophagus & infiltration of stomach causing complete obstruction at cardia and pylorus	
Other contributory causes of importance:	

Was an operation performed? Yes Date of Feb. 13, 1939

For what disease or injury? Unknown lesion in esophagus

Name of operation Exploratory laparotomy

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Everett D. Diggs M. D.

(Address) University Hospital

5212

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 5212

CERTIFICATE OF DEATH

46-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1553 Argyle Ave St., 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city (or town) where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Maggie Armstrong

If U.S. Veteran specify WAR ....

(a) Residence: No. 1553 Argyle Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry Armstrong

DATE OF BIRTH (month, day, year): Oct 2. 1881

7. AGE: 38 57 Years | Months: 4 | Days: 12 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 20 57

12. BIRTHPLACE (city or town) (State or country): md

13. NAME: George Carroll

14. BIRTHPLACE (city or town) (State or country): md

15. MAIDEN NAME: Un Known

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT (Address): Harry Armstrong 1553 Argyle ave

18. BURIAL, CREMATION, OR REMOVAL: Place: Mt Auburn Date: July 2/ 18 39 19

19. UNDERTAKER (Address): F. C. Kelson 1303 Pennsylvania ave

20. FILED: FEB 17 1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 14 39

22. I HEREBY CERTIFY, That I attended deceased from 7-8 38 to 7/14 39

I last saw her alive on July 14 39 Death is said to have occurred on the date stated above, at 7.30 P m

The principal cause of death and related causes of importance were as follows:

Date of onset

Cancer Carcinoma 9/ 38

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If yes, specify ...

(Signed) B. F. Hatcher M. D.

(Address) 1553 Argyle Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55213

5213

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Josephs Hospital St., 26-10 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William C. Stallman

(a) Residence: No. 308 S. East Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced — WIFE (or HUSBAND) Lavola Stallman

DATE OF BIRTH (month, day, year) October 16, 1908

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30	3	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shell Oil Company

10. Date deceased last worked at this occupation (month and year) Feb. 3 1939

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME William Stallman

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Ada J. Reinhardt

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Lavola Stallman (Wife)

(Address) 308 S. East Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem. Date Feb. 18, 1939

19. UNDERTAKER J. Howard Evans - O.E.E.

(Address) 1400-02 Charles St

20. FILED ..... 19..... Registrar.

FEB 17 1939 Huntington Pittman

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1939 to Feb. 15, 1939

I last saw him alive on Feb. 15, 1939. Death is said to have occurred on the date stated above, at 4 55 m.

The principal cause of death and related causes of importance were as follows:

Broncho pneumonia — Date of onset 2/6/39

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. R. Turnpaugh, M. D.

(Address) St. Josephs Hosp.

14

F 55214

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-B

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 206 S. Fulton Ave., St. 19-4 (Ward)

Length of residence in city or town where death occurred 39 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Clarence C. Kessler

If U. S. Veteran specify WAR .....

(a) Residence: No. 206 S. Fulton Ave., St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Myrtle S. Kessler

DATE OF BIRTH (month, day, year) Jan 18, 1893

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46		28 27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Buffalo, N. Y.

13. NAME Adam Kessler

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Minnie Studies

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Myrtle S. Kessler

(Address) # 206 S. Fulton Avenue.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 2 / 18 / 1939

19. UNDERTAKER John J. Cowan & Son

(Address) Hollins & Poppleton Sts

FEB 17 1939 Registered by Hattie Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1938 to Feb 15, 1939

I last saw h[illegible] alive on Feb 15, 1939. Death is said to have occurred on the date stated above, at 11:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atrophic cirrhosis of liver	1 yr
	2 yrs
	over

Other contributory causes of importance:

gastric hemorrhage	1 day
	yrs

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Benjamin Mills, M. D.

(Address) 3 W Wilbur Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

215 F 55215

CERTIFICATE OF DEATH

✓ 92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1808 Rosedale St. 15-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Emma A Houck

If U. S. Veteran specify WAR .....

(a) Residence: No. 1808 Rosedale St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

6. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of Noah A Houck

DATE OF BIRTH (month, day, year) May 2-1859

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	9	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) "

11. Total time (years) spent in this occupation "

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME John J Abbott

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Lucinda Annacott

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs John Brown

(Address) 1808 Rosedale St

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Hampstead Md Date Feb 18 1939

19. UNDERTAKER Edw C Tipton

(Address) Hampstead Md

Huntington Williams Registrar.

FILED FEB 17 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16, 1939

22. I HEREBY CERTIFY That I attended deceased from Feb 13, 1939 to Feb 16, 1939

I last saw her alive on Feb 15, 1939. Death is said to have occurred on the date stated above, at 7.15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart dis	?
Other contributory causes of importance: Chronic Articular rheumatism	34yrs

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas H Rahn M. D.

(Address) 1736 Poplar Grove St.

5216

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55216

CERTIFICATE OF DEATH

107a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 451 Harrison Blvd St. 8-b Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 93 yrs. 4 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Smith

If U. S. Veteran specify WAR

(a) Residence: No. 1740 N. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm James Smith

DATE OF BIRTH (month, day, year) Oct. 11, 1845

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	93	4	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Wm Goldsborough

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Elizabeth Slicer

16. BIRTHPLACE (city or town) (State or country) Frederick Md

17. INFORMANT Mr Grace S. Houck

(Address) 1740 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Feb. 18. 34

19. UNDERTAKER Wm Pickney Sons

(Address) Smith & Davies

20. FILED Feb 18 1934 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1934, to Feb 16, 1934

I last saw h[illegible] alive on Feb 16 1934. Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	about 10 days
Other contributory causes of importance: Bronchio-pneumonia	Feb 13 1934

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No.

(Signed) Gabriele Ewell, M. D.

(Address) 724 St Paul St

17 1934

5217 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 55217

CERTIFICATE OF DEATH

1. PLACE OF DEATH 714 N. Monroe St. Baltimore, Md. Registered No. .....

CITY OF BALTIMORE: (No. 714 N. Monroe St. 16-4 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ida Virginia Watkins If U. S. Veteran specify WAR .....

(a) Residence: No. 714 N. Monroe St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced (or) WIFE of John D. Watkins

6b. DATE OF BIRTH (month, day, year) July 8-1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	7	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓ 1937

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md

13. NAME George F. Nichols

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Marietta Bosley

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr. John D. Watkins

(Address) 714 N. Monroe St

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Date Feb 20, 1939

19. UNDERTAKER Wm. J. Leckner & Son

(Address) 1404 Pa Ave

20. FILED ..... 19... Huntington Williams, M.D. Registrar.

FEB 17 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from March, 1937, to February 16, 1939

I last saw her alive on February 15, 1939. Death is said to have occurred on the date stated above, at 1:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerular Nephritis	1937
Hypertension	1924
Chronic Myocarditis	1935
Bronchopneumonia	1939

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. L. Fearing M. D.

(Address) 3021 Belair Road.

218

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55218

CERTIFICATE OF DEATH

V 46-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1926 W Lafayette ave Ward) 46-4

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles H Renish

If U. S. Veteran specify WAR .....

(a) Residence: No. 1926 W. Lafayette ave St. ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie M. Renish

6. DATE OF BIRTH (month, day, year) Oct. 22, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	3	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mould Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Swindell Bros.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Joseph Renish

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Brigetta

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Maggie M Renish

(Address) 1926 W. Lafayette ave

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Feb. 18 1939

19. UNDERTAKER Wm Pickup Sons

(Address) North & Paca sts

20. FILED Feb 17 1939 Washington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1939 to Feb. 16, 1939

I last saw him alive on Feb. 16, 1939 Death is said to have occurred on the date stated above, at 11.35a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Pancreas	Oct 1938
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Chemical Was Autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James B. Ashurst M. D.

(Address) 1017 Park Ave

55219 E 55219

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Bon Secours Hospital) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louis C. Krunder If U. S. Veteran specify WAR .....

(a) Residence: No. 908 Bond St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Frances E. Krunder

6. DATE OF BIRTH (month, day, year) March 13 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	11	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Baker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME George Krunder
14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER
15. MAIDEN NAME Mary Ann Sanderson
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Edward Krunder
(Address) 1432 Bolton

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feb. 18. 1939

19. UNDERTAKER Wm. J. Tickner & Sons
(Address) North & Fayette

FILED 2/17/39 19 Huntington Williams Clerk

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14. 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-pneumonia	2/10.

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W. Hamma Coroner, M. D.

(Address) 1822 W Baltimore St

F 55220

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 355 Yale Lane 20-8 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary E Doyle

(a) Residence: No. 355 Yale Lane St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race W

5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of James F Doyle

6. DATE OF BIRTH (month, day, year) Oct 29 1857

7. AGE Years 84 Months 3 Days 18 If LESS than 1 day, hrs. or min. 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME OF FATHER Patrick Henry

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME OF MOTHER Annie R Smith

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Miss Catherine Doyle

(Address) 355 Yale Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date Feb 20 39

19. UNDERTAKER George A Fahey

(Address) Fulton & Fayette

20. FILED ..... 19 Huntington Williams Registrar

FEB 17 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1939 to Feb 16, 1939

I last saw h.. alive on Feb 16, 1939 Death is said to have occurred on the date stated above, at 12.30 P m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Malignancy 2-13-39

Other contributory causes of importance: Arteriosclerosis

Intracranial Hge

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward A Dunn M. D.

(Address) 27 W Read St

55221 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 55221

CERTIFICATE OF DEATH ✓ OGK-- 41518 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 57 Ward) 3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Bernard Lingerman

If U. S. Veteran specify WAR

(a) Residence: No. 608 S. Luzerne Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
BUSBAND of (or) WIFE of Bessie

DATE OF BIRTH (month, day, year) Oct. 28, 1880

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	58	3	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. W.P.A.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Edward Lingerman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Betty Parkson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date Feb 18 19 39

19. UNDERTAKER Lilly & Zeiler Son
(Address) 403 S Broadway St

20. FILED ... By ... Huntington Williams, Registrar.

FEB 17 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 31, 1939, to February 15, 1939

I last saw him alive on February 15, 1939. Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Lamotte M. D.

(Address) Baltimore City Hospitals

55222 HEALTH DEPARTMENT—CITY OF BALTIMORE F 55222

CERTIFICATE OF DEATH

1131

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 3424 TOONE St. 26-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ROSA V. FRANK

If U. S. Veteran specify WAR

(a) Residence: No. 3424 TOONE ST St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles L Frank

DATE OF BIRTH (month, day, year) June 12 1881

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	8	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home W37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Adam J. Roth

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknow

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charles L Frank (Husband)
(Address) 3424 Toone St

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Hearts Date Feb. 18 1939

19. UNDERTAKER Lilly & Zeiler Inc
(Address) 402 S. Wolfe St

20. FILED 19 Registrar.

1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15 1939

22. I HEREBY CERTIFY, That I attended deceased from 6/25 1937 to 2/15 1939

I last saw h alive on 2/14/39 1939 Death is said to have occurred on the date stated above, at 1 35 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Chronic interstitial nephritis	

Other contributory causes of importance: Acute Cardiac dilatation

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, state which

(Signed) J. H. Grell M. D.

(Address) 635 S. Conkling

55223 F 55223

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 E.Biddle St. St. 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Vernon Miles

If U. S. Veteran specify WAR

(a) Residence: No. 414 E.Biddle St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 18, 1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George Miles

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Julia Stinson

16. BIRTHPLACE (city or town) (State or country) Del.

17. INFORMANT Geo. Miles
(Address) 414 E.Biddle St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Cathedral Date 2/20 1939

19. UNDERTAKER
(Address) 1210 E Pratt St

20. FILED
B 17 1939
S.

Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb. 16, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No so, specify

(Signed) , M. D.
Coroner

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55224 CERTIFICATE OF DEATH 11-a F 55224

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 636 Bruce St. 16-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Ida Simms

(a) Residence: No. 636 Bruce St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Simms

7. DATE OF BIRTH (month, day, year) Febre 19, 1869

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	7	26	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country) Baltimore Md

14. NAME Charles Smith

15. BIRTHPLACE (city or town) (State or country) Eastern Shore Md

16. MAIDEN NAME Annie Travers

17. BIRTHPLACE (city or town) (State or country) Baltimore Md

18. INFORMANT Ella Price

(Address) 616 N mount St

19. BURIAL, CREMATION, OR REMOVAL

Place Mt Lebanon Date Feb 17, 1939

20. UNDERTAKER Mr Kate R Williams

(Address) 322 N Schroeder St

FEB 17 1939 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1939, to Feb 15, 1939.

I last saw h[illegible] alive on Feb 14, 1939. Death is said to have occurred on the date stated above, at 1.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Feb 7
Other contributory causes of importance: Influenza	Feb 1

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. S. McCard, M. D.

(Address) 2021 Druid Hill Ave

55225 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

F 55225

Registered No. 12-2117

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 3 mos. 11 da. How long in U. S. If of foreign birth? ..... yrs. ..... mon. ..... da.

2. FULL NAME Mr John S. Young

If U. S. Veteran specify WAR .....

(a) Residence: No. Bel air Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Laura H. Young

DATE OF BIRTH (month, day, year) ? June 16-1855

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83?	5	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saw Mill

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bal air Maryland.

13. NAME William young.

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Miss Elizabeth Cochran.

16. BIRTHPLACE (city or town) (State or country) Maryland Harford Co.

17. INFORMANT Harry Young

(Address) Bel Air Md

18. BURIAL, CREMATION, OR REMOVAL

Place St Mary's Date Feby 16, 1939

19. UNDERTAKER John Foster

(Address) Bel Air Md

Forwarding for Williams, N.Y.

20. FILED FEB 17 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from October 25, 1938 to February 17, 1939

I last saw him alive on February 17, 1939. Death is said to have occurred on the date stated above, at 8:06 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
perforated gastric ulcer.	?
Senility & general debility	

Other contributory causes of importance:

Was an operation performed? yes. Date of December 19, 1938

For what disease or injury? Perforated gastric ulcer

Name of operation Posterior gastro enterostomy

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no. If so, specify .....

(Signed) Richard W. Worthington Jr. M.D.

(Address) Union Memorial Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

55226 55226

CERTIFICATE OF DEATH OGK--25179

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital 51 St. 26-9 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Edward Ludwig

If U. S. Veteran specify WAR .....

(a) Residence: No. 707 S. Baylis St. St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 2, 1877

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
61	61	3	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Missouri (State or country)

13. NAME Sigmund Ludwig

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Mary Wiles

16. BIRTHPLACE (city or town) Ark. (State or country)

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date FEB 16 1939

19. UNDERTAKER Commissioner of Health

(Address) Per M. A. Guyer for Williams, M.D.

20. FILED FEB 17 1939 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938, to February 13, 1939

I last saw him alive on February 13, 1939 Death is said to have occurred on the date stated above, at 5¹⁵ Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	2-13-39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Santalle M. D.

(Address) Baltimore City Hospitals

4604

HEALTH DEPARTMENT—CITY OF BALTIMORE

55227 CERTIFICATE OF DEATH GK-40731 F 55227

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Robert Williams

(a) Residence: No. 1506 Fleet St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	?	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cement Mixer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Conn.
(State or country)

13. NAME Albert Williams

14. BIRTHPLACE (city or town) N.Y. (?)
(State or country)

15. MAIDEN NAME Fannie ?

16. BIRTHPLACE (city or town) N.Y.(?)
(State or country)

INFORMANT City Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL FEB 17 1939
UNDERTAKER [redacted] FEB 17 1939
(Address) Per H. A. Boore
FILED FEB 17 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 13 1939

22. I HEREBY CERTIFY, That I attended deceased from January 9, 1939 to February 13, 1939

I last saw him alive on February 13, 1939. Death is said to have occurred on the date stated above, at 11:00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-10-39
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. De Sanctis M. D.

(Address) Baltimore City Hospitals

4605

5228 F 55228

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1825 E. Federal St.; E-6 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Ilgenfritz

If U. S. Veteran specify WAR

(a) Residence: No. 1825 E. Federal St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 9/22/1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	4	22 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ship Smith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shipyard

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME Jackson K. Ilgenfritz

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Georgiana Nicholson

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT M. J. Brandt

(Address) 1832 Federal St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oakland Cemetery Date Feb 19, 1931

19. UNDERTAKER Albert E. Hilt

(Address) 1606 E. Chester St.

20. FILED 2-17-1931 19 Huntington Williams, M.D. Registrar

2-17-1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 16, 1931

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Myocarditis

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schreiber, M. D.
Coroner

(Address) Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55229

CERTIFICATE OF DEATH

82 B F 55229

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1101 E. North Ave) Ward 10-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Mary Elizabeth Rosenberger

(a) Residence: No. 926 E. Eden St. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F M	W.	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) March 19, 1857

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
79	10	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

13. NAME Sebastian Rosenberger

14. BIRTHPLACE (city or town) ... (State or country) Germany

15. MAIDEN NAME Christine Hauch

16. BIRTHPLACE (city or town) ... (State or country) Germany

17. INFORMANT Mrs. John F. Leiderlein

(Address) 1101 E. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 2-15-39

19. UNDERTAKER Leonard Funk

(Address) 1305 Hartford

20. FILED ... 19... Registrar.

FEB 17 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1939, to Feb 15, 1939.

I last saw her alive on Feb 15, 1939. Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/14/39
Other contributory causes of importance: Arteriosclerosis	P.1

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Samuel L. Gunn M. D.

(Address) 1261 E. North Ave.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

V131 F 55230

F 55230

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3919 Parkside Drive. ST., 27-1 WARD)

2-FULL NAME Florence R. Clare

(a) RESIDENCE NO. 3919 Parkside Drive. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of John D. Clare

6 DATE OF BIRTH (month, day, and year) Oct. 15, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	78	4	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer) own Home.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Enoch F. Hanson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Caroline A. Pennington

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Mr Robert T. Clare

(Address) 3919 Parkside Drive.

15 Filed 8-17-1939, 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/15 1939

17 I HEREBY CERTIFY, That I attended deceased from 7/1, 1938, to 7/15, 1939,

that I last saw her alive on 7/14, 1939,

and that death occurred, on the date stated above, at 4 m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Oedema

Ascitis.

(duration) yrs. 8 mos. 0 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Hugh T. Clare M. D.

7/15, 1939 (Address) 3373 E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Feb 18 1939

20 UNDERTAKER Thomas W. Burgess

ADDRESS Glen Burnie Md

O.R. Paul Schenker, M.D.

55231 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 55231

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH Church Home & Infirmary (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 6-5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Grace Matthews

(a) Residence: No. Perrymans Harford County St., ... Ward ..... Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. C. H. Matthews

DATE OF BIRTH (month, day, year) Sept. 1, 1874.

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
5	64	5	16 15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 27

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME H. C. Nelson

14. BIRTHPLACE (city or town) (State or country) Perryman, Md.

15. MAIDEN NAME Harriet Chestnut

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Edgewood Md. Date 2/19/39

19. UNDERTAKER Henry Jarvis & Son Edgewood Md.
(Address)

20. FILED FEB 17 1939 Registrar Huntington Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-16 1939.

22. I HEREBY CERTIFY, That I attended deceased from 2-16 1939 to 2-16 1939.

I last saw her alive on 2-16 1939. Death is said to have occurred on the date stated above, at 11:55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Carcinoma	? ? ?
Sec. Anemia.	? ? ?
	acute

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? ... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify WHITEWORTH

(Signed) F. Dixon Whitworth, M. D.

(Address) Church Home & Infirmary

232

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55232

CERTIFICATE OF DEATH

✓131

1. PLACE OF DEATH Jenkins Memorial Hospital

CITY OF BALTIMORE: (No. 1000 Caton ave St., 23-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Clipper

If U. S. Veteran specify WAR

(a) Residence: No. 128 West Cross St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sarah Raymond Clipper

DATE OF BIRTH (month, day, year) May 1844

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
95	9		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md

13. NAME Clipper

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Mont Knox

16. BIRTHPLACE (city or town) (State or country) Mont. Knox

17. INFORMANT Jenkins Memorial Hospital

(Address) 1000 Caton ave

18. BURIAL, CREMATION, OR REMOVAL

Place Clara Hill Cem. Date Feb. 16 1939

19. UNDERTAKER Maynard S. Dyer

(Address) 147 Light St

Filed Feb 17 1939 Hunter Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1938, to Feb 17, 1939

I last saw him alive on Feb. 17, 1939 Death is said to have occurred on the date stated above, at 10:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Degenerative Cardiovascular renal disease.	?
Acute myocardial failure.	2-17-39
Other contributory causes of importance:	
Probable coronary disease	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph E. Myse Jr. M. D.

(Address) ~~Jenkins Memorial~~ Hospital

Jenkins Memorial.

HEALTH DEPARTMENT—CITY OF BALTIMORE

55233

CERTIFICATE OF DEATH

E 55233

94-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1713 Division St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Tyson,

If U. S. Veteran specify WAR Wor'd's

(a) Residence: No 1713 Division St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Claudy Tyson

6. DATE OF BIRTH (month, day, year) Jan 5, 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	1 mo	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hare Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry Tyson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary,

16. BIRTHPLACE (city or town) (State or country) ,,

17. INFORMANT Claudy Tyson

(Address) 1713 Division St.

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date 2/1839

19. UNDERTAKER T. E. Kelso

(Address) 1363 Eastern Ave

FILED FEB 17 1939 19

Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13. 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows: 9.30 P.M.

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Ham, M. D.

Coroner

(Address) 1713 Division St.

56

55234

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93 F 55234

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Smith Schoolfield

If U. S. Veteran specify WAR

(a) Residence: No. 165 Colvin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Schoolfield

6. DATE OF BIRTH (month, day, year) July 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME UnKnown

14. BIRTHPLACE (city or town) (State or country) UnKnown

MOTHER

15. MAIDEN NAME UnKnown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Carrie Schoolfield

(Address) 1943 Penna. Av.

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date 2/18/39

19. UNDERTAKER Thos. E. Kelson

(Address) 1303 Pressman St

Huntington Williams, M.D.

FILED FEB 17 1939 Registrar.

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 16, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) T. K. Kelson Coroner, M. D.

(Address) 3757 Wm

HEALTH DEPARTMENT—CITY OF BALTIMORE

#42017

55235

CERTIFICATE OF DEATH

82-a F 55235

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 16-7 Ward)

Length of residence in city or town where death occurred 35 yrs mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Harden

If U. S. Veteran specify WAR Widowed

(a) Residence: No. 1531 Ellamont St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Coyne

6. DATE OF BIRTH (month, day, year) Dec 19, 1877 ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61 ?	1	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) Canton, (State or country) Md.

13. NAME unknown R. Pearce Harden

14. BIRTHPLACE (City or town) Talbot Co. (State or country) Md.

15. MAIDEN NAME unknown Emma C. Smith

16. BIRTHPLACE (City or town) Md. (State or country) Harford Co.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 2/18/39

19. UNDERTAKER Wm. J. Paul Sons

(Address) 1217 E. Paul St.

20. FILED FEB 17 1939 Herbert Harrington for Hillman M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 14 1939 to February 16 1939

I last saw him alive on February 16, 1939. Death is said to have occurred on the date stated above, at 7.35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	2-14-39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55236

CERTIFICATE OF DEATH

93-C

F 55236

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4136 Eierman Ave. St., 27-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Moritz Smith

If U. S. Veteran specify WAR

(a) Residence: No. 4136 Eierman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

6. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of ~~(or) WIFE of~~ Angelia R. Smith

DATE OF BIRTH (month, day, year) Aug 9th 1852

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	6	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Br O 2-8-73

10. Date deceased last worked at this occupation (month and year) 1919

11. Total time (years) spent in this occupation 20-0

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Harman Smith

14. BIRTHPLACE (city or town) (State or country) Holland

15. MAIDEN NAME Martha V. Bachman

16. BIRTHPLACE (city or town) (State or country) Balto Md.

INFORMANT Cora Schillinger

(Address) 4136 Eierman Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Feb 20th 1939

UNDERTAKER Wm Cook

(Address) 127 St Paul St

FILED FEB 17 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16th 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 14 1939 to Feb 16 1939

I last saw h~~im~~er alive on Feb 15 1939 Death is said to have occurred on the date stated above, 1.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	2/14/39
Other significant conditions contributing to death but not related to principal cause given above: Arterio-Sclerosis Senile Myocarditis	1936

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. E. Rawlings M. D.

(Address) 8 Randall St

55237

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

81 F 55237

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 410 N. Green St., 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAI:

2. FULL NAME Angelo Lascola

(a) Residence: No. 410 N. Green St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Jan 27th 1915

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	0	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery Store

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Braggio Lascola

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Rosa Serio

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mrs Maranto

(Address) 4010 Boarman Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Feb 20th 1939

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED FEB 17 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17th 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1938 to Feb 17, 1939

I last saw him alive on Feb 16, 1939. Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Disease C	?
Staphylococcus Septicaemia	July 1938
Other contributory causes of importance:	
Myocardial Degeneration	
Pulmonary Embolism	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lawrence A. Leone, M. D.

(Address) 104 W Madison Street

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55238

CERTIFICATE OF DEATH

107-W F 55238

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 207 N. Washington St. Ward 6-4)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Kate Lohman

If U. S. Veteran specify WAR

(a) Residence: No. 207 N. Washington St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If ~~married, widowed, or divorced~~ (or) WIFE of Henry Lohman

DATE OF BIRTH (month, day, year) Feb 14th 1854

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	0	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME V. Eckert

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Kakoorn

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Henry Lohman

(Address) 819 N. Washington St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Feb 20th 1939

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED FEB 17 1939 Washington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17th 1939

22. I HEREBY CERTIFY, That I attended deceased from 2/15 1939 to 2/17 1939

I last saw her alive on 2/16 1939. Death is said to have occurred on the date stated above, 2:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Carb Cardiac dilatation	2/16/39

Other contributory causes of importance:

Bronchopneumonia

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. C. Feldman M. D.

(Address) 1440 E Baltimore St

M. D. B. 1208-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55239

CERTIFICATE OF DEATH

92-a F 55239

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 N Madeira St., 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John J. Wolf

(a) Residence: No. 711 N. Madeira St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Wolf

6. DATE OF BIRTH (month, day, year) June 16, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	8	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & Gardener

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

13. NAME Joseph Wolf

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT James Wolf

(Address) 711 N. Madeira St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb. 20, 1939

19. UNDERTAKER Frank Creagh & Son

(Address) 911 Ashland Ave.

20. FILED FEB 17 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 16. 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1939 to Feb. 16, 1939

I last saw him alive on Feb. 16, 1939 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Valvular Heart Disease	?
Myocarditis	?
Uremia - sclerosis	?

Other contributory causes of importance: Angina Pectoris attacks | 1/31/39

Name of operation — Date of —

What test confirmed diagnosis? Clinical Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Vincent W. Toska M. D.

(Address) 845 N. Patterson Park Ave

55240

HEALTH DEPARTMENT—CITY OF BALTIMORE F55240

CERTIFICATE OF DEATH

82-a

Registered No. 1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 227 N. Kenwood Ave. St. 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edna Marie Mason

(a) Residence: No. 227 N. Kenwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced (or) WIFE of George E. Mason

6. DATE OF BIRTH (month, day, year) January 10, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER FATHER

13. NAME John Niebenlein

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

15. MAIDEN NAME Katherine Stockmann

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT George E. Mason

(Address) 227 N. Kenwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date 2/15/39 19

19. UNDERTAKER John Gilbert

(Address) 2008 Allegan

Huntington Williams, Registrar

20. FILED FEB 18 1939

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 15, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Cerebral apoplexy	

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schenker Coroner, M. D.

(Address) Coroner

CHADWICK

HEALTH DEPARTMENT—CITY OF BALTIMORE

55241

CERTIFICATE OF DEATH

163 F 55241

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Josephine Elsie Chadwick

(a) Residence: No. 3408 Elmora Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed or divorced (or) WIFE of Jesse B. Chadwick

6. DATE OF BIRTH (month, day, year) February 21 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER FATHER

13. NAME Henry P. Rogers

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Emma J. Beach

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Jesse B. Chadwick

(Address) 3408 Elmora Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date 2/18/39

19. UNDERTAKER John Ulrich

(Address) Pres. College Huntington Williams, M.D.

Registrar.

FEB 18 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 15, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Barbiturism Mercury Poisoning	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Suicide Date of injury 2/14, 1939

Where did injury occur? Balto., Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Swallowed 6 barbiturate & mercury tablets.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenken Coroner, M. D.

(Address)

s 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55242

CERTIFICATE OF DEATH

210-M F 55242

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital St., 27-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Edward G. Leimbach

If U. S. Veteran specify WAR

(a) Residence: No. 6601 Sefton Av. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Leimbach

6. DATE OF BIRTH (month, day, year) July 23, 1857 His

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

FATHER

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Karl Leimbach

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME UnKnown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Ed. A. Leimbach

(Address) 1805 N. Milton Av.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery Date Feby 20. 1939

19. UNDERTAKER John Ulrich

(Address) 2005 E. Pleasant

20. FILED FEB 18 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 10, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of R. Tibia & Fibula	
Broncho Pneumonia	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident Feb. 3, 1939

Where did injury occur? Balto. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Crossing Harford Rd. in 6700 Bl.

Nature of injury struck by Auto.

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) F. R. Schulman, M. D.

Coroner

(Address) 227 W. Saratoga

56

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55243

CERTIFICATE OF DEATH

11-a

F 55243
Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1354 Cleveland St. 21-7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Thornton
If U. S. Veteran specify WAR

(a) Residence: No. 1354 Cleveland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Widowed

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Alex. Thornton
14. BIRTHPLACE (city or town) (State or country) Va
15. MAIDEN NAME Catherine Effort
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Elizabeth Ferguson
(Address) 1354 Cleveland St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Cem. Date 2/18 '39

19. UNDERTAKER Walter Bishop & Sons
(Address) 739 W. Hamburg St.

Huntington Williams, M.D.
Registrar

20. FILED
FEB 18 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11., 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2/9.
Influenza	2/2.

Other contributory causes of importance:

Was an operation performed? No. Date of ...
For what disease or injury?
Name of operation ... Date of ...
What test confirmed diagnosis? Exam. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) M. J. Hanna, M. D. Coroner
(Address) 1822 W. Baltimore St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55244

CERTIFICATE OF DEATH

126 F 55244

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 Baltimore Gen Hosp St. D 2-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Giacomina Iacomma Bianca

If U. S. Veteran specify WAR .....

(a) Residence: No. 811 W illiam ST St., ... Ward.
(Usual place of abode)
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of late Frank Bianca

7. DATE OF BIRTH (month, day, year) April 12 1867

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	10	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Palermo Italy

13. NAME Antonino Anoscato

14. BIRTHPLACE (city or town) (State or country) Palermo Italy

15. MAIDEN NAME Anna Cuccio

16. BIRTHPLACE (city or town) (State or country) Palermo Italy

17. INFORMANT John Bianca (Son)
(Address) 1202 N. Patterson Park Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date Feb. 20 1939

19. UNDERTAKER Frank Della Rocca
(Address) 52 N. Morley St.

FILED FEB 18 1939 19 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/16 1939

22. I HEREBY CERTIFY, That I attended deceased from 2/2 1939 to 2/16 1939

I last saw h alive on 2/16 1939 Death is said to have occurred on the date stated above, at 2:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Emphysema & Gall Bladder with gall stones	2/2/39
Other contributory causes of importance: acute cardiac failure	2/15/39

Was an operation performed? Yes Date of 2/15/39

For what disease or injury? Emphysema & Gall Bladder

Name of operation Cholecystectomy

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Isaac Muller, M. D.

(Address) 1225 Cleveland

HEALTH DEPARTMENT—CITY OF BALTIMORE

55245 — CERTIFICATE OF DEATH — 59 F 55245

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 1611 N. Patterson Pk St., E-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Anna M. Schmetzlein — If U. S. Veteran specify WAR

(a) Residence: No. 1611 N Patterson Pk St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Lemon Schmetzlein

DATE OF BIRTH (month, day, year) March 21-1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	10	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME John A Penard

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Chas Schmetzlein

(Address) 1611 N Patterson Park Ave

BURIAL, CREMATION, OR REMOVAL Place Balto Comm Date Feb 16th 1939

UNDERTAKER Leo G Sroka

(Address) 1701 N Patterson Park Ave.

FILED ... Hunter Williams M.D. Registrar.

FEB 18 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1939, to Feb. 15, 1939

I last saw her alive on Feb. 15, 1939 Death is said to have occurred on the date stated above, at 7:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7 d
Pneumonia Bronchio Pneumonia	3 d
Diabetes Mellitus	25
Other contributory causes of importance: Chronic Interstitial Nephritis	10

Was an operation performed? No Date of ...

For what disease or injury? No

Name of operation No

What test confirmed diagnosis? Microscopic Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Thos. F. O Sharon, M. D.

(Address) 2878 Harford Rd

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 55246

16

CERTIFICATE OF DEATH

46-B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1826-N. Dallas Street St. 8-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John J. Loughran

If U. S. Veteran specify WAR

(a) Residence: No. 1826-N. Dallas Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Nora (McAleer)

DATE OF BIRTH (month, day, year) 12/8/1863

AGE	Years	Months	Days	If LESS than 1 day XXXXX or min.
	75	2	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Propr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lunch Room

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME ?

14. BIRTHPLACE (city or town) ?
(State or country)

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMANT Mrs. Ella A. Moelter

(Address) 1826-N. Dallas Street

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 2/20/39

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1735-Harford Ave.

FILED FEB 18 1939 19 Huntington Hill Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-17- 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 27 1939 to Feb 16 1939

I last saw him alive on Feb 16 1939 Death is said to have occurred on the date stated above, at 6 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) A. L. Homastead, M. D.

(Address) 733 Argyle Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

55242 107-a E 55247

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp St. 28-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. Derby mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Benjamin J. Carr

If U. S. Veteran specify WAR

(a) Residence: No. 4300 Springdale Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaretta M. Carr

DATE OF BIRTH (month, day, year) Sept 4, 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	5	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoes

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Friendship A.A.Co. Md.

13. NAME Arthur Carr

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary E. Hardesty

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mr. Lewis D. Carr

(Address) Edgewater — Md

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Cem Date Feb 20, 1939

19. UNDERTAKER Wm. Pickrell Sons

(Address) Annapolis Md

FILED FEB 18 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-17-39

22. I HEREBY CERTIFY, That I attended deceased from 2-1 39, 19, to 2-17-39, 19

I last saw her alive on 2-13-39, 19 Death is said to have occurred on the date stated above, at 3:30 P m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Geo. H. Brouillet M.D.

(Address) Bon Secours Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

55248 F 55248

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Provident Hospital. Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Hanover St. 17-3 Ward)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara Dorsey

If U. S. Veteran specify WAR

(a) Residence: No. 824 E. Edmonson Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wesley Dorsey.

DATE OF BIRTH (month, day, year) 1-1-79

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59 yrs	3	-	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Blackwell S. C.

13. NAME Edward Harley

14. BIRTHPLACE (city or town) (State or country) unknown.

15. MAIDEN NAME Ellen Williams

16. BIRTHPLACE (city or town) (State or country) S. C.

INFORMANT Mrs. Ada Harris

(Address) 65 S. S Boyd wood Ave. Detroit Mich.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date 2/19/39 19

UNDERTAKER Jas. Sr. Stewart

(Address) 1917 E. Biddle St

FILED FEB 18 1939 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-16- 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-11- 1939 to 2-16- 1939

I last saw h alive on 2-16- 1939. Death is said to have occurred on the date stated above, at 9.15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro-palegia	?
Chr. Interstitial Nephritis	?
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) E. T. Maloney M. D.

(Address) Provident Hospital

5249 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 55249

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 E. Chase St. 10-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Rev. James M. Fenlon

If U. S. Veteran specify WAR .....

(a) Residence: No. 700 E. Chase St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced: RUSBAND of (or) WIFE of Mary E. Quinlan

DATE OF BIRTH (month, day, year) Apr. 11, 1868

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	10	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Doctor of Divinity

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Dennis Fenlon

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Annie Dinneen

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Agnes Fenlon

(Address) 2832 St. Paul

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Feb 20, 1938

19. UNDERTAKER Rita Wiedefeld

(Address) 914 Greenmount Ave

20. FILED ..... 19..... Registrar.

FEB 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1938 to Feb 15, 1938

I last saw h... alive on Feb 14, 1938 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Arteriosclerosis Fatty Degeneration	
Other contributory causes of importance:	
Arteriosclerosis	
Myocarditis	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Chas. Sumwalt, M. D.

(Address) 42 Bolton Place

Huntington Williams, M.D.

F 55250

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1496 F 55250 1446

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. Mercy Hospital St. 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Florence Cascio

If U. S. Veteran specify WAR .....

(a) Residence: No. 2875 W. Lafayette Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1896

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43 42			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) .....
(State or country)

13. NAME John Morrison

14. BIRTHPLACE (city or town) .....
(State or country) Maryland

15. MAIDEN NAME Virginia Pontzont

16. BIRTHPLACE (city or town) .....
(State or country) Maryland

INFORMANT Hospital Record
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 2/21/39

UNDERTAKER Long & Tierney
(Address) 1001 W. Lafayette Ave

Huntington Williams, M.D.
Registrar.

FILED FEB 18 1939 19.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17 1939

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to Feb. 17 1939

I last saw her alive on Feb. 17 1939. Death is said to have occurred on the date stated above, at 9 25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Uterus	3.5 Hrs.
Internal Hemorrhage	
(ante portum death)	
Other contributory causes of importance:	
Pregnancy (term) & Labor	
In Labor about 20 hrs	

Was an operation performed? Yes Date of Feb 17 1939

For what disease or injury? Ruptured Uterus

Name of operation Forceps delivery - post mortem

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury None 19.....

Where did injury occur? Rupture of uterus during Labor
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at Mercy Hospital

Manner of injury Spontaneous Rupture of Uterus during Labor

Nature of injury See Above

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) Edward F. Smith M. D.

(Address) 920 St. Paul St.

251

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55251

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 3134 Hanford Road St.) (9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary M. King

If U. S. Veteran specify WAR

(a) Residence: No. 3134 Hanford Rd St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lawrence King

7. DATE OF BIRTH (month, day, year): June 4, 1857

8. AGE: Years 87 | Months 8 | Days 15 | If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: John Arold

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME:

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Leo A King

(Address): 3134 Hanford Road

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Rood Date: 2-20-1939

19. UNDERTAKER: Leonard Funeral Home

(Address): 1305 Hanford Road

20. FILED 1939 Registrar.

Huntington Hillside, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2-16, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1939 to Feb 16, 1939

I last saw her alive on Feb 16, 1939. Death is said to have occurred on the date stated above, at 10 AM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Senile	2/12/39
Other contributory causes of importance: Bronchopneumonia	2/12/39

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alma B Lemmon M. D.

(Address) 7184 Pattenson Park Ave

55252 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 55252

CERTIFICATE OF DEATH

11-a

1. PLACE OF DEATH Baltimore City

CITY OF BALTIMORE: (No. 2814 Evergreen ave St. 27-b Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Agatha Strobel

If U. S. Veteran specify WAR

(a) Residence: No. 2814 Evergreen Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	S.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Feb 6, 1864

8. AGE — Years	Months	Days	If LESS than 1 day, hrs. or min.
74		11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Of Father Michael Strobel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Of Mother Victoria Reindel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Lena Oldenwalder

(Address) 2814 Evergreen Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 2-20-39

19. UNDERTAKER Leonard Buck

(Address) 3305 Harford Rd.

Huntington Williams, Mgr.

FEB 18 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-17, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-16, 1939, to 2-17, 1939

I last saw her alive on 2-17, 1939. Death is said to have occurred on the date stated above, at 2:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-16-39
La Grippe	2-9-39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. L. Fearing M. D.

(Address) 3021 Belair Road

HEALTH DEPARTMENT—CITY OF BALTIMORE

55253

CERTIFICATE OF DEATH

108 F 55253

1. PLACE OF DEATH St. Joseph's Hospital

Registered No.

CITY OF BALTIMORE: (No. 1400 N. Caroline St. 28-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mary Charles Thorn

If U. S. Veteran specify WAR

(a) Residence: No. 4900 Wetherdsville Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) May 12 1907

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	9	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bowling alley Balto. Transit Co.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charleston S.C.

13. NAME Joseph L. Thorn

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

15. MAIDEN NAME Wilhelmina Schejbal

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

INFORMANT Joseph L. Thorn
(Address) 4900 Wetherdsville Rd.

BURIAL, CREMATION, OR REMOVAL.
Place Mem. Cathedral Date Feb. 20, 1939

UNDERTAKER G. Howard Strong
(Address) 715 Light St.

FILED 8 18 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2.17.1939

22. I HEREBY CERTIFY, That I attended deceased from 2,9 1939 to 2-17 1939

I last saw him alive on 2-17 1939. Death is said to have occurred on the date stated above, at 4.35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchiectasis-bilateral	5 yrs
Other contributory causes of importance:	
Lobar Pneumonia Left	Feb 1939

Was an operation performed? [redacted] Date of [redacted]

For what disease or injury? o

Name of operation o/w

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. R. Turnat, M. D.

(Address) St. Joseph's Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

55254 F 55254

CERTIFICATE OF DEATH

Registered No. 27-4 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5102 Bel Air Rd. St., 27th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Veronica E. Mathilda Kothe

If U. S. Veteran specify WAR

(a) Residence: No. 5512 Hilltop Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

6a. If married, widowed, or divorced (or) WIFE of William Kothe

6. DATE OF BIRTH (month, day, year) August 7, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	6	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year) Feb. 12, 1939

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) Baltimore,
(State or country) Maryland

13. NAME Wm. Tate

14. BIRTHPLACE (city or town) ...
(State or country) England

15. MAIDEN NAME [redacted] Schley

16. BIRTHPLACE (city or town) Baltimore,
(State or country) Maryland

17. INFORMANT Mrs. Chas. Gates
(Address) 5102 Bel Air Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date 2/20/39

19. UNDERTAKER Philip Hendrick Sons
(Address) 2016 Eutaw St.

20. FILED FEB 18 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 16th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 13th, 1939 to Feb. 16th, 1939

I last saw her alive on February 16th, 1939 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1 week
Other contributory causes of importance:	
Arteriosclerosis	not known

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. L. Wilkinson, M. D.

(Address) 5715 Bel Air Rd.

255 E 55255

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-D

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3314 Hayward Ave ...Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Annie Elizabeth Clift

If U. S. Veteran specify WAR .....

(a) Residence: No. 3314 Hayward Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

3. If married, widowed or divorced HUSBAND of (fem.) WIFE of George R Clift

DATE OF BIRTH (month, day, year) Jany 16 1860

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
79	1	—	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

7. BIRTHPLACE (city or town) Baltimore
(State or country) Md

12. NAME John Alex Kirkwood

14. BIRTHPLACE (city or town) Balto
(State or country) Md

15. MAIDEN NAME Julia Eliz Fitzelberger

16. BIRTHPLACE (city or town) Balto
(State or country) Md

17. INFORMANT Mrs Annie Lotz

(Address) 3314 Hayward Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Feb 18 1939

19. UNDERTAKER Floyd Kaufer & Sons Mt

(Address) Russell St Baltimore Md

FILED ..... 19.. Registrar.

FEB 18 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 16th 1939

22. I HEREBY CERTIFY, That I attended deceased from Feby 10th 1939 to Feby 16th 1939

I last saw her alive on Feby 16th 1939 Death is said to have occurred on the date stated above, at 5.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Respiratory Paralysis	
Hemiplegia	6 days
Other contributory causes of importance:	
Paraplegias	2 mos

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation none

What test confirmed diagnosis? Physical Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) L. V. Clift M. D.

(Address) 1011 N. Charles St

HEALTH DEPARTMENT—CITY OF BALTIMORE

55256

CERTIFICATE OF DEATH

F 55256

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hospital St., 4-2 Ward) Registered No. 107-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Nelson

If U. S. Veteran specify WAR

(a) Residence: No. Catalpa Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Lee Nelson

7. DATE OF BIRTH (month, day, year) 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —do—

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mary Lee Nelson (Address) Elkridge, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Dennis Chap. Date 2/20 1939

19. UNDERTAKER L. C. Hagerstown Jr. (Address) Elkridge, Md.

20. FILED FEB 18 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1939 to Feb 17, 1939

I last saw him alive on Feb 17, 1939 Death is said to have occurred on the date stated above, at 3 40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bylateral Bronchial Pneumonia	
Other contributory causes of importance: Circulatory failure	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry L. Ryder, M. D.

(Address) Uptown Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 55257 ✓108 41978-38 F 55257

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 8-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Catherine Agnes Kremer

(a) Residence: No. 1519 N. Bethel St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Femsle	white	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Theodore

6. DATE OF BIRTH (month, day, year) 5-6-1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
68	68	9	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME James Donnelly

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Ann Rebecca Sabels

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B.C.H. Reocrds

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place SACRED HEART Date FEB. 20 39

19. UNDERTAKER Lilly & Feilenbaum

(Address) 403 S. MOLFORD ST.

20. FILED Hunting ton Williams Registrar

FEB 18 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 13, 1939 to February 17, 1939

I last saw her alive on February 17, 1939. Death is said to have occurred on the date stated above, at 3 50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	2-13-39
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Lamatte M. D.

(Address) Baltimore City Hospitals

5258

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55258

CERTIFICATE OF DEATH

✓ 11-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 20-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. 3 mos. 6 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Marylin C. Thompson

If U. S. Veteran specify WAR .....

(a) Residence: No. 1911 Lauretta ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov. 10 38

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — good

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Tom Waters

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Lillian Thompson

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Lillian Thompson (M)
(Address) 1911 Lauretta Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Feb 18 1939

19. UNDERTAKER Charles H Cooper
(Address) 514 N. Calhoun St.

20. FILED Huntington Williams, M.D.
Registrar.

FEB 18 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest and that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	2 hrs
Other contributory causes of importance Acute Respiratory Infection (Influenza)	2 days

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Michael A. Shaum Coroner, M. D.

(Address) 7360 Eastern place

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. F 55259

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7 East Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Marshall — If U. S. Veteran specify WAR .....

(a) Residence: No. 1048 N. Eutaw St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Black	widower

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-16-89

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	4		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) N. Car.

13. NAME Tom Marshall

14. BIRTHPLACE (city or town) (State or country) N Car

15. MAIDEN NAME Rosa Goodwin Marshall

16. BIRTHPLACE (city or town) (State or country) N. Car

17. INFORMANT Records — (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Salem N C Date Feb 21 1939

19. UNDERTAKER Mrs. M. Williams (Address) 15-15 McElderry St

20. FILED FEB 18 1939 Registrar Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1938 to Feb 17, 1939

I last saw him alive on Feb 17, 1939 Death is said to have occurred on the date stated above, at 4:05 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute bacterial endocarditis	Nov. 30 '38
due to Streptococcus viridans	

Other contributory causes of importance:

Syphilis	not known
? Syphilitic aortitis & Rheumatic endocarditis	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Blood cultures Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hamilton Billings M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

55260

CERTIFICATE OF DEATH

23-35 F 53260

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 5-1 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mattie Merchison

(a) Residence: No. 1303 Jefferson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John

7. DATE OF BIRTH (month, day, year) 11-13-1904

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
34	34	3	3	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) N. C.
(State or country)

13. NAME Sam McNeil

14. BIRTHPLACE (city or town) N.C.
(State or country)

15. MAIDEN NAME Lillie Bell

16. BIRTHPLACE (city or town) N.C.
(State or country)

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Feb 18 1939

19. UNDERTAKER (Address)

FEB 18 1939

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-16-1939

22. I HEREBY CERTIFY, That I attended deceased from 9-10-1936 to 2-16-1939

I last saw her alive on 2-15-1939 Death is said to have occurred on the date stated above, at 2.40 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?
Lymphogranuloma Inguinale	?

Other contributory causes of importance:

Was an operation performed? yes Date of 2-15-39

For what disease or injury? Tuberculosis

Name of operation Right Pleurodynia

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
Unknown If so, specify

(Signed) M. D.

(Address) Balto City Hosp

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55261

CERTIFICATE OF DEATH

V131 F 55261

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Fayette & Calhoun St. 25-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Crockett

(a) Residence: No. 3719 Fourth St Brooklyn St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Barnak

DATE OF BIRTH (month, day, year) March 28, 1866

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	10	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Groceries Ret

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Tarsus Ia.

13. NAME John Crockett

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Margaret B. Crockett

(Address) 3719 Fourth St Brooklyn

18. BURIAL, CREMATION, OR REMOVAL.

Place Cambridge Md Date Feb 23 19 39

19. UNDERTAKER Leo Dunkley & Sons

(Address) 1900 Eutaw Place

FEB 18 1939

Huntingtown Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/17/1939

22. I HEREBY CERTIFY, That I attended deceased from 2/11/1939 to 2/17/1939

I last saw him alive on 2/17/1939. Death is said to have occurred on the date stated above, at 3:35 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerotic cardio vascular renal disease with uremia	

Other contributory causes of importance:

Prostatic hypertrophy with abscess formation & urinary retention	

Name of operation Bilateral Vasectomy Date of 2/9/39

Suprapubic cystotomy 2/14/39

What test confirmed diagnosis? Lab Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) O. T. Battaglia M. D.

(Address) Framkin Sqr. Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

55262

CERTIFICATE OF DEATH

✓ 95-BF 55262

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2034 Park Ave. St. 13-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William D. Paine

If U. S. Veteran specify WAR

(a) Residence: No. 2034 Park Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith Irvine

7. DATE OF BIRTH (month, day, year) April 14, 1883

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	10	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

13. NAME John Paine

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Myra Gosnell

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mrs. Edith Irvine Paine
(Address) 2034 Park Ave.

18. BURIAL Peter Thompson Funeral Directors
Place Columbia, Pa. Date 2/20/39 19

19. UNDERTAKER John C. Mitchell Sons Inc.
(Address) 1900 Eutaw Place

20. FILED 19 Registrar.

FEB 18 1939 Huntington Williams, M.E.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 17, 1939 to February 17, 1939

I last saw him alive on February 17, 1939. Death is said to have occurred on the date stated above, at 3:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	7 hours
Other contributory causes of importance:	
Cardiac Hypertrophy	?
Arteriosclerosis	?

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Theodore Cooper, M. D.
(Address) 2107 Park Ave., Balto. Md.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55263

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. 23

CITY OF BALTIMORE: (No. ..... St. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Randall

If U. S. Veteran specify WAR .....

(a) Residence: No. Paris - Md St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Dec 1936

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Eugene Randall

14. BIRTHPLACE (city or town) (State or country) Md -

15. MAIDEN NAME Rachel Smith

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records -

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Francis Frederick Md Date 2/18/39 19

19. UNDERTAKER D. Feaney & Sons

(Address) Prince Frederick Md

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1939 to Feb 17 1939

I last saw him alive on Feb 17 1939 Death is said to have occurred on the date stated above, at 3.25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis	about 11-38

Other contributory causes of importance:

Was an operation performed? No Date of -

For what disease or injury? -

Name of operation -

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify -

(Signed) A. F. Jones Jr. M. D.

(Address) The Johns Hopkins Hospital

264 Seesney L 55264

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 9-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael Seesney

If U. S. Veteran specify WAR

(a) Residence: No. Emmitsburg, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

3. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) July 2 1916

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	7		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Troy Pa.

13. NAME Stanley Seesney

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Lucie Wolyn

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mary Seesney

(Address) 604 W Elizabeth Ave N.J.

18. BURIAL, CREMATION, OR REMOVAL

Place Hornby Danville Pa 2-22-39

19. UNDERTAKER Edward J Finch

(Address) 5205 Harford Road

20. FILED FEB 19 1939 Huntington Williamsport Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1938, to Feb. 18, 1939

I last saw him alive on Feb. 18, 1939. Death is said to have occurred on the date stated above, at 11:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteosarcoma, left humerus	1 yr.
Generalized metastatic sarcoma	2 "
Other contributory causes of importance:	

Was an operation performed? yes Date of

For what disease or injury? sarcoma

Name of operation Amputation L. arm & later Shoulder

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. P. Trumpt, M. D.

(Address) St. Joseph's Hosp

F 55265

55263 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

130

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 N. Calvert St. St. 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Charles E. Winn

(a) Residence: No. 610 N. Calvert St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 6, 1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	0	6 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Floor Man.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rivoli Theater

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

FATHER

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Wm H. Winn

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary Woolsey

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mary Winn

(Address) 610 N. Calvert St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Feb 21st 1939

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

Filed 3 19 1939 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bright Disease	
Pulmonary Edema	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address)

S 8

H. D. B. 1268-9

55266

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 55266

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH Aged Womans Home

CITY OF BALTIMORE: (No. 1404 W. Lexington St. 19-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Miss Catherine Taylor

No War Record

(a) Residence: No. 1404 W. Lexington St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year): Jan 15. 1852

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	87	10	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Harford Co Md

13. NAME of Father: Wm A Taylor

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME of Mother: Rhoda Lytle

16. BIRTHPLACE (city or town) (State or country): Chrisfield Md

17. INFORMANT: Home for Aged (Address) 1404 W Lexington St

18. BURIAL, CREMATION, OR REMOVAL: Place Angel Hill Date Feb 19 1939

19. UNDERTAKER: Wm Cox & Son (Address) 1219 St Paul St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2/17/1939

22. I HEREBY CERTIFY, That I attended deceased from 3/15/1927 to 2/17/1939

I last saw her alive on 2/16/1939. Death is said to have occurred on the date stated above, at 11½ A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia, bilateral	
Myocarditis, chronic with cardiac hypertrophy and	
chronic valvular disease.	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Edward Jarvis M. D.

(Address) 1115 St. Paul St., City.

5267

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55267

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2202 Sydney Ave. 25-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME John William Parks

If U. S. Veteran specify WAR ...

(a) Residence: No. 2202 Sydney Ave. Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word): Married

6. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Susan E. Parks

DATE OF BIRTH (month, day, year) Dec 25th 1855

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
83	1	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton Mills

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

13. NAME John Thomas Parks

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

15. MAIDEN NAME Eliza George

16. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

17. INFORMANT Lily G. Trout

(Address) 2202 Sydney Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Feb 21st 1939

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St.

20. FILED ... 19... Registrar

Huntington Williams

FEB 19 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-18-39

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1939 to Feb 18, 1939

I last saw him alive on 9 AM, 1939 Death is said to have occurred on the date stated above, at 9:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intramedullary C.V.D.	1915
Anuria Fibrillation	
Other contributory causes of importance:	
Chronic Bronchitis	Feb 5 1939

Was an operation performed? No Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. W. Schofield, M. D.

(Address) 201 Arlington Ave West

55268 Wasserman 55268

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 15-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Solomon Wasserman

If U. S. Veteran specify WAR .....

(a) Residence: No. 1537 N. Bentleon St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
BUSBAND of (or) WIFE of Minnie

DATE OF BIRTH (month, day, year) 1866

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	92		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Roumania

13. NAME Sinai Wasserman

14. BIRTHPLACE (city or town) (State or country) Roumania

15. MAIDEN NAME Eva

16. BIRTHPLACE (city or town) (State or country) Roumania

17. INFORMANT Minnie Wasserman
(Address) 1537 N Bentleon St

18. BURIAL, CREMATION, OR REMOVAL
Place Rosedale Date Feb 19 1939

19. UNDERTAKER Sol Levinson & Bros
(Address) 1124-26 W. North ave

20. FILED 19 1939 Huntington Williams Hyde

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/18, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2/9/39, 19.. to 2/18/39, 19.. I last saw h..... alive on 2/18/39, 19.. Death is said to have occurred on the date stated above, at 4:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Carcinoma of Sigmoid	
(2) Generalized Arteriosclerosis	
(3) Pulmonary Edema	
Other contributory causes of importance: Bronchopneumonia	

Was an operation performed? yes Date of 2/12/39

For what disease or injury? Ca Sigmoid

Name of operation Colostomy

What test confirmed diagnosis? yes Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Simon L. Wallert M. D.

(Address) Sinai Hospital

Recorded

55269 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 55269

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 13-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Philip Apter If U. S. Veteran specify WAR

(a) Residence: No. 810 Washington Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

6a. If married, widowed, or divorced HUSBAND of (~~WIFE~~) of Late Emma -

7. DATE OF BIRTH (month, day, year) 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 1919

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Confectionary

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Solomon Apter

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Ethel Baylin

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT S. R. Simons

(Address) 2501 Brookfield ave

18. BURIAL, CREMATION, OR REMOVAL Lehw Hebrew Rem Date Feb 19 1939

19. UNDERTAKER Sol Levinson & Bro

(Address) 1124-26 W Balto ave

20. FILED 19 Registrar.

19 1939 Hamilton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1939. to Feb 18, 1939

I last saw h~~im~~ alive on Feb 18, 1939. Death is said to have occurred on the date stated above, at 7.00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	Feb 18, 1939
Other contributory causes of importance: Acute cholecystitis (?)	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury —, 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Philip Schultz, M. D.

(Address) Sinai Hospital

55270

HEALTH DEPARTMENT—CITY OF BALTIMORE

55270

CERTIFICATE OF DEATH

Registered No. 12-2-50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 23 N. Montford St., Ave. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR ...

2. FULL NAME Mary E. Berry

(a) Residence: No. 23 N. Montford Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 30, 1883

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
56		17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Berry

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Richard J. Fosler

(Address) 102 N. Luzerne Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Date 2/20 1939

19. UNDERTAKER John A. Miller

(Address) 2264 Jefferson St.

20. FILED ... Registrar

FEB 9 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/17/39

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 1939 to Feb. 17 1939

I last saw her alive on 2-12-39 Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	3 yrs
Other contributory causes of importance:	
b. Arteriosclerosis	3 yrs

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? By Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Lawrence J. Orr M. D.

(Address) 701 S. Patterson Park Ave

55271

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55271

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 911 E. Chase St., 10th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. 4 mos. 9 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frances G. Braun

If U. S. Veteran specify WAR .....

(a) Residence: No. 911 E. Chase St., 10th Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph W. Braun

7. DATE OF BIRTH (month, day, year) Oct. 8. 1890

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48 yrs.	4.	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 28 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME William L. Adam

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Margaret E. Doyle

16. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

17. INFORMANT Joseph W. Braun

(Address) 911 E. Chase st.

18. BURIAL, CREMATION, OR REMOVAL Mt. Cathedral Date Feb. 21 1935

19. UNDERTAKER Elmer W. Conklin

(Address) 924 E. Eager St.

FILED FEB 19 1935 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1934 to Feb. 17, 1935

I last saw h.. alive on 2/12, 1935 Death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	
Chronic nephritis	
Hypertension	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) N. P. Grantham, M. D.

(Address) 1123 St. Paul St

5272

✓ F 55272

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 535 E. 23 St. St., 9-X Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie M. Bode

If U. S. Veteran specify WAR .....

(a) Residence: No. 6 Lenhein Baltimore Co. Md. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Paul P. Bode

6. DATE OF BIRTH (month, day, year) Aug. 15, 1838

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	6	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation W

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

13. NAME Peter Miller

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Cronmiller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Raymond Bode Son

(Address) Blenheim Balto Co

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cemetery Date Feb 21 1939

19. UNDERTAKER Edward W Conkling Son

(Address) 624 E. Eager St.

20. FILED Hunting for Williams, M.D. Registrar.

FEB 9 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2/8, 1939, to 2/17, 1939

I last saw h.r alive on 2/17/39 Death is said to have occurred on the date stated above, at 8 3/4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/8/39
Other contributory causes of importance:	
Arteriosclerosis	6 mos

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Abs Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thomas J White M. D.

(Address) 532 E 22nd

55273 ✓ F 55273

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 CC

1. PLACE OF DEATH Home

Registered No. 1872

CITY OF BALTIMORE: (No. 779 S. Broadway St. 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Szczepan Bialecki

(a) Residence: No. 779 S. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Małgorzata Bialecki

6. DATE OF BIRTH (month, day, year) 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME John Bialecki

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Antonia Bialecki Son
(Address) 779 S. Broadway

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Feb 20 1939

19. UNDERTAKER John M Weber
(Address) 401 S. Chester St

Huntington Williams Registrar

FILED FEB 18 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	10 days

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D.
Coroner

(Address) 1712 E. Baltimore St.

55274 Gajdzicki ✓ E 55274

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 322 S Chester St. 7-1 Ward)

Length of residence in city or town where death occurred 34 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 34 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Antonina Gajdzicki

(a) Residence: No. 322 S. Chester St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6. If married, widowed or divorced: HUSBAND of (or) WIFE of Wladyslaw Gajdzicki

7. DATE OF BIRTH (month, day, year) 1883

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Antoni Kobialek

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Wladyslaw Gajdzicki
(Address) 322 S. Chester Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Feb 21 1939

19. UNDERTAKER John M. Weber
(Address) 401 S. Chester St

Hunting for Williams, M.D.
Registrar.

FILED FEB 19 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 12 39 to Feb 17 39

I last saw her alive on Feb 16 1939. Death is said to have occurred on the date stated above, at 12 40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2/12/39
Other contributory causes of importance: Acute Cordiac dilatation	2/16/39

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? (If so, specify) .....

(Signed) Wm. Gilliam M. D.
(Address) 541 N. Fremont

55275 F 55275

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp St. 16-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Catherine Isaac

(a) Residence: No. 500 N. Payson St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Baby

7. DATE OF BIRTH (month, day, year) Feb 29 - 1938

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
—	3	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Joseph W Isaac

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Sally V Rosenthal

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Joseph W Isaac

(Address) 707 N Payson St

18. BURIAL, CREMATION, OR REMOVAL Pikesville Jewish Cemetery Feb 21-39

Place 19

19. UNDERTAKER Howard E Friedman

(Address) 1907 Edmondson Ave

20. FILED 19

Registrar.

FEB 19 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-18-39 19

22. I HEREBY CERTIFY, That I attended deceased from 2-13-39, 19 to 2-18-39, 19

I last saw her alive on 2-18-39, 19 Death is said to have occurred on the date stated above, at 6:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infection	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lee A. Brouillet M. D.

(Address) Bon Secours Hosp

55276 F 55276

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1055 Harford Ave. St. 10-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna M. Schaale

(a) Residence: No. 1055 Harford Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 19, 1873.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	8	29 25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Remigius Schaale

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Stark

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Schaale
(Address) 1055 Harford Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Haven Conn Date 2/20/39 19

19. UNDERTAKER Henry Houck & Sons Inc.
(Address) 1301 E Cager St.

FEB 19 1939 Hunting for Williams M.P. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 17, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac Failure	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....

(Signed) Paul Schreiber M. D.
Coroner

(Address) Coroner

56

55277 E 55277

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital Ward) 11-1

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Elmendorf

(a) Residence: No. 1216 E. Chase St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) March-6-1882

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56 yrs.	11	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker 1903

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Herman Elmendorf

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Albert

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mary A. Elmendorf

(Address) 1216 E. Chase St.

18. BURIAL, CREMATION, OR REMOVAL Feb-21-1939

Place Holy Redeemer Cem. Date 19

19. UNDERTAKER Henry Hoeck & Sons Inc.

(Address) 1301 E. Eager St.

20. FILED ..... 19 ..... Registrar.

19 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17 . 1939

22. I HEREBY CERTIFY, That I attended deceased, from Feb 14 . 1939 to Feb 17 . 1939

I last saw him alive on Feb. 17 . 1939 Death is said to have occurred on the date stated above, at 9 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric ulcer	1936
Hemorrhage Granular	2-11-39
Other contributory causes of importance:	

Was an operation performed? Yes Date of 1936 (?)

For what disease or injury? Gastric ulcer - perforated

Name of operation ? Done at City Hospital

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) M. R. Trump M. D.

(Address) St. Josephs Hosp.

55278 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 55278

CERTIFICATE OF DEATH

33085 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 14-3 Ward) 107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Michael Chandler

If U. S. Veteran specify WAR .....

(a) Residence: No. 1808 Druid Hill Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 6-3-1898

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	40	8	12	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W C

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME George Chandler

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Mary Chandler

16. BIRTHPLACE (city or town) (State or country) Hagerstown, Md.

INFORMANT B. C. H. Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Laurel Cemetery Date Feby 7. 1939

UNDERTAKER Arch. Ed. N. Leddis

(Address) 2151 N. Eden St.

FILED ... 19... (Registrar.)

Hunting for Witnesses

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) February 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1938, to February 15, 1939

I last saw him alive on February 15, 1939. Death is said to have occurred on the date stated above, at 5 00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-9-39
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Clinical .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. A. De Lautelle, M. D.

(Address) Baltimore City Hospitals

5279 Mackall ✓ F 55279

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 W. Biddle St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Mackall

(a) Residence: No. 517 W. Biddle St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Not Known

7. DATE OF BIRTH (month, day, year) 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
76	75	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Ga. Co. Md.

13. NAME Johnson Thomas

14. BIRTHPLACE (city or town) (State or country) Ga. Co. Md.

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Ga. Co. Md.

17. INFORMANT Aged Home Records (Address) 517 W. Biddle St

18. BURIAL, CREMATION, OR REMOVAL Place Laurel Cem. Date Oct. 20 1939

19. UNDERTAKER Mrs. Frances A. Hemsley (Address) 575 W. Biddle St. Huntington Williams, M.D.

19 1939 Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb 17 1939

22. I HEREBY CERTIFY, That I attended deceased from Feby 8 1939 to Feby 17 1939

I last saw her alive on Feby 16 1939. Death is said to have occurred on the date stated above, at 2.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Grippe	Feby 8 1939

Other contributory causes of importance:

Abortus insufficiency

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. C. Pelletiere, M. D.

(Address) 817 W. Hamilton St.

55280

HEALTH DEPARTMENT—CITY OF BALTIMORE

55280

CERTIFICATE OF DEATH

X 115-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General St. Hospital Ward.)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 3 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Miss Helen Jeanette Winnett

If U. S. Veteran specify WAR

(a) Residence: No. Sutherland Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) May 23rd 1883

8. AGE: Years 55 | Months 8 | Days 29 | If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School teacher

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 068

11. Total time (years) spent in this occupation 33

12. Date deceased last worked at this occupation (month and year) Feb 1939

13. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

14. NAME Chas. Winnett

15. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

16. MAIDEN NAME Catherine Lock

17. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

18. INFORMANT Mary L. Winnett

(Address) Broadway Rd.

19. BURIAL, CREMATION, OR REMOVAL

Place Salty Lem. Date Feb. 22nd 1939

20. UNDERTAKER Fredk. Loudenslager & Son

(Address) 7401 Belair Rd.

21. FILED Feb 22 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1939 to Feb. 19, 1939

I last saw her alive on Feb. 19, 1939 Death is said to have occurred on the date stated above, at 3:12 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Agranulocytic Angina	
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Francis J. Jamaszeski, M. D.

(Address) Maryland General Hosp

1939

55281

HEALTH DEPARTMENT—CITY OF BALTIMORE

55281

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

Registered No. 27-16

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3333 Woodland Avenue St., 27 Ward)

Length of residence in city or town where death occurred 21 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Walter L. Chapman

If U. S. Veteran specify WAR

(a) Residence: No. 3333 Woodland Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Otelia Lamberth

DATE OF BIRTH (month, day, year) Nov. 24, 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	2	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME OF FATHER Samuel B. Chapman

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME OF MOTHER Harriett Bates Davies

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. Wm. M. Reimann
(Address) 3333 Woodland Avenue

18. BURIAL, CREMATION, OR REMOVAL
Salem M. E. Church Cemetery
Place Virginia Date 2/20, 1939

19. UNDERTAKER Henry H. Meaks & Son
(Address) 505 N. Calvert St.

FILED 2/19 1939 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1939 to Feb 17, 1939

I last saw h[illegible] alive on Feb 17, 1939. Death is said to have occurred on the date stated above, at 11:58 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia.	2/7/39
Acute Nephritis	

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 1813 Bay Ridge Ave

ia Chesapeake Steamship Co.

55282 HEALTH DEPARTMENT—CITY OF BALTIMORE F 55282

CERTIFICATE OF DEATH

59

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hosp. St., 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Mrs Ernestine Tomaschko

If U. S. Veteran specify WAR

(a) Residence: No. 17 S. Chapel St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Aston

DATE OF BIRTH (month, day, year) Jan 1 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	3	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Aust.

13. NAME Joseph Glaser

14. BIRTHPLACE (city or town) (State or country) Aust.

15. MAIDEN NAME Mary E. ?

16. BIRTHPLACE (city or town) (State or country) Aust.

17. INFORMANT Anthony Tomaschko

(Address) 17 S. Chapel St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb 20, 1939

19. UNDERTAKER Martin W. E. Deppel

(Address) 37 S. Amm St.

FILED ....., 19..... Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-14-39 to 2-17-39

I last saw h[illegible] alive on 2-17-39 Death is said to have occurred on the date stated above, at 11 05 a/m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Occlusion, probably thrombotic - rt fem. art. & vein & dry gangrene - rt leg.	2-12-39
Cerebral Embolism - & Left Hemiplegia	2-15-39
Arteriosclerotic Cardiovasc. Disease	?
Diabetes Mellitus	?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. R. Crumpt, M. D.

(Address) St. Joseph's Hosp.

55283 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 55283

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 61 294-B

CITY OF BALTIMORE: (No. 3659 Cottage Ave Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth 70 yrs. mos. ds.

2. FULL NAME Abraham Dabres — If U. S. Veteran specify WAR

(a) Residence: No. 3659 Cottage Ave Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Belle Dabres

7. DATE OF BIRTH (month, day, year) 1872

8. AGE: Years 67 | Months | Days | If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country): Russia

14. NAME: Vokran

15. BIRTHPLACE (city or town) (State or country): Russia

16. MAIDEN NAME: Vokran

17. BIRTHPLACE (city or town) (State or country): Russia

18. INFORMANT: Morris Dabres

(Address): Son

19. BURIAL, CREMATION, OR REMOVAL: Woodlawn Cem. Date 2-19-39

20. UNDERTAKER: Jack Gans Sons

(Address): 1139 E. Baltimore St.

21. FILED 1939

8 19 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-18-1939

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1939, to Feb 18, 1939

I last saw him alive on Feb 18, 1939. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Acute Coronary Thrombosis

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Abe Hornstein, M. D.

(Address) 733 Aisquith St

55284 E 55284

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. ..... St. 15-12 ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas J. Sauer

If U. S. Veteran specify WAR .....

(a) Residence: No. 2615 Shirley Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Sauer

6. DATE OF BIRTH (month, day, year) July 17, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	7		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed for

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME OF FATHER George Sauer

14. BIRTHPLACE (city or town) (State or country) Balto.

15. MAIDEN NAME OF MOTHER Elizabeth Kendy

16. BIRTHPLACE (city or town) (State or country) Vienna.

17. INFORMANT ..... (Address) .....

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 2/20 1939

19. UNDERTAKER G. Herman Lemmon. (Address) 2611 Park Heights

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1939, to Feb. 17, 1939.

I last saw him alive on Jan. 17, 1939. Death is said to have occurred on the date stated above, at 4:15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign prostatic hypertrophy	1-27-39
a	
b	
c	
d	

Other contributory causes of importance:

Chronic interstitial nephritis	1-27-39

Was an operation performed? Yes Date of Jan. 24, 1939

For what disease or injury? Benign hypertrophy

Name of operation Prostatectomy

What test confirmed diagnosis? Gross Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward H. Linthicum, M. D.

(Address) Mercy Hospital

FEB 20 1939

55285 F 55285 39P100 ahe/cee

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 752 W. Lexington St. St., 4-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. 4mos. ....mos. ....da. How long in U. S. If of foreign birth? ....yrs. ....mos. ....da.

2. FULL NAME Mary E. King

If U. S. Veteran specify WAR .....

(a) Residence: No. 752 W. Lexington St. St., Ward. Port Republic Calvert Co Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lee King

6. DATE OF BIRTH (month, day, year) -?- -?-, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67 66	-?-	-?-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co., Md.

FATHER

13. NAME John Gantt

14. BIRTHPLACE (city or town) (State or country) Calvert Co., Md.

MOTHER

15. MAIDEN NAME Annie---(??????)

16. BIRTHPLACE (city or town) (State or country) Calvert Co., Md.

17. INFORMANT Mrs. Minnie Keen (Niece)

(Address) 722 Ramsey St., Balto., Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem. Date 2/21/39, 19

19. UNDERTAKER A. Howard Evans

(Address) 1400-02 S. Charles St.

20. FILED 19 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-16, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Inquest, Autopsy or Inquiry) and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation } Exposure	2 days
Other contributory causes of importance: Chronic Myocarditis	1 yr

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical History & Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ...If so, specify .....

(Signed) Michael J. Shaman, M. D. Coroner

(Address) 726 Eastern Ave

F 55286 HEALTH DEPARTMENT—CITY OF BALTIMORE F 55286

CERTIFICATE OF DEATH

× 54-B

1. PLACE OF DEATH Bon Secours Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. 26-1 Ward)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Louise M Bruce

(a) Residence: No. 2402 10th St N.E. Washington D.C. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Edwin M. Bruce

7. DATE OF BIRTH (month, day, year) Dec. 27, 1894

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	1	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Wash DC

13. NAME Charles A Hughes

14. BIRTHPLACE (city or town) (State or country) West Va

15. MAIDEN NAME Ida Bartlett

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT W W Chambers Co

(Address) Washington DC

18. BURIAL, CREMATION, OR REMOVAL Washington DC Date Feb 21 39

19. UNDERTAKER W. W. Chambers Co

(Address) Washington DC

20. FILED 19 Registrar

Huntington Williams

19 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1939, to Feb 19, 1939

I last saw her alive on Feb 19 1939 Death is said to have occurred on the date stated above, at 5 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism left iliac artery	2-18-39
Other contributory causes of importance:	

Was an operation performed? Yes Date of 2-6-39

For what disease or injury? UTERINE FIBROIDS; PROLAPSE

Name of operation VAGINAL HYSTERECTOMY

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George H. Brocilet M. D.

(Address) Bon Secours Hospital

55287

HEALTH DEPARTMENT—CITY OF BALTIMORE

55287

CERTIFICATE OF DEATH

✓ 46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3911 Bonner Road St. 15-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Blanche M. Starkey

(a) Residence: No. 3911 Bonner Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) April 4, 1883

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	55	10	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Still Pond Maryland

13. NAME L. R. Starkey

14. BIRTHPLACE (city or town) (State or country) Ingleside Maryland

15. MAIDEN NAME Lottie M. Ralph

16. BIRTHPLACE (city or town) (State or country) Suddersville Maryland

17. INFORMANT Mrs. R. E. Roberts

(Address) 2507 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date Feb. 20 1939

19. UNDERTAKER P. T. Donovan

(Address) 1003 E. Baltimore St.

FILED 19 .....

20 1939 Registrar. Hunting for Attendant, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1938 to Feb 17, 1939

I last saw her alive on Feb. 16, 1939 Death is said to have occurred on the date stated above, at 5.30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of sigmoid	1936
met. to Lungs	1938
Other contributory causes of importance:	

Was an operation performed? Yes Date of Oct. 1936

For what disease or injury? Ca. of sigmoid

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Homer C. Todd M. D.

(Address) 735 N. Fulton Ave.

55288 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 55288

CERTIFICATE OF DEATH

11-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2801 Parkwood Ave. St. 13-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Milton Pope

(a) Residence: No. 2801 Parkwood Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Addie L. G. Pope

6. DATE OF BIRTH (month, day, year) March 5, 1853

7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or ... min.
	85	11	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired City Employee

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 34 yrs

12. BIRTHPLACE (city or town) (State or country) Frederick Maryland

13. NAME Mr.

14. BIRTHPLACE (city or town) (State or country) Frederick County Maryland

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Frederick County Maryland

17. INFORMANT Mrs. Milton P. Hoffman

(Address) 2801 Parkwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Feb. 21 1939

19. UNDERTAKER Wm. Ammerman

(Address) 1008 N. Baltimore St.

20. FILED Huntington Williams, M.D.

FEB 20 1939

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) February 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1939 to Feb 18, 1939

I last saw him alive on Feb 17, 1939. Death is said to have occurred on the date stated above, at 4.10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Grippe followed by Bronchio Pneumonia	Jan 27/39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Fred B Jewett, M. D.

(Address) 2516 Pennsylvania Ave.

55289 F 55289

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 95-B 37477-FS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 23-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James Blake

If U. S. Veteran specify WAR

(a) Residence: No. 121 W. Hamburg St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary

DATE OF BIRTH (month, day, year) 10-10-~~1895~~ 1891

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
43	47	4	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ship hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Jamaica, BWI
(State or country)

13. NAME Thomas Blake

14. BIRTHPLACE (city or town) Jamaica, BWI
(State or country)

15. MAIDEN NAME Cecelia

16. BIRTHPLACE (city or town) Jamaica BWI
(State or country)

INFORMANT B. C. H. Records
(Address)

17. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Ct Date 2/20/39 19

18. UNDERTAKER Isaac L Brown & Son
(Address) 614 W Monument St

FILED B 20 1939 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from September 28 1938 to February 16, 1939

I last saw him alive on February 16, 1939. Death is said to have occurred on the date stated above, at 1:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart disease	1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W. A. DeLautelle M. D.

(Address) Baltimore City Hospitals

290 # HEALTH DEPARTMENT—CITY OF BALTIMORE 55290

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General St., [illegible] Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Catherine May

(a) Residence: No. 641 Stirling St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced RUSBAND of (or) WIFE of Widowed

7. DATE OF BIRTH (month, day, year) Dec. 3, 1865

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	2	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME George Koehler

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Price

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. David Crampton
(Address) 2930 E Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cemetery Date Feb 24 1939

19. UNDERTAKER Milton Schilling
(Address) 1122 E. Monument St

20. FILED FEB 20 1939 Hunter for Hillegeas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1939 to Feb. 18, 1939

I last saw her alive on Feb. 18, 1939 Death is said to have occurred on the date stated above, at 9:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	1936
Arteriosclerotic Cardiovascular Disease.	

Other contributory causes of importance: Chronic Myocarditis

Was an operation performed? ..... Date of .....

For what disease or injury? No

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Francis J. Janusziot, M. D.

(Address) Maryland General Hosp

55291 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 55291

CERTIFICATE OF DEATH

V 72-a

1. PLACE OF DEATH South Balto. Gen. Hosp. Registered No.....

CITY OF BALTIMORE: (No.....St. 24 Ward 2) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. 8 mos. 27 da. How long in U. S. If of foreign birth?.....yrs.....mos.....da.

2. FULL NAME Margaret Fortman If U. S. Veteran specify WAR.....

(a) Residence: No. 442 E. Fort Ave St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEM.	White	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 23 1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	8	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME John H Fortman

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Margaret Pfister.

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT John H. Fortman (Address) 442 E Fort Ave

18. BURIAL, CREMATION, OR REMOVAL Holy Cross C of C 2-22nd 1939

19. UNDERTAKER Bernard G Fowler (Address) 121 E Lexington St Huntingtown Williamsport, Md.

20. FILED FEB 20 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-19 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-24 1939 to 2-19 1939

I last saw h.CF alive on 2-19 1939. Death is said to have occurred on the date stated above, at 12 15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lymphatic Leukemia, aleukemic form	Jan, 1939

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Louis J. Kroll, M. D.

(Address) South Balto. Gen. Hosp.

292

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 82-w F55292

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1827 W. Lombard St. St., 19-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mon. da.

If U. S. Veteran specify WAR

2. FULL NAME George J. Schreiber

(a) Residence: No. 1827 W. Lombard St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Lone A. (nee Hunter)

7. DATE OF BIRTH (month, day, year) April 7, 1879.

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	10	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wholesale

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Candy business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Wm. Schreiber

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elisabeth Paulle

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Lone A. Schreiber (Address) 1827 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL. Place London Park Date 2/20/39 19

19. UNDERTAKER Harry A. Kutsche (Address) 1101 Ambassador Ave.

20. FILED FEB 20 1939 Hampton Williams, M.D. Registrar.

FEB 20 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 9 1939 to Feb 16, 1939

I last saw h— alive on Feb 14 1939 5:30 p.m. Death is said to have occurred on the date stated above, at —— p.m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Cerebral Hemorrhage	2/9/39
Hemiplegia	
Hypertension	
Arteriosclerosis	

Other contributory causes (—— importance)

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James F. Luginbuhl, M. D.

(Address) 721 McHenry St.

5293

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55293

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. St., 20-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. 6 mos. 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles R. Wright

If U. S. Veteran specify WAR .....

(a) Residence: No. 2045 Wilkens Ave st., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Wh.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 31 1924

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Robt A. Wright

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mildred V. Elliott

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Robt. A. Wright

(Address) 2045 Wilkens Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb 20 1939

19. UNDERTAKER Harry H Wilde

(Address) 7101 Harford Ave

Huntington Williams, M.D.
Registrar.

FEB 20 1939

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M Hamm Coroner, M. D.

(Address) 1822 W Baltimore St.

5294 HEALTH DEPARTMENT—CITY OF BALTIMORE 55294

CERTIFICATE OF DEATH

✓108

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 579 Oxford St. 17-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Matt Walker

(a) Residence: No. 579 Oxford St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cordella Walker

6. DATE OF BIRTH (month, day, year) 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Va

MOTHER FATHER

13. NAME ...

14. BIRTHPLACE (city or town) (State or country) ...

15. MAIDEN NAME Millie Walker

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Annie Walker
(Address) 579 Oxford St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Feb 20 1939

19. UNDERTAKER James A Stayes
(Address) 142 W Pratt St

FEB 20 1939 Huntington Williams Mgr.

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Lobar Pneumonia	Feb 14
	37

Other contributory causes of importance: ...

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) George L. Allen M. D.
Coroner

(Address) 5 S Paca St

55295 MORGANWICK

HEALTH DEPARTMENT—CITY OF BALTIMORE

55295

CERTIFICATE OF DEATH

V 11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3813 Garrison Blvd St., 10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Minnie Taylor Morganwick

If U. S. Veteran specify WAR

(a) Residence: No. 3813 Garrison Blvd Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert H. Morganwick

6. DATE OF BIRTH (month, day, year) Dec 14-1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	2	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Henry Emerald

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Sophia Bem

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Albert Britton

(Address) 3813 Garrison Blvd

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Feb 21 1939

19. UNDERTAKER J. Pickus & Son

(Address) 1 North Huntington Williams, M.P.

20. FILED Registrar.

FEB 20 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1939 to Feb 17, 1939

I last saw h alive on Feb 17, 1939 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	Feb 10
Lobar pneumonia	Feb 13

Other contributory causes of importance:

Acute pulmonary oedema	Feb 17

Was an operation performed? no Date of

For what disease or injury? —

Name of operation

What test confirmed diagnosis? Physical signs Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Albert Britton, M. D.

(Address) 4116 Norther Parkway

55296 F 55296

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 34-130

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hosp. Ward) 15-3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. 11 mos. 29 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Denga William Ciese

If U. S. Veteran specify WAR .....

(a) Residence: No. 1706 Thomas Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of -----

6. DATE OF BIRTH (month, day, year) Feb 19th 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paint Co

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Herman Ciese

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Agnes Sauer

16. BIRTHPLACE (city or town) (State or country) Loppa, Md.

17. INFORMANT Mrs. Agnes Ciese

(Address) 1706 Thomas Avenue.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Feb 20th, 39

19. UNDERTAKER Wm. J. Tickner & Sons.

(Address) North & Penna Aves.

20. FILED Huntington Williams M.D. Registrar.

FEB 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1939, to Feb. 18, 1939.

I last saw him alive on Feb. 18, 1939. Death is said to have occurred on the date stated above, at 12 45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis	
Angina pectoris Dumatis	Jan, 1937
Aortic syphilis	Feb, 1939
Bronchopneumonia, terminal	Terminal

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Arnold H. Eifert, M. D.

(Address) South Balto. Gen. Hosp.

37

F 55297

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1872

1. PLACE OF DEATH Balto. City Hospitals V 175 CC

CITY OF BALTIMORE: (No. Bay View St. 22-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Robert Brown

(a) Residence: No. 323 S. Fremont Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie Brown

6. DATE OF BIRTH (month, day, year) Dec 11-1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER'S MAIDEN NAME

13. NAME Solomon Brown

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Emma Crosby

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Thelma Brown Family (Address) 323 S. Fremont Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date 2/21 39

19. UNDERTAKER William A. Jackson (Address) 916 Penna ave

20. FILED FEB 20 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull and Hemorrhage due to fracture	4 days

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Autopsy Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Homicide Date of injury Feb 11. 1934

Where did injury occur? On street (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place S. Fremont and Hamburg Sts.

Manner of injury Fright

Nature of injury Fracture Skull

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Broadway

55298 Proudfoot

HEALTH DEPARTMENT—CITY OF BALTIMORE 55298

CERTIFICATE OF DEATH

XV 46-C

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Union Memorial Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Dora Robrbaugh Proudfoot

If U. S. Veteran specify WAR

(a) Residence: No. Pennsboro, W. Va. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): March 22, 1876

7. AGE: Years 62 | Months 10 | Days 27 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Weston, W. Virginia

13. NAME of Mr Nicholas Robrbaugh

14. BIRTHPLACE (city or town) (State or country): West Virginia

15. MAIDEN NAME: Sarah West

16. BIRTHPLACE (city or town) (State or country): West Virginia

17. INFORMANT: Rodger Proudfoot

(Address): Pennsboro, W. Va.

18. BURIAL, CREMATION, OR REMOVAL

Place: Greenlawn Cem. Date: Feb. 21, 1939

19. UNDERTAKER: Walter Brooks Bradley

(Address): 1922 W. North Ave.

20. FILED 19

Registrar.

FEB 20 1939

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): February 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1938, to February 18, 1939

I last saw her alive on Feb 18, 1939. Death is said to have occurred on the date stated above, at 10:03 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma of Cecum	June 1938?
Other contributory causes of importance:	

Was an operation performed? yes Date of Aug 12 1938

For what disease or injury?

Name of operation Resection of Cecum

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Douglas H. Stone M. D.

(Address) Union Memorial Hosp.

99

HEALTH DEPARTMENT—CITY OF BALTIMORE 55299

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 306 S. Collington Ave St., 15 Ward)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Straszynski

(a) Residence: No. 306 S. Collington Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Floryntina Straszynski

7. DATE OF BIRTH (month, day, year) 1870

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NAP

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Unk

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Paul Straszynski Son

(Address) 306 S. Collington Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date Feb. 21. 1939

19. UNDERTAKER Fred W Ozgowski

(Address) 1930 Eastern Ave.

FEB 20 1939

Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17. 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1939, to Feb. 17, 1939

I last saw him alive on Feb. 17, 1939 Death is said to have occurred on the date stated above, at 5 or 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac - asthma	2
Other contributory causes of importance: Bronchio - pneumonia	3 days

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) David Schneider M. D.

(Address) 1211 N. Milton Ave

H. D. B. 1268-9

55300

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 55300

CERTIFICATE OF DEATH

127

1. PLACE OF DEATH Franklin Square Hospital

Registered No. 25-3

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. (37 yr.) How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lillian Bloom

(a) Residence: No. 2237 Annapolis Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
f	w	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles E. Bloom

DATE OF BIRTH (month, day, year) Oct 9th 1901

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37 yrs.	4	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Louise A. McAuliffe

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Ellen Fitzgerald.

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mr Charles E. Bloom

(Address) 2237 Annapolis Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem. Date 2/21/39

19. UNDERTAKER Chas. Town & Son

(Address) 901 Eutaw St

20. FILED Huntington Williams, Registrar.

FEB 20 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/18 1939

22. I HEREBY CERTIFY, That I attended deceased from 2/16 1939, to 2/18 1939

I last saw h.. alive on 2:30 AM, 2/18 1939. Death is said to have occurred on the date stated above, at 2:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema of gall bladder, ruptured	Nov. 38

Other contributory causes of importance:

Malignant hypertension	

Name of operation none Date of —

What test confirmed diagnosis? none Was there an autopsy? [illegible]

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Clifford Furman, J. M. D.

(Address) Franklin Square Hospital

55301 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 55301

CERTIFICATE OF DEATH

7-4-124-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1645 Abbott St., 7 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Robert Poley

(a) Residence: No. 1645 Abbott St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 16, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

FATHER

13. NAME Robert Poley

14. BIRTHPLACE (city or town) Baltimore Md
(State or country)

MOTHER

15. MAIDEN NAME Sophia Holacek

16. BIRTHPLACE (city or town) Not Known
(State or country)

17. INFORMANT Mrs. Mary Weyforth

(Address) Joppa Road Towson, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb. 21, 1939

19. UNDERTAKER Geo. W. Zirkler

(Address) 1737 E. Eager St.

FEB 20 1939 Hunting for Addresses M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 18, 1939

22. I HEREBY CERTIFY That I attended deceased from [illegible] 1939

I last saw h[illegible] alive on [illegible] 1939 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	3 days
Uremia	5
	over

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

7 10 4 27

5302

HEALTH DEPARTMENT—CITY OF BALTIMORE E 55302

CERTIFICATE OF DEATH

41320 JS

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hospt. 26-2-39 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Ambrose Fritsch

If U. S. Veteran specify WAR

(a) Residence: No. 4511 Mannasota Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Helen

6. DATE OF BIRTH (month, day, year) 12-9-1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

13. NAME Frank

14. BIRTHPLACE (city or town) (State or country) Germany

FATHER

15. MAIDEN NAME Eva Summer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) B. C. H. Records

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Feb 21-39

19. UNDERTAKER (Address) Dyer & Sterr & Sons 3001 Kentucky Ave

FILED FEB 21 1939 19 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-18, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-26, 1939, to 2-18, 1939

I last saw him alive on 2-18, 1939. Death is said to have occurred on the date stated above, at 4.35 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene foot	?
Diabetes mellitus	?

Other contributory causes of importance:

Was an operation performed? yes Date of 2-17-39

For what disease or injury? Gangrene foot

Name of operation Amputation Leg

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
None If so, specify

(Signed) L. Woodward Jr., M. D.

(Address) Balto City Hosp.

303
2306

HEALTH DEPARTMENT—CITY OF BALTIMORE

55303
F 55303

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2331 Eutaw Place St. 13-2 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Carrie H. Seligman

(a) Residence: No. 2331 Eutaw Place St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dr. Joseph A. Seligman

7. DATE OF BIRTH (month, day, year) July 2, 1869

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	7	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Norfolk, (State or country) Va.

13. NAME Zacharish Hofheimer,

14. BIRTHPLACE (city or town) ..... (State or country) Germany

15. MAIDEN NAME Margaret Freidenrich,

16. BIRTHPLACE (city or town) ..... (State or country) Germany

17. INFORMANT Mrs. Blanche Seligman,
(Address) 829 Whitelock St.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Hebrew Cem. Date Feb. 20, 1939

19. UNDERTAKER Chas. Sondheimer & Son
(Address) 1902 Eutaw Place

FEB 20 1939 ..... 19..... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby. 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1939 to Feb 18, 1939

I last saw he alive on Feb 18, 1939. Death is said to have occurred on the date stated above, at 10:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Feb 18 39
(THROMBOSIS)	
Other contributory causes of importance:	
General arterio Sclerosis	1930
Diabetes	1930

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Usual Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Emma G. Magee, M. D.

(Address) Esplanade Apts.

DEG

5304

HEALTH DEPARTMENT—CITY OF BALTIMORE

5304

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH 14 S Conkling

CITY OF BALTIMORE: (No. 14 St. 26-8 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Margaret Och

If U. S. Veteran specify WAR .....

(a) Residence: No. 14 S Conkling St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John A Och

6. DATE OF BIRTH (month, day, year) May 6 1873

7. AGE: Years 65; Months 9; Days 12; If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Peter Distler

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Mrs Elizabeth Schmidt

(Address) 122 Dunkirk Road

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Mem Date Feb 20 1939

19. UNDERTAKER John Ullrich

(Address) 2008 Orleans St

20. FILED FEB 20 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1934 to FEB 17, 1939

I last saw her alive on FEB 17, 1939 Death is said to have occurred on the date stated above, at 10:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1936
Cerebral Hemorrhage	2-9-39

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clin. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Edward F Miller M. D.

(Address) 1001 S Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55305

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3505 Marmon St. 28-2 Ward)

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 6 mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME James A. Beynon

If U. S. Veteran specify WAR ....

(a) Residence: No. 3505 Marmon St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) Aug 15 1937

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	6	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Martin Beynon

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Esther Newcomber

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Martin Beynon

(Address) 3505 Marmon

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb 20, 1939

19. UNDERTAKER John Ulrich

(Address) 2005 Eutaw St

FEB 20 1939, 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 19. 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18th, 1939, to Feb 19th, 1939

I last saw him alive on Feb. 18th 1939 Death is said to have occurred on the date stated above, at 5-30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) - Acute Bronchitis & Spasmodic Croup	2-18-39
Other contributory causes of importance: 1) - Bad - nutrition	?

Was an operation performed? No Date of ....

For what disease or injury? - None

Name of operation - None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) Earl L. Chambers, M. D.

(Address) 4108 Liberty Hts. Ave

55306 F 55306

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 9-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. 8 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Daisy Shrader

If U. S. Veteran specify WAR —

(a) Residence: No. 1838 Hope Street St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 5 1930

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
8	7 8	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md. (State or country)

13. NAME Betsy Shrader

14. BIRTHPLACE (city or town) Penn. (State or country)

15. MAIDEN NAME Leong Winfield

16. BIRTHPLACE (city or town) N.Y. (State or country)

17. INFORMANT Father

(Address) 1838 Hope Street.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb. 20 1938

19. UNDERTAKER John Ulrich

(Address) 1202 Eastern Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1939 to Feb. 19, 1939

I last saw h.e.r. alive on Feb. 19, 1939. Death is said to have occurred on the date stated above, at 9:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Measles Encephalitis	2-8-39
Bronchopneumonia	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? h.p. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) Robert Fairley, M. D.

(Address) Sydenham Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

307 F 55307

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1817 E. Balto St., ...Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Moses B. Farber

If U. S. Veteran specify WAR .....

(a) Residence: No. 1817 E. Balto St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary

6. DATE OF BIRTH (month, day, year)

7. AGE: Years: 78 | Months: | Days: | If LESS than 1 day, ... hrs. or ... min.:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Grocery

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME: Isaac

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Cohen

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Kate Farber

(Address) 1817 E. Balto St

18. BURIAL, CREMATION, OR REMOVAL: Mount Nebo Date: 2-20-39

19. UNDERTAKER: Jack Lewis

(Address) 1439 E. Balto St

20. FILED ..... 19 ..... Registrar

FEB 20 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-19-1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 9th, 1936 to Feb. 19th, 1939

I last saw him alive on Feb. 19, 1939 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocardial insufficiency	1936
auricular fibrillation	1938
arteriosclerosis	1936
chr. nephritis	1936
Other contributory causes of importance:	
Hemiplegia	1939

Was an operation performed? none Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Lab. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) N. O. Nicholson M. D.

(Address) 2230 Eutaw Pl.

3308

Shipsey

F 55308

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

165

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2101 Cold Spring Lane Ward) 15-9

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Hyman B Jacks

If U. S. Veteran specify WAR .....

(a) Residence: No. 2905 Lundeman Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE Celia M. Marshall

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture Upholsterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila Pa

FATHER

13. NAME Harry Jacks

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rollinsky

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wife

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date 2/20/39 19

19. UNDERTAKER Pack Funeral Home

(Address) 4539 E Baltimore St

Huntington Williams, M.F.

20. FILED FEB 20 1939 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest found that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Hanging — Suicide — Date of onset 2/19/39

Other contributory causes of importance: Despondency

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation None Time of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, ~~homicide~~? Date of injury 2-19, 1939

Where did injury occur? 2101 Cold Spring Lane (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Hanging

Nature of injury Strangulation

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John A Crain M. D. Coroner

(Address) .....

HEALTH DEPARTMENT—CITY OF BALTIMORE

55309 F 55309

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 902 Shilas St., 17-182-a Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma J. Bloxom

If U. S. Veteran specify WAR .....

(a) Residence: No. 902 Shilas St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Thos Bloxom

6. DATE OF BIRTH (month, day, year): 1872

7. AGE: Years: 67 | Months: — | Days: — | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 807

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Virginia

13. NAME: unknown

14. BIRTHPLACE (city or town) (State or country): Va.

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Alberta Johnson
(Address) 902 Shilds Place

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Calvary Date: Feb 21 19 37

19. UNDERTAKER: Adolphus Stalbird
(Address) 918 Penna Ave Huntingtown Williams, Md

20. FILED FEB 20 1937 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 14 1937 to Feb 17 1937

I last saw h... alive on Feb 17, 1937 Death is said to have occurred on the date stated above, at 2.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7/14/1936
Other contributory causes of importance: Arteriosclerosis	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, ...

(Signed) [illegible] M. D.

(Address) 959 Leech

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

55310

CERTIFICATE OF DEATH.

F 55310

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 2422 Linden Ave. St.; 13-1 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Alfred M. Hedian

(Residence in Baltimore: No. 2422 Linden Ave. St.; 60 yrs., mos. ds.)

(Mrs. Alfred M. Hedian.)

(Mrs. Alfred M. Hedian.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, November 21, 1865
(Month) (Day) (Year)

7-AGE, 73 yrs. 3 mos. 16 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) at Home

9-BIRTHPLACE, (State or Country), Cumberland, Maryland

PARENTS.

10-NAME OF FATHER, Patrick V. Daley

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Ralph M. Hedian

(Address) 2422 Linden Ave

15-

Filed ....., 191.... Williams M.D.
Registrar.

Huntington Pike

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 7/18, 1939.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1939, to 7/18/39 1939 that I saw h alive on 7/17/39 1939 and that death occurred, on the date stated above, at 1:40, m.

The CAUSE OF DEATH was as follows:

Apoplexy (Duration) yrs. mos. ds.

Cerebral Hemorrhage (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (Duration) yrs. mos. ds.

(Signed) Wm. Ralph M. Hedian M.D.

7/18/39 (Address) 1114 Lae Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....d

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, 7/20, 1939

20-UNDERTAKER J. Billingsley & Son

ADDRESS 1700 Eutaw Pl

3 20 1939

55311

HEALTH DEPARTMENT—CITY OF BALTIMORE F 55311

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2002 W. Lexington Street St., 20 Ward)

Registered No. 20-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME LIZZIE ORTMAN

If U. S. Veteran specify WAR --

(a) Residence: No. 2002 W. Lexington Street St., 20 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Jan. 9- 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	1	8 7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) --

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME George Ortman

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Mary Musterman

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs. Willard H. Siltman

(Address) 3013 Glenmore Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore-Cem. Date 2-20-39, 19

19. UNDERTAKER C. B. Thebeau & Son

(Address) Boulevard & Rhode

FILED FEB 20 1939

Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 16 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 10th, 1938 to Feb 16th, 1939

last saw her alive on Feb 16th, 1939 Death is said to have occurred on the date stated above, at 6:50 m. P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uterine Sclerosis	1935
Other contributory causes of importance:	
Coronary Thrombosis	2/14/39

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? X R Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Vernon H. Landers, M. D.

(Address) 1819 St. Paul St.

312

HEALTH DEPARTMENT—CITY OF BALTIMORE 55312

CERTIFICATE OF DEATH

93-e

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2113 Edmonson Ave St. 20-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Edward N. Page

(a) Residence: No. 2113 Edmonson Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Page (nee Gamner)

6. DATE OF BIRTH (month, day, year) Dec. 17 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Granite Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME William Page

14. BIRTHPLACE (city or town) New Jersey (State or country)

15. MAIDEN NAME Catherine Bryan

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Emma Page

(Address) 2113 Edmonson Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date 2-20 19 3

19. UNDERTAKER Frederick A. Cole

(Address) 1209 W. Lombard St.

FILED 19 Huntington Williams, Registrar.

FEB 20 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1939 to Feb 17, 1939

I last saw him alive on Feb 16, 1939 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Auricular Fibrillation	2/16/39
Hypertensive Degeneration	(?)
Generalized Arteriosclerosis	(?)

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Daniel E. Bogard M. D.

(Address) 1905 W. Baltimore St.

55389

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55313

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital (Street) (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Stewart

If U. S. Veteran specify WAR

(a) Residence: No. 1425 Mosher St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Stewart

6. DATE OF BIRTH (month, day, year): Sept 29-1892

7. AGE: Years 46 | Months 10 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Unk

14. BIRTHPLACE (city or town) (State or country): Unk

MOTHER

15. MAIDEN NAME: Mary Stewart

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mary Stewart

(Address): 1425 Mosher St

18. BURIAL, CREMATION, OR REMOVAL

Place: National Date: 2/21, 19 39

19. UNDERTAKER: Thomas E. Kelly

(Address): 730 Pine St

Huntington Williams Mgr.

20. FILED: FEB 20 1939, 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 17, 19 39

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Apoplexy	Feb 16
Other contributory causes of importance:	39

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George Allen M. D.

Coroner

(Address) 20 E. Lexington St

S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE F 55314

314

CERTIFICATE OF DEATH

72-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2517 Edmonson Ave St. 70-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Turner

If U. S. Veteran specify WAR

(a) Residence: No. 2517 Edmonson Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel LeMaitre

6. DATE OF BIRTH (month, day, year) Oct. 28, 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lighting Fixtures

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. mfg

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James Turner

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Oberhaim

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Ethel Turner

(Address) 2517 Edmonson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date 2-21-39

19. UNDERTAKER John O. Piel & Sons Inc

(Address) 1900 Eutaw Place

20. FILED FEB 20 1939 Huntington Williams M.D. Registrar

Life

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19, 39

22. I HEREBY CERTIFY, That I attended deceased from 2/15 1939 to 2/15 1939

I last saw him alive on 2/15 1939. Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphatic Leukemia	
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) Leonard E Beach, M. D.

(Address) 2229 St. Paul Street

15

HEALTH DEPARTMENT—CITY OF BALTIMORE 55315

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 312 Woodlawn St. 27-14 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm Louis D Mason

U. S. Veteran specify WAR .....

(a) Residence: No. 312 Woodlawn St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Patterson

6. DATE OF BIRTH (month, day, year) June 15, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	8	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... Retired Cigar Mfg.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER
13. NAME Richard C. Mason
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER
15. MAIDEN NAME Louisa Chator
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Emily L. Edson
(Address) Lutherville, Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Green Mount Cem. Date 2/21/ 1939

19. UNDERTAKER John O. Mitchell & Sons Inc
(Address) 1900 Eutaw Place

FILED ... 19... Huntington Williams M.D. Registrar

FEB 20 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19 . 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry)
his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	
Cardiac Vas Degenerat	11/4/39

Other contributory causes of importance:
Hypertension

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation None Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury None
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) L. A. Crane M. D.
Coroner
(Address) ...

16

HEALTH DEPARTMENT—CITY OF BALTIMORE 55316

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3129 Calvert St. 12-2 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert D. Rittenhouse
If U. S. Veteran specify WAR

(a) Residence: No. 3129 Calvert St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline Woodland

6. DATE OF BIRTH (month, day, year) June 24, 1882

7. AGE	Years	Months	Days	If LESS than 1 day..... hrs.. or min.
	56	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Customs
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Albert D. Rittenhouse
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elisa A. Rhodes
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Pauline D. Rittenhouse
(Address) 3129 N. Calvert St.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Lorraine Cemy Date 2/21/39 19

19. UNDERTAKER John O. Mitchell Funeral Home
(Address) 1900 Eutaw Place

20. FILED Huntington Williams, M.D.
Registrar

FEB 20 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	2/19/38
Hypertension	

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place None
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John A Craus, M. D.
Coroner
(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

55317 F 58317

CERTIFICATE OF DEATH

23 10

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3319 E. Baltimore St. 12th Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME August Henry Metzger

If U. S. Veteran specify WAR .....

(a) Residence: No. 3319 E. Baltimore St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of (Henneke)

6. DATE OF BIRTH (month, day, year) Sept-30-1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	69	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cement Finisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 083

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John Metzger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Geo. F. Metzger

(Address) 3319 E. Baltimore Ste

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 2/20, 1939

19. UNDERTAKER John F. Connelly

(Address) 1208 S. Eaton Ste

20. FEB 20 1939 Hunting or Wilkins

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1938, to Feb 17, 1939

I last saw him alive on Feb 17, 1939. Death is said to have occurred on the date stated above, at 445 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis.	
Other contributory causes of importance:	
Arteriosclerosis.	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. J. Gould M. D.

(Address) 14 N East ave.

55318 E 55318

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. Ward) 7

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Frank Blaha

If U. S. Veteran specify WAR

(a) Residence: No. 716 W Rose St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) April 8, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	10	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Frank Blaha

14. BIRTHPLACE (city or town) (State or country) Illinois

15. MAIDEN NAME Anna Kasper

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mother

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Cem Date 2/20/39

19. UNDERTAKER Charles E. Schimunek

(Address) 2603 E. Madison Street.

20. FILED Feb 21 1939 Registrar.

FEB 20 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1939, to Feb. 17, 1939

I last saw her alive on Feb. 17, 1939 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance are as follows:

	Date of onset
Pneumonia	2-14
Other contributory causes of importance:	
Encephalitis	2-15
Cardiac Failure	2-17

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Tyson G. Tell M. D.

(Address) Sydenham Hosp.

M. D. B. 1268-9

F 55319

55319 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

Franklin Sq. Hosp. 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 18-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Doris E. Fowlkes

(a) Residence: No. 1013 W. Lexington St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	S

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 17, 1937.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	13 2.	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

13. NAME Bernard Fowlkes

14. BIRTHPLACE (city or town) Baltimore Md
(State or country)

15. MAIDEN NAME Eva Pendleton

16. BIRTHPLACE (city or town) Richmond, Va
(State or country)

17. INFORMANT Eva Fowlkes

(Address) 1013 W. Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Feb 20, 1939

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 N Schroeder St

20. FILED Feb 20 1939 Washington Williams, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-18-, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-8-39, to 2-18, 1939

I last saw h[illegible] alive on 2-18-, 1939 Death is said to have occurred on the date stated above, at 7:20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) ..... M. D.

(Address) Franklin Sq. Hosp.

5320 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 55320

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2233 W. Baltimore St. 20-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 0 mos. 11 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME MARY L. SCHRECK

If U. S. Veteran specify WAR .....

(a) Residence: No. 2233 W Baltimore St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John A. Schreck.

6. DATE OF BIRTH (month, day, year) Feb. 7 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	0	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER'S MAIDEN NAME

13. NAME Michael Hirsch.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Elizabeth Umgrain

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT John H. A. Schreck

(Address) 2233 W. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 3-21 1939

19. UNDERTAKER Bernard E. Hasle

(Address) 121 E. West St

FILED ... 19... Registrar.

MAR 20 1939 Martin H. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 18th 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1938, to Feb 18, 1939

I last saw her alive on Feb 18, 1939. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	?
Other contributory causes of importance: Arteriosclerosis	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Albert Leggett M. D.

(Address) 1729 W. Lombard St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

55321

CERTIFICATE OF DEATH

F 55321

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1324 Sargeant St. 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William Robert Amey

If U. S. Veteran specify WAR

(a) Residence: No. 1324 Sargeant St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Dec. 9, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER FATHER

13. NAME William A. Amey

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME Anna E. Thompson

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT William A. Amey

(Address) 1324 Sargeant St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Feb 20 1939

19. UNDERTAKER Albert M. Peregoy

(Address) 440 E. North Ave

20. FILED FEB 20 1939 Interior Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1937 to Feb 17, 1939

I last saw him alive on Feb 16, 1939. Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Measles	2/3
Bronchopneumonia	2/10

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Theodore E. Stacy, M. D.

(Address) 3803 Edmondson Ave

M. D. P. 1268-9

55322 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55322

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Sq Hosp. St., 20-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joshua Hendricks

(a) Residence: No. 2333 Frederick Ave., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mary Hendricks

6. DATE OF BIRTH (month, day, year): September 28-1857

7. AGE — Years: 81 | Months: 4 | Days: 27 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farmer

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Chesterton Md

13. NAME: William Hendricks

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: William Hendricks

(Address) 3651 Coolidge Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lindorp Park Date Sept. 21 1939

19. UNDERTAKER: George L. Schroeder

(Address) 2101 Frederick Ave.

SEP 20 1939

Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9. 18. 1939.

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14. 1939 to Sept. 18. 1939

I last saw him alive on 9-18. 1939 Death is said to have occurred on the date stated above, at 11 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
cardiac decompensation.	
pulmonary edema	
bronchopneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Nathan Wolf, M. D.

(Address) Franklin Sq Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55323

CERTIFICATE OF DEATH

F 55323

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St. 25-1 Ward)

Registered No. 210-M

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles E. Kuhn

If U. S. Veteran specify WAR

(a) Residence: No. Bowie Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1909

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
20 29 ~~39~~	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Charles Kuhn

14. BIRTHPLACE (city or town) (State or country) N.Y?

MOTHER

15. MAIDEN NAME Mary V. Brown

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Henry Kuhn
(Address) Hyattsville Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Harwood Md. Date Feb. 20 1939

19. UNDERTAKER George L. Lehnert
(Address) 3101 Ludgate Ave. Huntington Williams, M.D.

20. DATE FEB 20 1939 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 18, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, Suicide or Homicide? Accident Feb. 18, 1939 19

Where did injury occur? Wash. Bulv. Howard Co (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Road

Manner of injury Changing Tire on Curve Washington

Nature of injury Bulv. struck by Auto.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) [illegible]

V S 6

55324 5 F 55324

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-E

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 12-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Carrie Lloyd

(a) Residence: No. 3407 Barclay St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-28-11

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
27	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Cohas Lloyd

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Emma Gray

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Antrim Mem. Park Date 2-21 1939

19. UNDERTAKER Mrs. Frances A. Hensley
(Address) 571 W. Biddle St.

20. FILED ..... 19 Huntington Williams
FEB 20 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1939 to Feb 18, 1939

I last saw her alive on Feb 18, 1939. Death is said to have occurred on the date stated above, at 7:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma - Site of origin unknown - with metastasis to lymph nodes, liver, thoracic duct, uterus ovaries, mesentery, and peritoneum.	2 mos. +
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Biopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Florence Billingsley, M. D.

(Address) John Hopkins Hospital

55325 HEALTH DEPARTMENT—CITY OF BALTIMORE 55325

95-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2114 E. Pratt St St., 1-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 50 yrs. ... mos. ... ds.

2. FULL NAME Antoni or Anthony Szymanowicz or Szymanowicz

If U. S. Veteran specify WAR .....

(a) Residence: No. 2114 E. Pratt St St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna

6. DATE OF BIRTH (month, day, year) March 1 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	11	17 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Szymanowicz

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mary Sauer

(Address) 2114 E. Pratt St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date Feb 21 1939

19. UNDERTAKER Martin W. C. Dippel

(Address) 378 Aisquith St

FILED ..... 19.....

Registrar.

FEB 20 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1939 to Feb. 18, 1939

I last saw him alive on Feb. 18, 1939. Death is said to have occurred on the date stated above, at 11 46 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROTIC, HYPER-	
TENSIVE CARDIO-VASCULAR DISEASE	2 yrs ago
CORONARY OCCLUSION	2/18/39

Other contributory causes of importance:

CHRONIC ARTHRITIS

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Neil F. Brenza, M. D.

(Address) 1209 E. Chester St

Dr. Eisenberg - North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55326

CERTIFICATE OF DEATH

131 F 55326

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2113 Kirk Ave St., 9-K Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Elizabeth Douglass

If U. S. Veteran specify WAR

(a) Residence: No. 2113 Kirk Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John M. Douglass

6. DATE OF BIRTH (month, day, year) Feb 3, 1879.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60 59		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Wm. E. Lannon

(Address) 2113 Kirk Ave.

18. BURIAL, CREMATION, OR REMOVAL

Where Mays Hamsley Date Feb 21. 1939

19. UNDERTAKER Chinnery & Son

(Address) 3615-17 Eastern Ave

20. FILED Huntington Williams, M.D. Registrar.

FEB 20 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18 1939

22. I HEREBY CERTIFY, That I attended deceased from January 19, 1939 to Febry 18, 1939

I last saw her alive on Febry 18, 1939 Death is said to have occurred on the date stated above, at 9.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coma Uremia Cerebral	
Chronic Interstitial Nephritis	1/19/39.
Acute Insufficiency	
Other contributory causes of importance:	
Cardiac Dilatation	2 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Albert Eisenberg M. D.

(Address) 1025 E North Ave

Dr. Gerardi - 900 W 37th

F 55327

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 719 Berry St. St. 13-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7yr. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME LeRoy R. Miller

If U. S. Veteran specify WAR

(a) Residence: No. 719 Berry St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 13 1924

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
14	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Walter R Miller

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Katie L. Rich

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Walter R. Miller

(Address) 719 Berry St.

18. BURIAL, CREMATION, OR REMOVAL

Woodland Cem. Date Feb 21, 1939

19. UNDERTAKER Thanhouser & Son

(Address) 3615-17 Edmondson Ave.

20. FILED Feb 20 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1939, to Feb 19, 1939

I last saw him alive on Feb 18, 1939 Death is said to have occurred on the date stated above, at 8 1/4 a.m.

The principal cause of death and related causes of importance were as follows:

Lobar Streptococcal Pharyngo-Laryngitis

Pharyngeal & Laryngeal Diphtheria

Date of onset
Feb 16 39
"

Other contributory causes of importance:

Edema & Pallor

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Gerardi M. D.

(Address) 900 W. 37th St.

5328

F 55328

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-D

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2958 Hayman Parkway 2-6 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dr Joseph Hall Jones
If U. S. Veteran specify WAR World War

(a) Residence: No. 2958 Hayman Parkway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the ward)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Tommy Jones

6. DATE OF BIRTH (month, day, year) July 7 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Main Hospital

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Alabama

FATHER

13. NAME Joseph H Jones

14. BIRTHPLACE (city or town) (State or country) Alabama

MOTHER

15. MAIDEN NAME Sallie St. Amis

16. BIRTHPLACE (city or town) (State or country) Ala.

17. INFORMANT Records U. S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenville, Alabama Feb. 20 1939

19. UNDERTAKER E. Leroy Stifflen, Inc.
(Address) 125 E. Monument Ave.

20. FILED ... 19 ... Registrar.

8.20 1939 Hunting for Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2/20/39

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If specify ...

(Signed) John A Evans M. D.
Coroner

(Address) ...

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55329

CERTIFICATE OF DEATH

82-4 F 55329

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2436 Pickwick Rd. St., 28-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Robert McIlhaney Golder

(a) Residence: No. 24 36 Pickwick Rd. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carolyn M. Golder

6. DATE OF BIRTH (month, day, year) Aug. 8, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst. Sec., Nov. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Amsterdam Cas. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME Charles L. Golder

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Mary McIlhaney

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Carolyn M. Golder
(Address) 2436 Pickwick Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Feb. 21 1939

19. UNDERTAKER Wm. J. Tickner & Sons,
(Address) North & Penna. Aves.

FEB 20 1939 Hunting for Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 24 1939 to Feb 18 1939

I last saw h... alive on Feb 18, 1939. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis with Hypertension	
Other contributory causes of importance: Cerebral Hemorrhage	

Was an operation performed? 0 Date of

For what disease or injury? 0

Name of operation 0

What test confirmed diagnosis? None Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Elmer B Freedman M. D.

(Address) 807 Cathedral St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55330

CERTIFICATE OF DEATH

95B F 55330

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hosp. St. 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sr. Mary Berengarian (Elizabeth M. O'Connell)

(a) Residence: No. St. Joseph Hospital St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 25, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	7	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital pt65

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Edward C. O'Connell

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Elizabeth B. O'Connell

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Sister Regina (Address) St. Joseph Hospital

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 2-22 1939

19. UNDERTAKER Leonard J. Rush (Address) Huntington & Williams, M.D.

FEB 20 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-19, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1938 to Feb. 19, 1939

I last saw her alive on Feb. 19, 1939. Death is said to have occurred on the date stated above, at 9:45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolus	5 min.

Other contributory causes of importance:

Hypertensive Cardio-Vascular disease	2

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. R. Tennyson, M. D.

(Address) St. Joseph Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55331

CERTIFICATE OF DEATH

93 F 55331

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St., 28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Sister Felicita Hampson

If U. S. Veteran specify WAR None

(a) Residence: No. Mount Hope Retreat St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 22 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sheboygan Co. Wis.

FATHER

13. NAME James Hampson

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Frances Clark

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mt Hope Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Hope Date Feb 22 39

19. UNDERTAKER STEWART & MOWEN COMPANY
(Address) (W. F. WOODEN SUC.) 108 W. NORTH AVENUE
Huntington for Williamsport, Md.

20. FILED FEB 20 1939
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to Feb. 20, 1939

I last saw her alive on Feb 20, 1939 Death is said to have occurred on the date stated above, at 3:15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	Chronic
Cardiac Insufficiency	2/13/39
Other contributory causes of importance:	
Malignancy	1935

Was an operation performed? No Date of

For what disease or injury? No

Name of operation None

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Milton P. Hall, M. D.

(Address) Mount Hope Retreat

F 55332 HEALTH DEPARTMENT—CITY OF BALTIMORE F 55332

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 110-20-University Hosp-1 St., ... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry Yoxall Chatterley

If U. S. Veteran specify WAR None

(a) Residence: No. 110 W. University Pkwy. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret F. Chatterley

6. DATE OF BIRTH (month, day, year) Sept 13, 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Banker

10. Date deceased last worked at this occupation (month and year) Sept 27, 1938

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Brooklyn N. Y.

FATHER

13. NAME George Chatterley

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Sarah Parsons

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs Nathan R. Smith Jr.
(Address) Washington Apts.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Feb 21, 1939

19. UNDERTAKER STEWART & HOWER COMPANY
(Address) (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

20. FILED Huntington Williams, M.D. Registrar.
FEB 20 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1938 to Feb. 19, 1939

I last saw him alive on Feb 19, 1939. Death is said to have occurred on the date stated above, at 7:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9/27/38

Other contributory causes of importance:

Was an operation performed? no Date of ...

For what disease or injury? —

Name of operation — Date of ...

What test confirmed diagnosis? Clinical Course Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ...

(Signed) Francis H. Gluck, M. D.

(Address) 715 Park Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 55333 107-aF 55333

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. 6 mos. 5 da. How long in U. S. If of foreign birth? 80 yrs. 6 mos. 5 da.

2. FULL NAME Edward Alex Watts

If U. S. Veteran specify WAR NONE

(a) Residence: No. 1403 Mt Royal Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced (Fannie P.) (deceased) HUSBAND of (or) WIFE of Mrs. Edward A. Watts

6. DATE OF BIRTH (month, day, year) August-14-1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Watts Coal Co

10. Date deceased last worked at this occupation (month and year) Feb 1937

11. Total time (years) spent in this occupation 52 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Marion Watts

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Hamick Perry

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mr. B. B. Watts (Nephew)

(Address) 918-21 University Pkwy.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemet Date Feb 21 39 19

19. UNDERTAKER STEWART & HOWEN COMPANY

(Address) (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

FEB 20 1939 Filed 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19 39 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 19 39 to Feb 19, 19 39

I last saw him alive on Feb 19, 19 39 Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Terminal	2-16-39
Respiratory failure	2-18-39

Other contributory causes of importance:

Old age
Senility

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Robert Wm White M. D.

(Address) c/o The Gilman Apts

HEALTH DEPARTMENT—CITY OF BALTIMORE 55334

CERTIFICATE OF DEATH

54-E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hosp St. 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Jordan

(a) Residence: No. Clements, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Brother of Louis J. Jordan

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1/16/39

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) St Marys Co. Md

FATHER

13. NAME Henry Jordan

14. BIRTHPLACE (city or town) (State or country) St Marys Co Md

MOTHER

15. MAIDEN NAME Martha Campbell

16. BIRTHPLACE (city or town) (State or country) St Marys Co. Md.

17. INFORMANT Brother, Louis J. Jordan

(Address) Clements Md

18. BURIAL, CREMATION, OR REMOVAL

Place Morganza Md Date 1/22 1939

19. UNDERTAKER W. C. Mattingley

(Address) Leonardtown, Md.

20. FILED FEB 20 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/20 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1939 to Feb 20, 1939

I last saw him alive on Feb 19, 1939 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal hemorrhage	2/19/39 ?
Fibroma of urethra	

Other contributory causes of importance:

Was an operation performed? Yes Date of 2/9/39; 2/16/39

For what disease or injury? Fibroma of urethra

Name of operation Transurethral Resection

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John Constantine M. D.

(Address) St. Joseph's Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

55335

CERTIFICATE OF DEATH

108 F 55335

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 20 h. Lakewood Ave 6-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Louis Penamith

(a) Residence: No. 20 h. Lakewood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Penamith

6. DATE OF BIRTH (month, day, year) Oct. 12, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sup. Highway Dept.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME John Penamith.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary E.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Louise Penamith

(Address) 20 h. Lakewood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem. Date 2/21 1939

19. UNDERTAKER John B. Miller

(Address) 2864 Jefferson st.

20. FILED Huntington Williams, Registrar.

FEB 20 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 13 1939 to Feb 18 1939

I last saw him alive on Feb 18, 1939. Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gustav C. Theime M. D.

(Address) 2601 E. Fairmount Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55336

CERTIFICATE OF DEATH

93-C F 55336

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1747 Carswell St., 9-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME G. Walter Harple

If U. S. Veteran specify WAR

(a) Residence: No. 1747 Carswell St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian C. Harple

7. DATE OF BIRTH (month, day, year) Nov. 21 1884

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Creating Mach.

10. Date deceased last worked at this occupation (month and year) Feb. 1939

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME John Harple

14. BIRTHPLACE (city or town) (State or country) Balto. City Md.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Lillian C Harple

(Address) 1747 Carswell St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Feb. 21st 1939

19. UNDERTAKER Fredk. Lassahn

(Address) 7401 Belair Rd.

20. FILED FEB 20 1939 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 18th 1939

22. I HEREBY CERTIFY, That I attended deceased from Feby 14 1939 to Feby 18 1939

I last saw him alive on Feby 16 1939 Death is said to have occurred on the date stated above, at 3 to 4 p m

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset Feby 18

Acute Cardiac Dilatation

Other contributory causes of importance: Chronic Myocarditis — 7 years

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas B. Grant M. D.

(Address) 3009 Evergreen Ave City

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 55337 94-B F 55337

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

F 55337

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2525 Sidney Ave. St. 25-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR Home

2. FULL NAME William D. Legg

(a) Residence: No. 2525 Sidney Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Legg

6. DATE OF BIRTH (month, day, year) Dec. 7, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66		2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md

FATHER

13. NAME John T. Legg

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Elizabeth Boon

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Margaret Legg
(Address) 2525 Sidney Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date Feb 21 1939

19. UNDERTAKER Martin J. Gormley
(Address) 1102 Forrest St

20. FILED FEB 20 1939 Huntington Williams, M.D.

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/19/39

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2/19 39

Other contributory causes of importance:

Was an operation performed? no Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) J. Littman M. D.
Coroner

(Address) 1304 E. Chase St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55338

CERTIFICATE OF DEATH

107-a F 55338

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2708 E. Oliver St. St., 8-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie E. Parker,

If U. S. Veteran specify WAR

(a) Residence: No. 2708 E. Oliver St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward W. Parker,

6. DATE OF BIRTH (month, day, year) January 19. 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City

MOTHER FATHER

13. NAME Daniel K Shane,

14. BIRTHPLACE (city or town) (State or country) Baltimore City.

15. MAIDEN NAME Sarah E. Loane,

16. BIRTHPLACE (city or town) (State or country) Baltimore City

17. INFORMANT Geo. S. Parker,
(Address) 2708 E. Oliver St.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Feb. 23 1939

19. UNDERTAKER Geo. H. Lisle
(Address) 2700 Edmondson Ave.

20. FILED 19 Registrar

FEB 20 1939 Huntington Avenue

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 20 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1939, to Feb. 20, 1939

I last saw h alive on Feb. 20, 1939 Death is said to have occurred on the date stated above, at 11:45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia,	5 days
Other contributory causes of importance:	
Senility	
Chronic Bronchitis	

Was an operation performed? No. Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thomas E. Johnston M. D.

(Address) 3214 Hanford Rd.

F 55339

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181

F 55339

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 W Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Lamartina

If U. S. Veteran specify WAR .....

(a) Residence: No. 675 W. Fayette St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 4 - 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME Jos Lamartina

14. BIRTHPLACE (city or town) (State or country) Balto md

MOTHER

15. MAIDEN NAME Veronica Buday

16. BIRTHPLACE (city or town) (State or country) Balto md

17. INFORMANT Joseph Lamartina

(Address) 675 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Feb 21 1939

19. UNDERTAKER Albert W Gregory

(Address) 446 E North Ave

20. Filed FEB 20 1939 Huntington Williams, M.D.

VS 6

Filed - M. A. Abrams 2 V. Cr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	2 days
Other contributory causes of importance: Burns of Body (2nd Degree)	5 hrs.

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Clinical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~Suicide~~ or ~~Homicide~~? yes Date of injury 2/18, 1939

Where did injury occur? Balto md - 675 W. Fayette St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Clothes ignited when child lit candle.

Nature of injury General bodily burns

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify —

(Signed) Michael A. Abrams, M. D. Coroner

(Address) 7360 Eastern Place

35340 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓ 35340

CERTIFICATE OF DEATH

✓ 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3012 E. Monument St., 7-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 57 yrs. ..... mos. ..... ds.

2. FULL NAME Anna Kalas

If U. S. Veteran specify WAR .....

(a) Residence: No. 3012 E. Monument St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Kalas

6. DATE OF BIRTH (month, day, year) Jan 7, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Joseph Basek

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Ludie Kalas
(Address) 3012 E. Monument

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb 21, 39

19. UNDERTAKER Frank Creagh & Son
(Address) 1906 Ashland Ave.

FEB 21 1939 Filed ....., 19..... Registrar. Huntington Woods, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1939 to Feb 18, 1939

I last saw her alive on Feb 17, 1939 Death is said to have occurred on the date stated above, at 4.20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of right breast	6 mos
Other contributory causes of importance: Carcinomatosis	2 mos

Was an operation performed? no Date of .....

For what disease or injury? ✓

Name of operation .....

What test confirmed diagnosis? none Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Joseph Pokorny, M. D.

(Address) 2201 E Madison St.

55341 F 55341

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St., 9-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John E. Gray

If U. S. Veteran specify WAR

(a) Residence: No. 1643 Harford ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Mary Ellen Mains Gray

6. DATE OF BIRTH (month, day, year) June 21, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Frame & Co

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Car rail 16

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary Ellen Gray

(Address) 1643 Harford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Feb 22, 1939

19. UNDERTAKER Frank W. Neuhof & Son

(Address) 1 Mt. Vernon Pl

20. FILED Huntington Williams, Registrar.

FEB 21 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 20, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Diabetes Mellitus	

Other contributory causes of importance:

Cardiac Failure No

Was an operation performed? ... Date of ...

For what disease or injury? —

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address) Coroner

F 55342

HEALTH DEPARTMENT—CITY OF BALTIMORE

55342

CERTIFICATE OF DEATH

50

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1126 W. Case St., 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary R. Schwab.

(a) Residence: No. 2852 Mayfield ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of August Schwab.

6. DATE OF BIRTH (month, day, year) March 11 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Charles Howard

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Mrs. Lula Parsons (daughter)
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem. Date 2/21/39

19. UNDERTAKER Fred. G. Krause & Son
(Address) 1320 E. Chase St.

20. FILED ..... 19..... Registrar.

FEB 21 1939 Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/18 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1938, 19..., to Feb 18, 1939

I last saw her alive on 2/15, 1939 Death is said to have occurred on the date stated above, at 6:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of left Breast	1937
Other contributory causes of importance: Cachexia. Metastases to left lung	Dec 1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation Deep X-ray Therapy

What test confirmed diagnosis? Exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Isaac Mellon M. D.

(Address) 1225 E Chase St

55343

HEALTH DEPARTMENT—CITY OF BALTIMORE 55343

55343

CERTIFICATE OF DEATH

✓ + 47-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. University St. 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George L. Vogel

(a) Residence: No. ... Edmondson Ville, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 6, 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

MOTHER'S FATHER'S

13. NAME Chas Wetzel

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Minnie Vogel

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mountain Cemetery Date Feb. 23, 1937

19. UNDERTAKER C. McWalter
(Address) Winfield, Md.

20. FILED FEB 21 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1937, to Feb 20, 1937

I last saw him alive on Feb 20, 1937. Death is said to have occurred on the date stated above, at 11:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mediastinal Malignancy	
Hydrothorax bilateral	
Supposed as cause	
Metastasis to Liver	
Other contributory causes of importance: Cellulitis right elbow.	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Henry L. Rigdon M. D.

(Address) University Hosp.

55344 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 55344

CERTIFICATE OF DEATH

92-a

Registered No.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 N. Belnord St. 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. da. How long in U. S. if of foreign birth? 69 yrs. mos. da.

2. FULL NAME Wenceslaus Cihlar

If U. S. Veteran specify WAR

(a) Residence: No. 608 N. Belnord St. Ward.

(Usual place of abode) (if non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb 12 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Joseph Cihlar

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Hoffman

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Mary Fama

(Address) 608 N Belnord a

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb. 22 19 39

19. UNDERTAKER Frank Leach & Son

(Address) 1906 Ashland Ave.

FEB 21 1939 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 39 to Feb 18 39

I last saw her alive on Feb 17 19 39 Death is said to have occurred on the date stated above, at 6.50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	Feb 15/39
Other contributory causes of importance: Chronic Valvular Heart Disease	1936

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

How specify

(Signed) William Bauer M. D.

(Address) 801 S Gay

55345

HEALTH DEPARTMENT—CITY OF BALTIMORE

55345

CERTIFICATE OF DEATH

✓108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 St. Dunstans Rd 27-8 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Maxwell E. Abbot

If U. S. Veteran specify WAR .....

(a) Residence: No. 610 St. Dunstans Rd. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of ~~(or WIFE of)~~ Marie L. Abbott

6. DATE OF BIRTH (month, day, year) Dec 20th 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, book-keeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R.

10. Date deceased last worked at this occupation (month and year) 1/1/39

11. Total time (years) spent in this occupation 21

12. BIRTHPLACE (city or town) (State or country) Penna

MOTHER FATHER

13. NAME Marlin Abbot

14. BIRTHPLACE (city or town) (State or country) Penna

15. MAIDEN NAME Margaret Hunter

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Marie A. Byus

(Address) 610 St Dunstans Road

18. BURIAL, CREMATION, OR REMOVAL

Place Loraine Date Feb 21st 1939

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1939 to Feb. 18, 1939

I last saw him alive on Feb. 18, 1939. Death is said to have occurred on the date stated above, at 10:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Lobar)	Feb. 13
Endocarditis	
Myocarditis	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Carl H Benson, M. D.

(Address) 5111 York Road.

FEB 21 1939 Huntington Williams, M.D.

55346 HEALTH DEPARTMENT—CITY OF BALTIMORE F 55346

CERTIFICATE OF DEATH 182-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 1-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ruth Elizabeth Colwell

If U. S. Veteran specify WAR _____

(a) Residence: No. 1043 Linsford Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mahon

6. DATE OF BIRTH (month, day, year) January 27, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	0	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Continental Can Co

10. Date deceased last worked at this occupation (month and year) 2/17/39

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John E. Colwell

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Emily J. Franklin

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Russell Colwell

(Address) 1813 Riggs Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Park Date Feb 21 1939

19. UNDERTAKER Wm Cook

(Address) 127 St. Paul St

20. FILED Huntington Williams, Registrar.

FEB 21 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 18, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	

Other contributory causes of importance: Cerebral Apoplexy

Was an operation performed? No Date of _____

For what disease or injury? —

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury _____, 19____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify _____

(Signed) Paul Schreiber, M. D.

Coroner

(Address)

F 55347

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55347

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 824 E. North Ave. 9-E Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran — — — —

2. FULL NAME Lottie M. Cole specify WAR .....

(a) Residence: No. 824 E. North Ave St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Charles E.

6. DATE OF BIRTH (month, day, year) Oct 21-1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Somerset Co. Md.

MOTHER FATHER

13. NAME Sandy Shreve.

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Charles Cole (Address) 824 E. North Ave

18. BURIAL, CREMATION, OR REMOVAL Place Fremont Date 2/21 19 39

19. UNDERTAKER Williams Cook (Address) 1217 St Paul

20. FILED ..... 19 ..... Registrar.

FEB 21 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-18-39. 19

22. I HEREBY CERTIFY, That I attended deceased from for last 3 yrs. 19 ..... to 2-18 1939

I last saw her alive on 2-17 ..... 1939. Death is said to have occurred on the date stated above, at 5.25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Left Hemaplegia (Cerebral)	
Infirmities of age	
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis Clinical & Chart Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19 .....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) O. C. Carmean, M. D.

(Address) 1201 N Caroline St

55348 HEALTH DEPARTMENT—CITY OF BALTIMORE 55348

CERTIFICATE OF DEATH

41108-FS

Registered No. 50

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 12-3 Ward)
(If death occurred in a hospital or institution, give NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran — specify WAR

2. FULL NAME Clara Bruggman

(a) Residence: No. 443 Ilchester St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jacob

6. DATE OF BIRTH (month, day, year) 2-27-1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
76	76	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Abraham Barnes

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Jane Marsden

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Feb 23rd 1939

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..., 19... Registrar.

FEB 21 1939

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 2-20, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-19, 1939 to 2-20, 1939

I last saw h[illegible] alive on 2-19, 1939. Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Breast with metastasis	?
Bronchopneumonia	few days
Other contributory causes of importance:	

Was an operation performed? yes Date of 2-11-39

For what disease or injury? Carcinoma Breast

Name of operation Mastectomy

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
None If so, specify

(Signed) L. K. Woodward, M. D.

(Address) Balto City Hosp

55349 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 55349

CERTIFICATE OF DEATH A-186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hosp. St. 25-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ___ mos. 7 ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Ida M. Peterson

If U. S. Veteran specify WAR ___

(a) Residence: No. 1 South Graymdale Ave St., Ward. Balto Co. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Wh.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph L. Wilson

6. DATE OF BIRTH (month, day, year) Apr 28 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	81	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Frances Waltmeyer

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Rebecca Ann Wade

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT Mrs Lillian Forrest

(Address) 1 S. Graymdale Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Feb 22 1939

19. UNDERTAKER Wm Cook & Son

(Address) 2117 E. Baltimore St

20. FILED FEB 21 1939 19 Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb 20, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture left hip	2/13.
Bronchopneumonia	2/16
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accidental Date of injury 2/13, 1939

Where did injury occur? 1000 Graymdale Ave Balto (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down stair steps

Nature of injury Fracture left hip

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. Hamme, M. D. Coroner

(Address) 822 E Baltimore Md

V S 6

55350

HEALTH DEPARTMENT—CITY OF BALTIMORE 55350

CERTIFICATE OF DEATH

J131

1. PLACE OF DEATH Home for Aged Women & Aged Men

CITY OF BALTIMORE: (No. 1400 W. Lexington St., 19-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran ——

2. FULL NAME Susie C. Scotten specify WAR .....

(a) Residence: No. 1400 W. Lexington St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of —— (or) WIFE of ——

6. DATE OF BIRTH (month, day, year) June 5th 1848

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
90	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At the Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) ——

11. Total time (years) spent in this occupation ——

12. BIRTHPLACE (city or town) Darlington (State or country) Md.

FATHER

13. NAME Joseph Scotten

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Agnes Wright

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Records Home for Aged Women & Men

(Address) 1400 W. Lexington st

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb 21st 1939

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul st

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 19. 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1938, to Feb. 19, 1939

I last saw her alive on Feb. 18, 1939. Death is said to have occurred on the date stated above, at 11 09 m.

The principal cause of death and related causes of importance are as follows:

	Date of onset
Myocardeles Chronic,	
Arteriosclerosis,	
Nephritis, Chronic	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edwin A. Harvey M.D.

(Address) 1115 St. Paul St. City

8

55351

HEALTH DEPARTMENT—CITY OF BALTIMORE E 55351

CERTIFICATE OF DEATH

✓ 4-5-D

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md. Registered No.

CITY OF BALTIMORE: (No. St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 6 mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Carlson If U. S. Veteran specify WAR

(a) Residence: No. 730 E. Pratt Street St., Ward. Sweden

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 9, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	11	11	10

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shipping

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Gothenburg, (State or country) Sweden

FATHER

13. NAME Carl Carlson

14. BIRTHPLACE (city or town) ? (State or country) Sweden

MOTHER

15. MAIDEN NAME Anna Sofia Petersen

16. BIRTHPLACE (city or town) ? (State or country) Sweden

17. INFORMANT Records-U. S. Marine Hospital (Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Place St. Mary's Hampden Date Feb. 21, 1939

19. UNDERTAKER E. Leroy Stiffler (Address) 1151 Northdale

20. FILED Feb 21 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from October 12, 1938, to February 19, 1939

I last saw him alive on February 19, 1939. Death is said to have occurred on the date stated above, at 7:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, squamous cell	March 1938

Other contributory causes of importance:

Cellulitis, cancerous, chronic, right side of mouth and neck	March 1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P. M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) K K Bryant M. D.

(Address) U. S. Marine Hospital, Baltimore, Md.

55352 Orlove E 55352

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-13

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3600 Eldrada Ave 25-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Harry A. Orlove

If U. S. Veteran specify WAR .....

(a) Residence: No. 3600 Eldrada Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadye Orlove

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manufg - Furs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) London, England

MOTHER FATHER

13. NAME Morris -

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Dina -

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sadye Orlove

(Address) 3600 Eldrada Ave.

18. BURIAL, CREMATION OR REMOVAL

Place Linden Mem'l Pk Date 2-21- 1939

19. UNDERTAKER Joseph Levin Bro

(Address) 1534 E. Baltimore St

20. FILED ..... 19.... ..... Registrar.

Bureau of Statistics, M.D.

FEB 21 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-20-39. 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 7 1939 to Feb 19 1939.

I last saw h.. alive on Feb 19 1939. Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Feb 7, 19
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical & Ex Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Walter Shem, M. D.

(Address) Medical Arts Bldg

55353 F 55353

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2690 St. Benedict St. 20-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rudolph J. Border

If U. S. Veteran specify WAR

(a) Residence: No. 2690 St. Benedict St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 12 1874.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Crossing Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R.

10. Date deceased last worked at this occupation (month and year) 10

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Amos Border

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME MaryAnn Sprang

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. George Bussard
(Address) 2690 St. Benedict St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Feb. 21/39

19. UNDERTAKER Harry A. Little
(Address) 4101 Edmondson Ave.

20. FILED Huntington Avenue, MD
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17. 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1939 to Feb 17 1939

I last saw h alive on Feb 17 1939 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	1933
Other contributory causes of importance: Acute Cardiac Dilitation	Feb 15. 39

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Glassman M. D.

(Address) 2087 Harlem Ave

5354

HEALTH DEPARTMENT—CITY OF BALTIMORE 55354

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH Union Memorial Hospital Registered No.
CITY OF BALTIMORE: (No. Calvert & 33rd St. 12-26 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cynthia Carol Clarke If U. S. Veteran specify WAR

(a) Residence: No. Harlem Lane Catonsville Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 21, 27

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
11	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Y.

FATHER

13. NAME Leonard E. Clark

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Elizabeth Chapman

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mrs. Leonard E. Clark

(Address) 660 Harlem Lane Cat.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem. Date 2/22/39

19. UNDERTAKER Harry A. Britzke & Edmondson Ave.

(Address) 401

20. FILED 2-22-39 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/19/39

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1939, to Feb 19, 1939

I last saw her alive on Feb. 19, 1939. Death is said to have occurred on the date stated above, at 9:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	1934
Myocardial Failure	Jan. 39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) B. H. Howard, M. D.

(Address) 2 W. Pt.

55355 HEALTH DEPARTMENT—CITY OF BALTIMORE 55355

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2118 E Federal St., 8-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Christian Richter

If U. S. Veteran specify WAR

(a) Residence: No. 2118 E Federal St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia A Richter

6. DATE OF BIRTH (month, day, year) Oct 29-1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Andreas Richter

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Amelia Hoffmann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Clarence Carlisle

(Address) 613 N Clinton St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Feb 22, 1939

19. UNDERTAKER Ulrich

(Address) 3008 Orleans

FEB 21 1939

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 17 1939 to Feb 19 1939

I last saw h alive on Feb 19 1939 Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2/16/39
Other contributory causes of importance: Chronic Myocarditis	1935

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William J Roane M.D.

(Address) 801 N Patterson Park

55356

HEALTH DEPARTMENT—CITY OF BALTIMORE 55356

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 416 S Clinton St. 26-11 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William E. Stetter

If U. S. Veteran specify WAR .....

(a) Residence: No. 416 S. Clinton St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Stetter

6. DATE OF BIRTH (month, day, year) Aug 17-1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Paul Stetter

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dorothea

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Elsie Dooley

(Address) 514 S Robinson

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date Feby 22 1939

19. UNDERTAKER John Ulrich

(Address) 2008 E Oliver

20. FILED ..... 19 ..... Registrar.

FEB 21 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 19 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1939 to Feb 19 1939

I last saw him alive on Feb 19 1939. Death is said to have occurred on the date stated above, at 10 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cbr Mitral Insufficiency	1924?
Bronchial Pneumonia	Feb 12-39
Other contributory causes of importance:	
Chron Myocarditis	?

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) N. Rosenau M. D.

(Address) 3228 Eastern Ave

55357 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 55357

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

Registered No.....

CITY OF BALTIMORE: (No. 512 S Highland St. 26-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. ...mos. ...da. How long in U. S. If of foreign birth? ...yrs. ...mos. ...da.

2. FULL NAME Emma V Richmond

If U. S. Veteran specify WAR .....

(a) Residence: No. 512 S Highland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James Richmond

6. DATE OF BIRTH (month, day, year) June 8 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	68	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Wilmington Del

FATHER

13. NAME William Holt

14. BIRTHPLACE (city or town) (State or country) Del

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Del

17. INFORMANT Mrs Burton Johns
(Address) 512 S Highland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Feb 22 1939

19. UNDERTAKER John Ulrich
(Address) 2008 Orleans St

20. FILED ..... 19..... .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 19 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 17 1939 to Feb 19 1939

I last saw her alive on Feb 19 1939. Death is said to have occurred on the date stated above, at 5-2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	Feb 18
Other contributory causes of importance:	
Chronic Interstitial Nephritis	?
Chronic Bronchitis	?

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) J. Roy Wright M. D.

(Address) 117 N. Saratoga St

MAR 21 1939 Hamilton Mortuary, Md.

F 55358

55358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 530 Brune St., 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Williams

If U. S. Veteran specify WAR

(a) Residence: No. 530 Brune St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Williams

6. DATE OF BIRTH (month, day, year) June 19, 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	8	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0137

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Bates

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Annie Johnson

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Charles Dawson

(Address) 530 Brune St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 2-23 39

19. UNDERTAKER Wm Clinton & Jackson

(Address) 916 Pennsylvania ave

20. FILED FEB 21 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above. 9 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify)

(Signed) Adams, M. D.

Coroner

(Address) 1215 Hanover.

Use

F 55359

55359 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 131

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2219 Ruskin Ave St. 43rd Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.....

2. FULL NAME George E. Houck

(a) Residence: No. 2219 Ruskin Avenue St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma E Houck

6. DATE OF BIRTH (month, day, year) Nov 28-1858

7. AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	80	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Postman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Govt

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bavaria Germany

FATHER

13. NAME Wendel Houck

14. BIRTHPLACE (city or town) (State or country) Bavaria Germany

MOTHER

15. MAIDEN NAME Mary Jane Orndorf

16. BIRTHPLACE (city or town) (State or country) Hagerstown Maryland

17. INFORMANT Mrs John Stallings

(Address) 2219 Ruskin Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Feb 22 1939

19. UNDERTAKER H H Marshall

(Address) 2339 Eutaw Road Huntington Station, N.Y.

20. FILED Feb 21 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1939 to Feb 19, 1939

I last saw him alive on Feb 18, 1939. Death is said to have occurred on the date stated above, at 9.30 a.m.

The principal cause of death and related causes of importance were as follows:

Cardio Renal Vascular — Date of onset: Prior

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Fred B Jewett M. D.

(Address) 2516 Penna. Ave

55360

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55360

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

Registered No. 20-8

CITY OF BALTIMORE: (No. St Agnes Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Warren C. Collins

If U. S. Veteran specify WAR .....

(a) Residence: No. 3332 Frederick Av. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 4, 1919

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	19	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... pcks

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ladies Hat Mfgr.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Leroy Collins

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Helen Harrich

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Leroy Collins

(Address) 3332 Frederick Av.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem. Date 2/21 1939

19. UNDERTAKER Geo. A. Forler

(Address) Fulton & Fayette St.

FEB 21 1939

Huntington Williams, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 18, 1939.

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came

His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Accident Date of injury Feb. 17, 1939

Where did injury occur? Balto. Co. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Road

Manner of injury Auto upset Wilkins Av. & Hill Top. Rd.

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. H. Cullen, M. D.

Coroner

(Address) 2737 Wilkens

USG

55361 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 55361

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. Balto. Md. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Nancy Turner

(a) Residence: No. Box 221 Sparrows Pt Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/3/39

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
			14 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None MD

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sparrows Point Md.

FATHER

13. NAME Edward Turner

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary A-Miller

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT EDWARD TURNER FATHER

(Address) SPARROWS POINT MD.

18. BURIAL, CREMATION, OR REMOVAL SACRED HEART OF M[illegible] FEB 21 19 39

19. UNDERTAKER Lilly & Zerbe

(Address) 403 S. WOLFE ST.

20. FILED ..... 19 ..... Registrar.

FEB 21 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/19/39, 19

22. I HEREBY CERTIFY, That I attended deceased from 2/17, 1939, to 2/19, 1939

I last saw her alive on 2/19, 1939. Death is said to have occurred on the date stated above, at 7:35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	2/15/39
	about
Other contributory causes of importance: Vasomotor Collapse	Terminal

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify Of Sparrows Pt Md.

(Signed) E E Bereston, M. D.

(Address) Mercy Hosp. Balto Md

F 35362

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH: Homewood Apartments
CITY OF BALTIMORE: (No. Charles & 31st St., 12-N Ward)
Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 87 yrs. 11 mos. 2 da. How long in U. S. If of foreign birth? -- yrs. -- mos. -- da.

2. FULL NAME: Joseph Edward Ballard
If U. S. Veteran specify WAR ____

(a) Residence: No. Charles & 31st St., ____ Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Louise Dorman

6. DATE OF BIRTH (month, day, year): March 17, 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	87	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ____
10. Date deceased last worked at this occupation (month and year): ____
11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) (State or country): -------- Maryland

FATHER

13. NAME: Edward J. Ballard
14. BIRTHPLACE (city or town) (State or country): -------- Maryland

MOTHER

15. MAIDEN NAME: Eliza --------
16. BIRTHPLACE (city or town) (State or country): -------- Maryland

17. INFORMANT: Joseph Edward Ballard Jr.
(Address) 3308 Alto Road

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemetery Feb 21 1939

19. UNDERTAKER: Henry H. Meade & Son
(Address) 805 N. Calvert St.

20. FILED: Feb 21 1939 Hunter Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2/19 1939

22. I HEREBY CERTIFY, That I attended deceased from July 31 1932 to Feb 19 1939
I last saw him alive on Feb 19 1939. Death is said to have occurred on the date stated above, at 7.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia Typ III	
following acute Bronchitis	Feb 12/39
Other contributory causes of importance:	

Was an operation performed? No Date of ____
For what disease or injury? ____
Name of operation ____
What test confirmed diagnosis? Surgical Laboratory Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____ 19____
Where did injury occur? ____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Geo A Leitacker M. D.
(Address) 12 Eager St.

55363

F 55363

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3401 Esther Place St., 26-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4/4 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Emil Brosius

If U. S. Veteran specify WAR .....

(a) Residence: No. 3401 Esther Place St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Laura Brosius

6. DATE OF BIRTH (month, day, year) Dec 10 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... Grocery

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business (Self)

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles Brosius

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Minnie Krug

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Laura Brosius

(Address) 3401 Esther Place

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 2/22/39

19. UNDERTAKER Philip Herbert Sons

(Address) 2016 Eutaw St

FEB 21 1939

Huntington Williams, M.D. Registrar

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schreiber Coroner, M. D.

(Address) Coroner

64

HEALTH DEPARTMENT—CITY OF BALTIMORE 5364

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Sq. Hosp. 2-5-3 V 107-a

Registered No.

CITY OF BALTIMORE: (No. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Geraldine Thornton

If U. S. Veteran specify WAR

(a) Residence: No. 3204 Hawkins Pt. Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write one word)
F.	B.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 8 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Ustley Thornton.

14. BIRTHPLACE (city or town) (State or country) Middlesex Co Va

MOTHER

15. MAIDEN NAME Elizabeth J Whiten

16. BIRTHPLACE (city or town) (State or country) Middx Sex Co Va.

17. INFORMANT Ustley Thornton (Address) 3204 Hawkins Point Rd.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Zion Date Feb 26, 1939

19. UNDERTAKER Mrs Katie R Williams (Address) 322 N Schroeder St

20. FILED 19 Huntington Williams Registrar

FEB 21 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-19-, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1939 to Feb. 19, 1939,

I last saw h alive on Feb. 19, 1939 Death is said to have occurred on the date stated above, at 4:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. P. Friedman, M. D.

(Address) Franklin Sq. Hosp.

55365

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55365

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 19-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Silvia Shorter

If U. S. Veteran specify WAR

(a) Residence: No. 513 N. Bruce St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 4, 1938

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Herman Shorter

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

MOTHER

15. MAIDEN NAME Mary Wilson

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

17. INFORMANT Mary Shorter (Address) 513 Bruce St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date Feb. 21, 1939

19. UNDERTAKER Mrs Katie A. Williams (Address) 322 N. Schroeder St

FEB 21 1939 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 10 1939 to February 18 1939

I last saw her alive on February 18, 1939 Death is said to have occurred on the date stated above, at 10 80 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uterine Resp. Infection	3 wks.
Bilateral Otitis media	2 wk.
Peritonitis - Etiology undetermined	1 wk.
Other contributory causes of importance: Diarrhea	2 wks.

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Stanley P. Bradley M. D.

(Address) University Hospital

F 55366

5366

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-A

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. St., 15-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Henry C. Witte

If U. S. Veteran specify WAR .....

(a) Residence: No. 2141 Mt. Holly St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret C. Witte

6. DATE OF BIRTH (month, day, year) Dec 16, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tobacco Salesman

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry C. Witte

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophia Meier

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Margaret C. Witte

(Address) 2141 Mt Holly St.,

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore, Cdm Date Feb 23rd 19 39

19. UNDERTAKER Wm. J. Tickner & Sons.

(Address) Norbh & Penna Aves.

20. FILED ..... 19 ..... Registrar.

FEB 21 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1939, to Feb 20, 1939

I last saw h... alive on Dec 20, 1939. Death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2-19-39
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John M. Scott, M. D.

(Address) Maryland General Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

55367 E 55367

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp St. 15-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 89 yrs. 4 mos. 25 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James H. Marriott

(a) Residence: No. 2305 Chelsea Ter St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Wh	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah E Marriott

6. DATE OF BIRTH (month, day, year) Sept 25. 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R. Co.

10. Date deceased last worked at this occupation (month and year) 9/5

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Marriott.

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Elizabeth Wilson

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Miss Florence Marriott

(Address) 2305 Chelsea Terrace.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Pk. Date Feb 22. 1939

19. UNDERTAKER Wm Pickett Hays

(Address) North and Va Ave

20. FILED 19 [illegible] Registrar

FEB 21 1939

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb 20. 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Left Femur.	1/7/39
Senile pneumonia.	2/18/39

Other contributory causes of importanre:

Was an operation performed? Yes. Date of Dec 30. 31

For what disease or injury? Fracture Left Femur.

Name of operation Reduction of Fracture Date of Dec 30/31

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accidental Date of injury 1/7/39

Where did injury occur? 2300 Block Hollins St Baltimore

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place on public street.

Manner of injury Fell Crossing Street.

Nature of injury Fracture Left Femur.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Warner M. D. Coroner

(Address) 18 S W Baltimore

55368

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55368

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St. 15-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jacob Smallwood Barnes

If U. S. Veteran specify WAR None

(a) Residence: No. 3503 Powhatan Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Flora K. Barnes

6. DATE OF BIRTH (month, day, year) June 26-1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Broker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Hanson P. Barnes

14. BIRTHPLACE (city or town) (State or country) Cumberland Md.

MOTHER

15. MAIDEN NAME Catherine Werauck

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Flora K. Barnes

(Address) 3503 Powhatan Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Park Cem. Date Feby 21 1939

19. UNDERTAKER Wm. J. Tickner & Sons

(Address) North & Penna. Aves.

20. FILED ... 19 ... Registrar

Feb 21 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb-18, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Degenerative Myocarditis.	

Other contributory causes of importance:

Was an operation performed? no Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ...

(Signed) W. H. Barnes Jr. (Coroner) M. D.

(Address) 1022 W Baltimore St

55369

HEALTH DEPARTMENT—CITY OF BALTIMORE

55369

CERTIFICATE OF DEATH

X 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. [illegible] Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. [illegible] mos. [illegible] da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Virginia Lee Brehm

If U. S. Veteran specify WAR

(a) Residence: No. Box 220 Back River Neck Rd. St., Stemmers Run Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 23, 1938

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. [illegible]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Stemmers Run, Md.

FATHER

13. NAME Charles Edward Brehm

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Anna Moroz

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mr. Charles E. Brehm

(Address) Box 220 Back River Neck Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Christ Luthern Date Feb. 21, 1939

19. UNDERTAKER Henry Sander & Son, Inc. Geo. F. Sander

(Address) Baltimore St. & Broadway

20. FILED FEB 21 1939 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 17, 1939, to February 18, 1939

I last saw her alive on February 18, 1939. Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute Arachnoiditis	
- Poss. Miliary Tuberculosis	2 wks
- Ileus	
Surgical Shock	(over)
Other contributory causes of importance:	

Was an operation performed? Yes Date of February 18, 1939

For what disease or injury? Poss. Brain Tumor

Name of operation Suboccipital Decompression

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Stanley E. Bradley M. D.

(Address) University Hospital

E. Hall - 1631 E. North.

55370 HEALTH DEPARTMENT—CITY OF BALTIMORE 55370

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH Ventura Convalescent Home. Registered No.

CITY OF BALTIMORE: (No. 4515 Harrison Blvd) (16th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Cookesey Douglas. If U. S. Veteran specify WAR

(a) Residence: No. 608 N. Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow.

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James L. Douglas

6. DATE OF BIRTH (month, day, year) Dec 8, 1858

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
80	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Robert Cookesey

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Raymond Douglas.
(Address) 604 Gladstone Ave.

18. BURIAL, CREMATION, OR REMOVAL
Druid Ridge Date Feb 23, 1939

19. UNDERTAKER Flenowell & Son
(Address) 3615-17 Eastern Ave.

20. Filed FEB 21 1939, 19 ... Registrar.
Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 29- 1939, to Feb 20- 1939

I last saw her alive on Feb 20 — 1939. Death is said to have occurred on the date stated above, at 6.40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	11/29/39
Other contributory causes of importance: Edema of Lungs	2/20/39

Was an operation performed? No Date of

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury No injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Gill Hall, M. D.

(Address) 1631 E North Ave

Dr. Lehrenby - 2939 McElroy Dr

F 55371

HEALTH DEPARTMENT—CITY OF BALTIMORE

55371

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2600 Cecil Ave 4-7 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John E. Guethlein

If U. S. Veteran specify WAR

(a) Residence: No. 2600 Cecil Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Effie E. Guethlein

6. DATE OF BIRTH (month, day, year) April 6 1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Federal Fire Co

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME John E. Guethlein.

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Isabelle Yeager.

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Effie E. Guethlein

(Address) 2600 Cecil Ave

18. BURIAL, CREMATION, OR REMOVAL

Holy Redeemer Date Feb 23 1939

19. UNDERTAKER Shanoy & Son

(Address) 365 Edmondson Ave

20. FILED..... 19.....

Registrar.

FEB 21 1939 Huntingtown Indiana, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20, 1939.

22. I HEREBY CERTIFY, That I attended deceased from May 38 to Feb 20 1939

I last saw h[illegible] alive on Feb 20 1939 Death is said to have occurred on the date stated above, at 10 55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver.	3
Biliary Obstruction.	2 mos

Other contributory causes of importance:

Icterus	10 mos.
[illegible]	Feb

Was an operation performed? Date of

For what disease or injury? Carcinoma

Name of operation Exploratory Lap

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Calvin F. LeHenby, M. D.

(Address) 2939 McElroy Dr

Olie Hayes

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55372

372

CERTIFICATE OF DEATH

34-130

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1109 N. Stockton St., 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Olie Hayes.

(a) Residence: No. 1109 N Stockton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Hayes.

6. DATE OF BIRTH (month, day, year) 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 5 yrs.

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Julia ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs Mary Hays

(Address) 1109 N Stockton St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 2/23 39

19. UNDERTAKER Thomas E. Nelson & Son

(Address) 1303 Presstman St

20. FILED Registrar.

2-21-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/19/39

22. I HEREBY CERTIFY, That I attended deceased (from) 1/5/39, 19, to 2/19/39, 19

I last saw alive on 2/19/39. Death is said to have occurred on the date stated above, at 1036 P.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lob. Pneumonia	1938
Nephritis, Uremia	1938
Other contributory causes of importance:	
Arterio Sclerosis	1933

Was an operation performed? no Date of

For what disease or injury? none

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Gwynn Bowley M. D.

(Address) 1019 N Carrollton

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55373

CERTIFICATE OF DEATH

Registered No. 137

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Michael Kogut

(a) Residence: No. 1923 Aliciamma St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sophie

6. DATE OF BIRTH (month, day, year): 9-29-75

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Poland

FATHER

13. NAME: Jacob Kogut

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: Elizabeth

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place ST. STANISLAUS Date Feb 22 1939

19. UNDERTAKER: Geose & Weber
(Address) 200 S Ann St

20. FILED ..... 19 ..... Registrar.
8 21 1939 [illegible] for Baltimore City

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1939 to Feb 18, 1939

I last saw h.. alive on Feb 18, 1939 Death is said to have occurred on the date stated above, at 10 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic hypertrophy with necrosis	1920-38
Congestive heart failure	2/14/39
Uremia	2/11/39

Other contributory causes of importance:

Was an operation performed? Yes Date of Feb 14, 1939

For what disease or injury? Urinary retention

Name of operation Suprapubic cystostomy

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John R. Mast M. D.

(Address) Johns Hopkins Hospital Baltimore, Maryland

HEALTH DEPARTMENT—CITY OF BALTIMORE

55374 55374

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 726 S. Wolfe St St., 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Lasecki

If U. S. Veteran specify WAR

(a) Residence: No. 726 S. Wolfe Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~XXXXXXXXXX~~ WIFE of Martin Lasecki

6. DATE OF BIRTH (month, day, year) May 11th, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME Joseph Kendrzejewski

14. BIRTHPLACE (city or town) Poland
(State or country)

MOTHER

15. MAIDEN NAME Maryanna Stefanski

16. BIRTHPLACE (city or town) Poland
(State or country)

17. INFORMANT Martin Lasecki
(Address) 726 S. Wolfe Street

18. BURIAL, CREMATION, OR REMOVAL
Place ST. STANISLAUS Date Feb 23 1939

19. UNDERTAKER Geo. A. Weber
(Address) 705 S. Conkling St

20. FILED FEB 21 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20th 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 38, to Feb 20th 39

I last saw her alive on Feb 15 39. Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	11/29/38
Other contributory causes of importance: Arteriosclerosis	1936

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) William J. Rosner M. D.

(Address) 501 Kenilworth

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55375 — 258 416

CERTIFICATE OF DEATH — 30 — F 55375

1. PLACE OF DEATH: JOHNS HOPKINS HOSPITAL — Registered No.

CITY OF BALTIMORE: (No. ____ St. 7-1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME: Roland Siegmund — If U. S. Veteran specify WAR ____

(a) Residence: No. 2916 Mc Elderry St., ____ Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 6-14-13

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	25	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Job Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 2063

10. Date deceased last worked at this occupation (month and year) ____ | 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Raymond Siegmund

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Eva Halsbeck

16. BIRTHPLACE (city or town) (State or country): ____

17. INFORMANT (Address): Records JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL — Place: Baltimore Cem. Date: Feb. 23. 39

19. UNDERTAKER (Address): Milton Schilling 1122 E. Monument St

20. FILED ____ 19____ ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1939 to Feb 20, 1939

I last saw him alive on Feb 20, 1939 Death is said to have occurred on the date stated above, at 12:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, kidneys, bilateral, advanced.	1934 ±
Tuberculosis, genital tract.	1934 ±
Uremia	1939 (?)

Other contributory causes of importance:

Was an operation performed? No Date of ____

For what disease or injury? ____

Name of operation ____

What test confirmed diagnosis? X-ray, microscopic examination urine. Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) John R. Mast M. D.

(Address) Johns Hopkins Hospital Baltimore, Maryland

MAR 21 1939

55376 HEALTH DEPARTMENT—CITY OF BALTIMORE F 55376

CERTIFICATE OF DEATH V 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital St., 8-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert E. McCann

U. S. Veteran (Specify WAR)

(a) Residence: No. 2300 E. Chase St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hilda McCann

6. DATE OF BIRTH (month, day, year) Aug. 3, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not Employed

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ky.

FATHER

13. NAME Jos McCann

14. BIRTHPLACE (city or town) (State or country) Ky.

MOTHER

15. MAIDEN NAME Mary Sulivan

16. BIRTHPLACE (city or town) (State or country) Ten.

17. INFORMANT Hilda McCann

(Address) 2300 E. Chase St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery 2/22 19 39

19. UNDERTAKER John C. Dilly & Sons

(Address) 3733 E. Oliver St.

20. FILED 2 21 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb. 19, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of L. Tibia & Fibula	
Broncho Pneumonia	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident Nov. 30, 1938 Date of injury ..., 19...

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Standing in St. Auto skid struck

Nature of injury 1900 Bl E. North Ave.

24. Was disease or injury in any way related to occupation of deceased? No If ...

(Signed) T. H. Scholler Coroner, M. D.

(Address) 3757 Wilkens Ave

V S 6

55377 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 55377

CERTIFICATE OF DEATH 41850 (MB)

26-1 V 137-D

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Bartulis

If U. S. Veteran specify WAR

(a) Residence: No. 511 S. Newkirk St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/10/39

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Rudolph

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Betty Transik

16. BIRTHPLACE (city or town) Pa.
(State or country)

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mathias Date 2/21/39 19

19. UNDERTAKER John C. Smith Sons
(Address) 2433 E. Oliver St

20. FILED 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-13-39, 19, to 2-20-39, 19

I last saw him alive on 2-20-39, 19. Death is said to have occurred on the date stated above, at 8 20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	2-10-39
Congenital atresia of small intestine	2-10-39

Other contributory causes of importance:

Bilateral Talipes varus	2-10-39
Bilateral Hip anomaly	2-10-39

Was an operation performed? Yes Date of 2-13-39 2-20-39

For what disease or injury? Intestinal Obstruction

Name of operation Entero-enterostomy

What test confirmed diagnosis? Clinical & Operative Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. L. Singewald, M. D.

(Address) Baltimore City Hospital

55378 HEALTH DEPARTMENT—CITY OF BALTIMORE 55378

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1204 Clendenin St. 13-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Nancy J Ward

If U. S. Veteran specify WAR

(a) Residence: No. 1204 Clendenin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles

6. DATE OF BIRTH (month, day, year) June 27 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 87

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pulaski Va

FATHER

13. NAME Henderson Love

14. BIRTHPLACE (city or town) (State or country) Pulaski Va.

MOTHER

15. MAIDEN NAME Nancy Love

16. BIRTHPLACE (city or town) (State or country) Pulaski Va.

17. INFORMANT Mrs Ward
(Address) 1204 Clendenin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Columbus, Ohio Date 2/21/39 19

19. UNDERTAKER Mrs Geo R Holland
(Address) 1631 Dual St Columbus

20. FILED 19 Hunting for Williams [illegible]

FEB 21 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1936, to Feb 20, 1939

I last saw her alive on Feb 20, 1939. Death is said to have occurred on the date stated above, at 1 10a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of left breast	
Other contributory causes of importance: Cardiac death	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) D. Wallenstein M. D.

(Address) 2042 Eutaw St

55379

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55379

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1834 Orleans St., 6-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Herbert Bayley

If U. S. Veteran specify WAR .....

(a) Residence: No. 1834 Orleans St. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: (White)

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Martha Bayley

6. DATE OF BIRTH (month, day, year): Jan 27-1909

7. AGE: Years 30 | Months 0 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Thomas Bayley

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Mary Berry

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT (Address): Herbert Bayley 1834 Orleans St

18. BURIAL, CREMATION OR REMOVAL: Pet. Calvary Feb. 21 1939

Place ..... Date 19

19. UNDERTAKER (Address): Robert H. Gomard 804 N. Caroline St

20. FILED: FEB 21 1939

Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, year): 2-19-1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchopneumonia	2/17/39

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) George L. Allen M. D.

(Address) 58 E. Lexington St

F 55380

55380 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1108 Greenmount Ave St.) (10th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Albert J. Tolle

(a) Residence: No. 1108 Greenmount Ave St., 10th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta S. Meyer

6. DATE OF BIRTH (month, day, year) June 30, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78 yrs	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Trucker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B&O R.R. Co

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Albert G. Tolle

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Matilda ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Maude M. Meyer

(Address) 1108 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date Feb 23 19 39

19. UNDERTAKER Elmer W. Conklin & Son

(Address) 924 E. Eager St.

20. FILED 19 Huntington Williams M.D. Registrar.

FEB 21 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 19th 1939

22. I HEREBY CERTIFY, That I attended deceased from 2/10 1939 to 2/19 1939

I last saw him alive on 2/19 1939. Death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/10/39

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas A Carlin M. D.

(Address) 2145 N Bolton

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55381

CERTIFICATE OF DEATH

11-a F 55381

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 420 E. Clement St. 2nd Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Leonard Nolker

If U. S. Veteran specify WAR

(a) Residence: No. 420 E Clement St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 18, 1925

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student at

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME J. Leonard Nolker

14. BIRTHPLACE (city or town) (State or country) Elkridge Md.

MOTHER

15. MAIDEN NAME Agnes J. Grady

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Agnes J. Nolker

(Address) 420 E. Clement St.

18. BURIAL, CREMATION, OR REMOVAL

Place Bridge Date 2/18 1939

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED Huntington Williams, M.D. Registrar.

FEB 21 1939

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb 20 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1939 to Feb 20 1939

I last saw h[illegible] alive on Feb 20 1939 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5 days
Other contributory causes of importance:	
Pneumonia	2 days

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. J. Melville M. D.

(Address) 1179 Eutaw St

M. D. B. 1268-9

Clocker ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55382

CERTIFICATE OF DEATH

131 F 55382

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1441 Wilkens Ave St., 24 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida B. Clocker

(a) Residence: No. 1441 Wilkens Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Clocker

6. DATE OF BIRTH (month, day, year) March 24 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	10 10	76 5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Mary Co
(State or country) Maryland

FATHER

13. NAME ? Edwards

14. BIRTHPLACE (city or town) St Mary Co
(State or country) Md

MOTHER

15. MAIDEN NAME Medrum

16. BIRTHPLACE (city or town) St Mary Co
(State or country) Md

17. INFORMANT Catherine Clocker
(Address) 1441 Wilkens Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date 2/22 19 39

19. UNDERTAKER John J Fahey & Sons
(Address) 1312 Light St.

20. FILED Huntington Williams Registrar.
FEB 21 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 19 1939

22. I HEREBY CERTIFY, That I attended deceased from February 15, 1939 to February 19, 1939

I last saw h alive on February 18, 1939. Death is said to have occurred on the date stated above, at 5 am m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronco Pneumonia	2d
Arterio Sclerosis Hypertension	5d.
Myocarditis (Decompensated	5d.
Other contributory causes of importance: Chronic Interstitial Nephritis	5d.

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Thos Fa Stevens M. D.

(Address) 2878 Harford Rd

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55383

CERTIFICATE OF DEATH

46-B F 55383

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Seufert

(a) Residence: No. 312 Abell Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, ~~widowed or divorced~~ HUSBAND of (or) ~~WIFE of~~ Catharine Donnelly

6. DATE OF BIRTH (month, day, year) Nov. 30 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shaper Woodworking Mfg

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P & C Dept

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME George Seufert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Wolgemuth

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary E. Fox (sister-in-law)

(Address) 312 Abell Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Mch 4 1939

19. UNDERTAKER John J. Tuohey Assn

(Address) 1518 Eutaw St

20. FILED Mch 1 1939 Hunter Williams M.D. Registrar.

MAR 1 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1939, to Feb. 21, 1939

I last saw him alive on Feb. 21, 1939. Death is said to have occurred on the date stated above, at 8:16 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	2 wks
Internal Hemorrhage	prior
Uremia	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Wilbur S. Brooks M. D.

(Address) Mercy Hospital

55384 HEALTH DEPARTMENT—CITY OF BALTIMORE E 55384

CERTIFICATE OF DEATH

340-23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 22-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anderson Lyons (35783) If U. S. Veteran specify WAR

(a) Residence: No. 618 W. Conway St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 6, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tenn.

FATHER

13. NAME Joe

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Mary Hayston

16. BIRTHPLACE (city or town) (State or country) Tenn. ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Date Feb 21, 1939

19. UNDERTAKER Jos A Lively
(Address) 1059 N Fremont St

20. FILED FEB 21 1939 Thaddeus Pitts Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from August 2, 1938 to February 18, 1939

I last saw h.im alive on February 18, 1939 Death is said to have occurred on the date stated above, at 5:30 P.M.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Leo M. Curtis, M. D.
(Address) Balto. City Hospitals

55385 E 55385

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Provident Hospital Registered No.

CITY OF BALTIMORE: (No. 1514 Druid Hill Ave St. 2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Lewis If U. S. Veteran specify WAR

(a) Residence: No. 551 Conway St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Jan 29 1909

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S C

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Joe Brown
(Address) 545 W Conway st

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Date Feb 22 1939

19. UNDERTAKER Jos A Lively
(Address) 409 N Mount Street

20. FILED 19 Hunter Lee Williams, Registrar.

FEB 21

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-18-, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-13-, 1939 to 2-18-39, 19

I last saw him alive on 2-18-39, 19 Death is said to have occurred on the date stated above, at 9.55 m. A M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia, Rt Upper + Middle (Primary)	3
	1

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) C. T. Maloney M. D.
(Address) Provident Hospital

Spec.—1-12-23—M&T—500 Blks.

55386

F 55386

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-a

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3813 Pleasant Place ST., 13 WARD

2-FULL NAME Charles E WILSON

(a) RESIDENCE NO. 3813 Pleasant Place ST., 13 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alberta Zeller

6 DATE OF BIRTH (month, day, and year): Jan 14th 1906

7 AGE: Years 33; Months 1; Days 17; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Automobile

(b) General nature of industry, business, or establishment in which employed (or employer): Garage

(c) Name of employer: Gorsuch.

9 BIRTHPLACE (city or town) (State or country): Capon Springs W Va

PARENTS

10 NAME OF FATHER: HIMROD WILSON

11 BIRTHPLACE OF FATHER (city or town) (State or country): Capon Springs W Va

12 MAIDEN NAME OF MOTHER: Minnie E OReadon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Capon Springs W Va

14 Informant (Address): Lucy C. Block (Aunt) 1804 Penrose Ave

Filed 2-21 1939, 19 Huntington Williams M.D. Registrar

2-21 1939

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 18th 1939

17 I HEREBY CERTIFY, That I attended deceased from Feb 10th, 19 39, to Feb 18th, 19 39.

that I last saw h[illegible] alive on Feb 18th, 19 39

and that death occurred, on the date stated above, at 4:00 A. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary): Influenza (duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. G. Tilden, M. D.

2-21, 19 39 Address 3611 Forest Rd. Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Manchester, Va.

DATE OF BURIAL: Feb. 22 19 39

20 UNDERTAKER: Horace H. Burgee

ADDRESS: 3631 Falls Rd

THIS IS VERY important. See instructions on back of certificate.

F 55387

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122 F 55387

1. PLACE OF DEATH Good Shepherd General Hospital Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1512 N. Gilmor St., Ward) 15-01

Length of residence in city or town where death occurred 3 years; How long in U. S. If of foreign birth? yrs. mos. ds.

2 mos 6 days

2. FULL NAME Robert Jackson

If U. S. Veteran specify WAR

(a) Residence: No. North Point Road, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed,~~ or Divorced (~~write the word~~)
M	Col	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marlene Jackson

6. DATE OF BIRTH (month, day, year) 2/20/39

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Army

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S.

10. Date deceased last worked at this occupation (month and year) 1/39

11. Total time (years) spent in this occupation 1 yr

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Thos. Jackson

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Annie Clark

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Robt Jackson Sr
Record completed.

18. BURIAL, CREMATION, OR REMOVAL
JOHNS HOPKINS MEDICAL SCHOOL FEB 21 1939 19

19. UNDERTAKER Commissioner of Health
(Address)

20. FILED FEB 21 1939 By H. A. Williams, M.D.
Registrar.

FEB 21 1939 4057

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-20-39

22. I HEREBY CERTIFY, That I attended deceased from Dec 12 - 1938 to Feb 20 1939

I last saw him alive on 2-20- 1939 Death is said to have occurred on the date stated above, at 2:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation	2/10/39
Cardiac Decompensation	

Other contributory causes of importance: Gastritis + Rt Inguinal Hernia

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Wm R Boyle M. D.

(Address) 1512 Gilmor

F 55388

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178a F 55388

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 611 S. Bethel St. 2-3 Ward)

Registered No. 178

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anton Kramer

If U. S. Veteran specify WAR

(a) Residence: No. 611 S. Bethel St.. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 7-1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ship Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ships

10. Date deceased last worked at this occupation (month and year) Feb 10-1939

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Enthen Holland

FATHER

13. NAME Gerard Kramer

14. BIRTHPLACE (city or town) (State or country) Holland

MOTHER

15. MAIDEN NAME Maria Johanna Poppen

16. BIRTHPLACE (city or town) (State or country) Holland

17. INFORMANT (Address) Agnes Netherlands, Army Nurse Lausen Wisschop

18. BURIAL, CREMATION, OR REMOVAL Consul Netherland

Place St Matthews Date Feb 22 . 1939

19. UNDERTAKER Lilly & Geiger Inc
(Address) 403 S. Wolfe St

20. FILED FEB 21 1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 7 . 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia by	Feb.
Carbon Monoxide gas.	7-1939

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis Was there an autopsy? No

23. If death was due to external causes, (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Feb. 7, 1939

Where did injury occur? 611 S. Bethel St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury left gas open gas stove

Nature of injury Asphyxia

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D.
Coroner

(Address) 171 N. Broadway

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55389 CERTIFICATE OF DEATH 122-B F 55389

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St., 11-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME W. Irvin Jarrard

(a) Residence: No. Hamilton Ave near 35th St St., Ward. Balto Co, Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Bertha JARRARD

6. DATE OF BIRTH (month, day, year) March 28-1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher at #13

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Schluderberg/Kurdle

10. Date deceased last worked at this occupation (month and year) 2/13/39

11. Total time (years) spent in this occupation 17 yrs

12. BIRTHPLACE (city or town) (State or country) Georgia

FATHER

13. NAME Dave Jarrard

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME Jane Smith

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Bertha Jarrard (Wife)

(Address) Hamilton Ave + 35th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Feb. 23 1939

19. UNDERTAKER Lilly & Zeiler Inc

(Address) 403 N Wolfe St.

20. FILED FEB 24 1939 Hunting for Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2/15/39, 19, to 2/20/39, 19

I last saw him alive on 2/20/39, 19 Death is said to have occurred on the date stated above, at 1.15A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mesenteric Thrombosis	2/13/39
2 Intestinal Obstruction	

Other contributory causes of importance:

Was an operation performed? Yes Date of 2/15/39

For what disease or injury? Mesenteric Thrombosis

Name of operation Resection of Ileum

What test confirmed diagnosis? Operation Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. T. Johnston Jr. M. D.

(Address) Maryland General Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

GK 46-E **F 55390**

Registered No. **Y 55390**

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 25-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Robasky

(a) Residence: No. Curtis Bay - St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-25-1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0017

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Nicholas

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Sacred Heart Cem. Date 2/21 1939

19. UNDERTAKER John J. Fahey Funeral Dir.
(Address) 1300 Hanover St

20. FILED FEB 21 1939 19 Registrar.

Hunting for Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 19. 1939

22. I HEREBY CERTIFY, That I attended deceased from February 16 1939 to February 19. 1939.

I last saw him alive on February 19. 1939. Death is said to have occurred on the date stated above, at 1.00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-16-39
Other contributory causes of importance: Carcinoma of gall bladder Unknown	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Lautelle M. D.

(Address) Baltimore City Hospitals

Fu-8683

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55391

CERTIFICATE OF DEATH

108 F 55391

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 6-5 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Robert Reeves Thompson

If U. S. Veteran specify WAR .....

(a) Residence: No. 730 N. Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 7/28/00

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ontario

FATHER

13. NAME Wm. J. Thompson

14. BIRTHPLACE (city or town) (State or country) Ontario

MOTHER

15. MAIDEN NAME Rachel Bassett

16. BIRTHPLACE (city or town) (State or country) Quebec

17. INFORMANT Records—
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Canarroque, Ont. Date Feb. 21 39

19. UNDERTAKER John F. Mitchell
(Address) 1900 Eutaw Pl.

20. FILED FEB 21 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1939 to Feb 21, 1939

I last saw him alive on Feb 21, 1939 Death is said to have occurred on the date stated above, at 11:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Diffuse lobar pneumonia (virus type)	2/14/39
mitral stenosis	2
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. Brennan M.D.

(Address) Johns Hopkins Hospital

F 58275

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55392

CERTIFICATE OF DEATH

+134

F 55392

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 725 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John S Brown

If U. S. Veteran specify WAR ...

(a) Residence: No. New York, Pa St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 23, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70		28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Robert D. Brown Penna.

MOTHER

15. MAIDEN NAME Caroline Mitchell

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION OR REMOVAL

Place Cantagalo Pa Date Feb 26 ... 1939

19. UNDERTAKER H. Noland Hess

(Address) New Freedom Pa

20. FILED FEB 21 1939 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1939, to Feb 21, 1939

I last saw him alive on Feb 21, 1939. Death is said to have occurred on the date stated above, at 1458 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Arteriosclerosis	
a coronary occlusion	2/18
Bladder Stone	?
Benign prostatic hypertrophy	?

Other contributory causes of importance:

Gen. arteriosclerosis	

Was an operation performed? Yes Date of 2/10/39

For what disease or injury? Bladder Stone

Name of operation Cystolithotomy.

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jerome Mark, M. D.

(Address) ...

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55393

CERTIFICATE OF DEATH

F 55393

Registered No. 1872

1. PLACE OF DEATH Balt. City Hospitals

CITY OF BALTIMORE: (No. Bay View St., [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John W. Thompson

If U. S. Veteran specify WAR

(a) Residence: No. 1715 Hollins St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Thompson

6. DATE OF BIRTH (month, day, year) about 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 79			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. J. T. Tait Co.

10. Date deceased last worked at this occupation (month and year) May 11-1935

11. Total time (years) spent in this occupation 26 yrs

12. BIRTHPLACE (city or town) (State or country) Pittsburg Pa

FATHER

13. NAME [illegible] Thompson

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Indiana

16. BIRTHPLACE (city or town) (State or country) [illegible]

17. INFORMANT Mrs. Sheridan

(Address) 1715 Hollins St.

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cemetery Baltimore Md. Date Feb 23-1939

19. UNDERTAKER Wm Cook

(Address) 1305 E. Fayette St.

20. FEB 21 1939 Huntington Williams, M.D.

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	5 hours
Other contributory causes of importance Valvular heart disease	Years

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas. W. Wood, M. D.

Coroner

(Address) 1712 N. Broadway

V S 6

55394

HEALTH DEPARTMENT—CITY OF BALTIMORE

55394

CERTIFICATE OF DEATH

× 108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lydenhurst Hospital, 9-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles W. Tucker

(a) Residence: No. Sykesville, Md St., Ward.
(usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Minnie L. Tucker

6. DATE OF BIRTH (month, day, year) May 16 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cemetery Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard County Maryland

FATHER

13. NAME Alexander Tucker

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Green

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Son
(Address) Sykesville, Md

18. BURIAL, CREMATION, OR REMOVAL
Place St Johns Ellicott City Md Date Feb 24 1939

19. UNDERTAKER Weer & Son Inc
(Address) Sykesville Md

20. FILED 1939 Registrar

FEB 22 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 21 1939

22. I HEREBY CERTIFY, That I attended deceased from February 21 1939 to February 21 1939

I last saw him alive on February 21 1939 Death is said to have occurred on the date stated above, at 3 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Coton	2-16
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Examination autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Harry S Gumbel M. D.

(Address) Lydenhurst Hospital

F 55395

55395 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

139-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Inf St. 9-7 Ward)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Ada Williams

(a) Residence: No. 1748 S Homestead St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr Drury C Williams

6. DATE OF BIRTH (month, day, year) Feb 16, 1897

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Chicago, Ill

FATHER

13. NAME Julius Hennig

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Augusta Fink

16. BIRTHPLACE (city or town) (State or country) Chicago, Ill

17. INFORMANT Drury C. Williams

(Address) 1748 Homestead St

18. BURIAL, CREMATION, OR REMOVAL

Place Chicago Ill Date Feb 22nd 1939

19. UNDERTAKER Wm Cook

(Address)

FEB 22 1939 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21, 1939.

22. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1939, to Feb 21, 1939.

I last saw her alive on Feb 21, 1939. Death is said to have occurred on the date stated above, at 3 00 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal hypostatic pneumonia	2/19/39
Sub ovarian abscess	week

Other contributory causes of importance:

Was an operation performed? Yes Date of Feb 14 exploration

For what disease or injury? Sub-ovarian Abscess

Name of operation Oophorocystectomy

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wesley J. Keer M. D.

(Address) The Church Home & Inf

55386

HEALTH DEPARTMENT—CITY OF BALTIMORE

55396

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1616 E. Federal St. or Where) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David F. Wilson If U. S. Veteran specify WAR

(a) Residence: No. 1616 E. Federal St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ HUSBAND of ~~(or WIFE)~~ of Mary C. Wilson

6. DATE OF BIRTH (month, day, year) Nov 4th 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumbing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hanover Md

FATHER

13. NAME Ephraim Wilson

14. BIRTHPLACE (city or town) (State or country) Hanover Md

MOTHER

15. MAIDEN NAME Mary Harris

16. BIRTHPLACE (city or town) (State or country) Hanover Md

17. INFORMANT Mrs William Wetzel

(Address) 1616 E. Federal St

18. BURIAL, CREMATION, OR REMOVAL St Paul's (Bachmans) Date Feb 23rd 1939

19. UNDERTAKER Wm Cook

(Address) 127 St. Paul St

20. FILED 19 [illegible] Registrar.

FEB 22 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20th 1939

22. I HEREBY CERTIFY, That I attended deceased from January 23rd 1939 to Feb 20th 1939

I last saw him alive on Feb 17th 1939. Death is said to have occurred on the date stated above, at 1:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Nephritis (Interstitial)	
Emphysema,	
Influenza, 2 years	
Senility.	
Other contributory causes of importance:	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) O. P. Carman M. D.

(Address) 1701 N Caroline St

HEALTH DEPARTMENT—CITY OF BALTIMORE

55397

55397

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Sq. Hosp. 20-2 131 Registered No.

CITY OF BALTIMORE: (No. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Nancy Watkins

(a) Residence: No. 19 N. Catherine St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Oliver A. Watkins Sr

6. DATE OF BIRTH (month, day, year) Aug 31st 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 037

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Fremont N. C.

FATHER

13. NAME Green Copeland

14. BIRTHPLACE (city or town) (State or country) Fremont N. C.

MOTHER

15. MAIDEN NAME Martha Hook

16. BIRTHPLACE (city or town) (State or country) Fremont N. C.

17. INFORMANT Oliver A. Watkins Sr (Address) 19 N. Catherine St

18. BURIAL, CREMATION, OR REMOVAL Cedar Grove Montgomery Co Md. Date Feb 24th 1939

19. UNDERTAKER Wm Cook (Address) 127 St. Paul St

20. FILED 19 Registrar.

FEB 22 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1939, to Feb. 21, 1939

I last saw h alive on Feb. 21, 1939 Death is said to have occurred on the date stated above, at 6:35 p.m.

The principal cause of death and related causes of importance were as follows: Date of onset

Cerebral Hemorrhage.

Other contributory causes of importance: Hypertension Cardio renal disease.

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. P. Friedman, M. D.

(Address) Franklin Sq. Hosp.

55398 Bessie Hughes ✓ F 55398

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem. Hos., 9-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Bessie M. Hughes

(a) Residence: No. 525 E. 25 St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Femal	White	marred

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Isaac Hughes

6. DATE OF BIRTH (month, day, year) Oct 6 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic & Supply Dept

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Union Mem Hos

10. Date deceased last worked at this occupation (month and year) Oct 1938

11. Total time (years) spent in this occupation 8 mo

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME John Cauble

14. BIRTHPLACE (city or town) (State or country) N Carolina

MOTHER

15. MAIDEN NAME Sarah Munroe

16. BIRTHPLACE (city or town) (State or country) N Carolina

17. INFORMANT Sarah Munroe

(Address) 525 E 25 St

18. BURIAL, CREMATION, OR REMOVAL

Place Morland Park Date Feb 23rd 1939

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19 ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/20/39

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John A Cain M. D.

Coroner

(Address)

B 22 1939

55399 HEALTH DEPARTMENT—CITY OF BALTIMORE F 55399

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 710 Grantley St St. 16-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry L. Barnes

(a) Residence: No. 710 Grantley St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie Mary Klutch

6. DATE OF BIRTH (month, day, year) May 17, 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailoring

10. Date deceased last worked at this occupation (month, day, year) 7/10/39

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Harry L. Barnes

14. BIRTHPLACE (city or town) (State or country) Dead.

MOTHER

15. MAIDEN NAME Clara Lee

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Mrs A. M. Barnes
(Address) 710 Grantley St.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Cem. Date Feb. 24 1939

19. UNDERTAKER Easton Sons & Ellicott City
(Address)

20. FILED Feb 22 1939 [illegible] Registrar.

Hunting for Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22nd 1939

22. I HEREBY CERTIFY, That I attended deceased from February 10th 1939, to February 22nd 1939.

I last saw h[illegible] alive on February 21st 1939. Death is said to have occurred on the date stated above, at 7:45 A.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset Feb 10th 1939

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. L. Hammer M. D.

(Address) 1429 E Monument St

55400 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 55400

CERTIFICATE OF DEATH

23

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 16-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Lilly Venet Opher (39275) If U. S. Veteran specify WAR .....

(a) Residence: No. 1529 W. Lanvale St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George

6. DATE OF BIRTH (month, day, year) March 29, 1916

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	22	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Clarence Meekins

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Rhoda Lane

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Levers Road Date feb 25 1939

19. UNDERTAKER Lewis H. Raymon
(Address) 201 Huntingdon Cambridge

20. FILED Huntingdon Williams, M.D.
FEB 22 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from November 23, 1938 to February 21, 1939

I last saw her alive on February 21, 1939 Death is said to have occurred on the date stated above, at 8:05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	MAR 1938
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. McCurtis, M. D.

(Address) Balto. City Hospitals

55401

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55401

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2906 Manhattan St., 07-19 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Harry H. Rontson

If U. S. Veteran specify WAR None

(a) Residence: No. 2906 Manhattan St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Ann Rontson

6. DATE OF BIRTH (month, day, year) Jan 19-1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto B&O

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Harry H. Rontson

14. BIRTHPLACE (city or town) (State or country) Cuba

MOTHER

15. MAIDEN NAME Pearl V Taylor

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Evelyn E Mills (Address) 1405 London Ave

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Park. Date Feb 23rd 1939

19. UNDERTAKER Peter and Lee (Address) 2240 Eutaw St

FEB 22 1939 Hunting for Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	2/20/39

Other contributory causes of importance: None

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) J. H. Evans, M. D. Coroner

(Address)

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

V S 6

55402 F 55402

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Provident Hospital St. 14 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Warren M. Garner

U. S. Veteran specify WAR

(a) Residence: No. 1900 Penna. Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 6, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None (Word)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Mervin Garner

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Irene Logan

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mervin Garner
(Address) 1900 Penna. Av.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 2/22/39

19. UNDERTAKER T. G. Kelson
(Address) 202 Freestman St

20. FILED Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 19, 1939.

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came
to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractureof Skull	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, Suicide or Homicide? Accident Date Feb. 19, 1939 19...

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Crossing Penna. & Robert St

Nature of injury struck by Auto.

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) ... Coroner, M. D.

(Address) 2757 ...

OCCUPATION is very important. See instructions on back of certificate.

VS 6

F 55403

55403

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2812 Hilldale ave 15-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah M. Goldberg

(a) Residence: No. 2812 Hilldale ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced (or) WIFE of Aaron Goldberg

6. DATE OF BIRTH (month, day, year) 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Solomon Benjamin

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Eva ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Aaron Goldberg
(Address) 2812 Hilldale ave

18. BURIAL, CREMATION, OR REMOVAL Hebrew Washington Blvd Date Feb 22 1939

19. UNDERTAKER Sol Levinson & Bros
(Address) 1124-26 W North ave

FILED 2 22 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1938, to Feb 21, 1939

I last saw her alive on 2/20/39 Death is said to have occurred on the date stated above, at 2.45 p m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of rt. lung — Date of onset 1 yr.

Other contributory causes of importance:

Metastasis to glands

Was an operation performed? No Date of —

For what disease or injury? .....

Name of operation —

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Samuel Morrison, M. D.

(Address) 1013 N. Charles St.

VS 8

55404 HEALTH DEPARTMENT—CITY OF BALTIMORE F 55404

CERTIFICATE OF DEATH

1. PLACE OF DEATH South Balto. Gen Hosp 25-4 131 Registered No.

CITY OF BALTIMORE: (No. ..... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Margaret Lowman If U. S. Veteran specify WAR .....

(a) Residence: No. 3600 Fifth Street St., ... Ward. .....
(Usual place of abode) Brooklyn (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F. M.	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Asa Lowman

6. DATE OF BIRTH (month, day, year) Oct 3 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	4	17 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Rohdes

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Margaret Elbirt

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Grace I Lowman
(Address) 3600 5th Street

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Feb 23 1939

19. UNDERTAKER William M Marech
(Address) 715 Light St

FILED FEB 22 1939 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-20-1939

22. I HEREBY CERTIFY, That I attended deceased from 2-19, 1939, to 2-20, 1939

I last saw h.. alive on 2-20, 1939 Death is said to have occurred on the date stated above, at 12 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	?
Chronic Myocarditis	

Other contributory causes of importance:

Chronic Nephritis	?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Louis J. Krull M. D.

(Address) South Balto. Gen. Hosp.

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

55405 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 55405

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No.....

CITY OF BALTIMORE: (No. 801 William St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Anna B. Evans

If U. S. Veteran specify WAR.....

(a) Residence: No. 801 William St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Evans

6. DATE OF BIRTH (month, day, year) Feb. 17, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	0	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Carolina

FATHER

13. NAME Chesley Thacker

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Louise Grogan

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Sallie L. Weaver

(Address) Lynchburg, Va.

18. BURIAL, CREMATION, OR REMOVAL

Place Lynchburg Va Date Feb 22, 1939

19. UNDERTAKER William M Mareck

(Address) 715 Light St

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1939 to Feb. 21, 1939

I last saw her alive on Feb. 21, 1939 Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Hypertension and Cerebral Hemorrhage	1930
	Feb. 20, 1939

Other contributory causes of importance:

Grippe	Feb. 14, 1939
Bronchopneumonia	Feb. 19, 1939

Was an operation performed? No Date of.....

For what disease or injury?.....

Name of operation.....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) J. George Silverstein M. D.

(Address) 827 Light St

VS 9

55406

HEALTH DEPARTMENT—CITY OF BALTIMORE

55406

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 Oakdale Rd St., Roland Park 27-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. 2 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marion Armistead Whiting

If U. S. Veteran specify WAR

(a) Residence: No. 102 Oakdale Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence C Whiting

6. DATE OF BIRTH (month, day, year) Dec 9 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Christopher Hughes Armistead

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Agnes Gordon

16. BIRTHPLACE (city or town) (State or country) Fredericksburg Va

17. INFORMANT Geo A Whiting

(Address) 4211 Greenway

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb 22, 1939

19. UNDERTAKER Henry N Jenkins Sons Co

(Address) 2 E Eutaw & Orchard Sts

20. FILED 1939 39 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1938 to Feb 20 1939

I last saw h[illegible] alive on Feb 20, 1939. Death is said to have occurred on the date stated above, at 5-0 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	
Myocardial Degeneration	
Chronic Nephritis	
Other contributory causes of importance	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Walter A Baetjer, M. D.

(Address) 1115 St Paul St

55407 358506

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55407

CERTIFICATE OF DEATH

4b-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. .....

CITY OF BALTIMORE: (No. ..... St. 7-5 ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Fannie Gibson — If U. S. Veteran specify WAR .....

(a) Residence: No. 32 Main St (Usual place of abode) St., ... Ward. Brinfield md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) 10/15/68

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Elmon Sandy.

14. BIRTHPLACE (city or town) (State or country) N. J.

MOTHER

15. MAIDEN NAME Mary Sandy

16. BIRTHPLACE (city or town) (State or country) N. J.

17. INFORMANT Records. (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL. Place Brinfield, Md Date Feb 22 1939

19. UNDERTAKER Bradshaw Funeral Home (Address) Brinfield Md

20. FILED ..... Registrar.

FEB 22 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22 . 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 12. , 1939, to Feb. 22 , 1939

I last saw her alive on Feb. 22 , 1939. Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Esophagus	1938
Other contributory causes of importance: Malnutrition	

Was an operation performed? Yes Date of Feb 21, 1937

For what disease or injury? Occlusion of esophagus Carcinoma

Name of operation Esophagoscope passed & tube inserted.

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Barbara J. Bell M. D.

(Address) Johns Hopkins Hospital

F 55408

F 55408 Spec. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23.

REGISTERED NO. .....

1—PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1816 BOLTON ST. 14-1 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Fredricka DALLAM BLOCK

(a) RESIDENCE NO. 1816 BOLTON ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
FEM	WHITE	SINGLE

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) DEC. 10, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71	2	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ARTIST
(b) General nature of industry, business, or establishment in which employed (or employer) RETIRED.
(c) Name of employer

9 BIRTHPLACE (city or town) BALTIMORE,
(State or country) MARYLAND.

PARENTS

10 NAME OF FATHER EDWARD BLOCK

11 BIRTHPLACE OF FATHER (city or town)
(State or country) GERMANY

12 MAIDEN NAME OF MOTHER MARY ANN DALLAM

13 BIRTHPLACE OF MOTHER (city or town) BALTIMORE, MD.
(State or country)

14 Informant MRS EMILY D. SCHIPPER
(Address) NEW YORK, N.Y.

Filed FEB 22 1939, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) FEB. 20, 1939

17 I HEREBY CERTIFY, That I attended deceased from ....., 1939, to FEB 20, 1939,
that I last saw her alive on FEB. 20, 1939
and that death occurred, on the date stated above, at 2 P. m.
The CAUSE OF DEATH* was as follows:

PULMONARY TUBERCULOSIS

(duration) 15 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ..... (duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) John R. Abercrombie, M. D.
19 (Address) 3524 Greenmount Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL
Greenmount Cem.

DATE OF BURIAL
Feb. 23 1939

ADDRESS
North & Pa.

20 UNDERTAKER
Wm. J. Tickner and Sons

55409 Quick 55409

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH #7 Whitfield Rd St. 27-11 Ward)

CITY OF BALTIMORE: (No. 2

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary E. Dinick

If U. S. Veteran specify WAR .....

(a) Residence: No. 2 Whitfield Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of O. T. Dinick

6. DATE OF BIRTH (month, day, year) 1846

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
93	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Hamilton (State or country) Ontario

FATHER

13. NAME Farley

14. BIRTHPLACE (city or town) England (State or country)

MOTHER

15. MAIDEN NAME Stanton

16. BIRTHPLACE (city or town) England (State or country)

17. INFORMANT Mrs. E. Dinick

(Address) 1201 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL.

Place London Park Date Feb 22 1939

19. UNDERTAKER Edw. M. Fenton Son

(Address) 511 N. Howard St.

20. FILED ..... 19..... Registrar

FEB 22 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-21, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1935, 19....., to 2-21, 1939

I last saw h&R alive on 2-20, 1939 Death is said to have occurred on the date stated above, at 6.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROTIC HEART DISEASE	?
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John E. Dorsey M. D.

(Address) 1129 St. Paul St.

F 55410 HEALTH DEPARTMENT—CITY OF BALTIMORE F 55410

CERTIFICATE OF DEATH

95-B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1718 Ramsay St. 19-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry F. Leonard

If U. S. Veteran specify WAR

(a) Residence: No. 1718 Ramsay St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Stuart Leonard

6. DATE OF BIRTH (month, day, year) Feb 17 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	0	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber Tinner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md.

FATHER

13. NAME Wm. H. Leonard

14. BIRTHPLACE (city or town) Balto (State or country) Md

MOTHER

15. MAIDEN NAME Unknown Merson

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT Mrs. Emma Leonard

(Address) 1718 Ramsay St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Date Feb 24 39

19. UNDERTAKER Geo. L. Beyer Jr

(Address) 512 Hollins St

20. FILED FEB 22 1939 19..... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-21-, 1939.

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1939 to Feb. 21, 1939

I last saw h.. alive on Feb 21, 1939. Death is said to have occurred on the date stated above, at 5 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio vascular disease	3 yr
Other contributory causes of importance: Cerebral hemorrhage	2 days
	3/0

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Benjamin Miller M. D.

(Address) 2030 Eutaw Ave

VS 3

55411 HEALTH DEPARTMENT—CITY OF BALTIMORE 55411

CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 250 N. Fulton Ave 20-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Vernon L. Browning

If U. S. Veteran specify WAR .....

(a) Residence: No. 250 N. Fulton Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Feb. 15-1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chain Carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Kentuckey

FATHER

13. NAME Frank M. Browning

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Nichatie Smith

16. BIRTHPLACE (city or town) (State or country) Kentuckey

17. INFORMANT Mrs Nichata Browning

(Address) 250 N. Fulton ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date Feb 22 1937

19. UNDERTAKER Geo E. Boyer Jr

(Address) 1512 Hollins St

20. FILED ..... 19..... Registrar.

FEB 22 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/20 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 1937 to Feb 20 1937

I last saw h... alive on 2/20 1937 Death is said to have occurred on the date stated above, at 11:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	1937
Other contributory causes of importance: Bronchio-pneumonia	Feb 10

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Pauline E. Lewis M. D.

(Address) 928 N. Charles St

55412 F 55412

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. WEST BALTO. HOSP. St. 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred LIFE yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME MARY RODERT

(a) Residence: No. 2813 ORLEANS ST. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of CHARLES J. RODERT

6. DATE OF BIRTH (month, day, year) MAY 29 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

FATHER

13. NAME JOHN RITTER

14. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

MOTHER

15. MAIDEN NAME HAHANA SISSIER

16. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

17. INFORMANT CHARLES J RODERT HUSBAND

(Address) 2813 ORLEANS ST.

18. BURIAL, CREMATION, OR REMOVAL

Place HOLY REDEEMER Date FEB. 23 1939

19. UNDERTAKER Lilly & Zeller Inc.

(Address) 1203 S. WOLFE ST.

20. FILED ..... 19 ..... Registrar .....

FEB 22 1939 Hunting Park Avenue, MD.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB. 19, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... and that said deceased came (Inquest, Autopsy or Inquiry)

to ... death on the day stated above. 11. a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance: Edema of lungs

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. Ham M. D.

Coroner

(Address) 125 Hanover St.

Coroner.

INFORMATION is very important. See instructions on back of certificate.

55413 F 55413

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-D

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Franklin Sq Hospital St. 26-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Crispino De Marco

(a) Residence: No. 6413 Belair Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine C. Demarco

6. DATE OF BIRTH (month, day, year) Sept 24 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Fruit

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fruit Merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Salvatore Demarco

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Son Sam Demarco
(Address) 6413 Belair Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb 23, 1939

19. UNDERTAKER Frank V. Pipitone
(Address) 2817 E. Baltimore St

20. FILED 19 Registrar.

FEB 22 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-19-39, 19

22. I HEREBY CERTIFY, That I attended deceased from 2-14-39, 19 to 2-19-39, 19

I last saw him alive on 2-19-39, 19. Death is said to have occurred on the date stated above, at 3:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	—
Bronchio-pneumonia	2-17-39
Epithelioma of Anus	8-1-38

Other contributory causes of importance:

Was an operation performed? Yes Date of 2-13-39

For what disease or injury? Neoplasm present time

Name of operation Excision No What tissue was removed? No

What test confirmed diagnosis? Was there an Autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Irvine M.D.

(Address) Woodlawn Apts Balto

35-85-10

HEALTH DEPARTMENT—CITY OF BALTIMORE

55414 55414

CERTIFICATE OF DEATH

124-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 15-W St. Ward)

Length of residence in city or town where death occurred Lifetime yrs. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Emanuel Rosenheim

If U. S. Veteran specify WAR

(a) Residence: No. 2312 W. North St., 6th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/24/81

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
57		25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Jacob Rosenheim

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Freid

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Friendship Cem. Date Feb. 23, 1939

19. UNDERTAKER Ward Sondheim & Son

(Address) 1902 Eutaw Place

20. FILED 2 23 1939, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1939 to Feb 21, 1939

I last saw him alive on Feb 21, 1939 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver - Lannec's type (cause unknown)	2 y.
Oesophageal and gastric varices with gastric Hemorrhage	2/14/39
Other contributory causes of importance: Arteriosclerosis - general	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. Brennan M. D.

(Address) Johns Hopkins Hospital

55415

HEALTH DEPARTMENT—CITY OF BALTIMORE 55415

CERTIFICATE OF DEATH

117-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 725 Grindall St. 77-1 Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR

2. FULL NAME Samuel Smith

(a) Residence: No. 725 Grindall St. St., ...Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of

6. DATE OF BIRTH (month, day, year) 1866

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
73	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

FATHER

13. NAME Samuel Smith

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Annie Yarbrough

(Address) 1014 Olive St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date 2/22 1939

19. UNDERTAKER Wm. P. Forsythe

(Address) 1311 Hanover St.

20. FILED ..., 19... Registrar.

22 1939

OCCUPATION is very important. See instructions on back of certificate.

V8 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18th 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1939, to Feb 18 1939

I last saw him alive on Feb 18 1939. Death is said to have occurred on the date stated above, at 6.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Ulcer (Perforated)	
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) B F Carroll M. D.

(Address) 911 Warren Ave

55416 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 55416

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 19 S. Duncan St., 1-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James Holl. Day. Sr.

If U. S. Veteran specify WAR

(a) Residence: No. 19 S. Duncan St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Holliday

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer. 0.0.10

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME James Holliday

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Annie Louise Corshon

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Clarence Holliday

(Address) 28 S. Duncan.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Feb 24th 39

19. UNDERTAKER Elroy E Wilson

(Address) 1600 Braddock

20. FILED FEB 23 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2.21 1939

22. I HEREBY CERTIFY, That I attended deceased from 10.10 1936 to 2.21 1939

I last saw h[illegible] alive on 2.20 1939 Death is said to have occurred on the date stated above, at 4.40 m. A.

The principal cause of death and related causes of importance were as follows:

	Date of onset
chronic interstitial nephritis	8 or 10 yrs.
chronic myocarditis	8 or 10 yrs
Other contributory causes of importance: arterio-sclerosis	[illegible]

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M. D.

(Address) 1500 E. [illegible]

OCCUPATION is very important. See instructions on back of certificate.

VS 5

55417 F 55417

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 S. Pulaski Street St., 20-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. If of foreign birth 60 yrs. — mos. — da.

If U. S. Veteran specify WAR ----

2. FULL NAME AUGUSTA HEDRICH

(a) Residence: No. 613 S. Pulaski Street St., 20 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Hedrich

6. DATE OF BIRTH (month, day, year) Aug. 15 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation ——

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME George Mecheli

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Lena Jenkins (Daughter)
(Address) 613 S/ Pulaski Street

18. BURIAL, CREMATION, OR REMOVAL
Place LOUDON PARK Date 2-22-39. 19

19. UNDERTAKER Dec. C. J. Hubbard & Son
(Address) 3 Eutaw Place

20. FILED [illegible] Registrar.

VB 3
FEB 22 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 19 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1939 to Feb 19, 1939

I last saw her alive on Feb 19, 1939. Death is said to have occurred on the date stated above, at 1 : A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis.	6 mos.
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Hom Hcate M. D.

(Address) 522 Scott St

55418 HEALTH DEPARTMENT—CITY OF BALTIMORE F 55418

CERTIFICATE OF DEATH

1. PLACE OF DEATH ~~JOHNS HOPKINS HOSPITAL~~ 2120 Fleet St 157-a Registered No.

CITY OF BALTIMORE: (No. ... St. 1-4 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marie Alfreda Beres If U. S. Veteran specify WAR

(a) Residence: No. 2120 Fleet St St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 28, 1938

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	7 8	2 ✓	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Jesse Beres

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Marie Piekarczyk

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT J. Beres (Address) ~~JOHNS HOPKINS HOSPITAL~~ 2120 Fleet

18. BURIAL, CREMATION, OR REMOVAL Place Holy Rosary Date Oct 23, 1939

19. UNDERTAKER John M. Weber (Address) 401 S. Chester St

20. FILED ~~Huntingtown, Calvert Co., Md.~~ Registrar. OCT 22 1939

MEDICAL CERTIFICATE OF DEATH ✓

21. DATE OF DEATH (month, day, year) Feb 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept., 1938 to Feb 20, 1939

I last saw her alive on Feb 20, 1939 Death is said to have occurred on the date stated above, at 10:45 P.M.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2/15/39
Other contributory causes of importance: Hydrocephalus	congenital

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) James L. Heckit M. D.

(Address) 1814 Eutaw Place

F 55419 HEALTH DEPARTMENT—CITY OF BALTIMORE F 55419

CERTIFICATE OF DEATH

122-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St., 4-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Agnes Agatha Haybra

If U. S. Veteran specify WAR .....

(a) Residence: No. 1712 Edgecombe St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Haybra

6. DATE OF BIRTH (month, day, year) 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67 66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Maskal

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Helen Kusinski (Daughter)

(Address) 1712 Edgecombe St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Feb 23 1939

19. UNDERTAKER John M. Welsh

(Address) 401 S. Chester St

20. FILED FEB 22 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 1939 to Feb 20 1939

I last saw her alive on Feb 20 1939. Death is said to have occurred on the date stated above, at 3:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3 days
Bilateral Pneumonia	2-14-39
Other contributory causes of importance:	
Nephritis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Michael J. Dausch, M. D.

(Address) St Joseph's Hospital

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55420

55420

94-B

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 4423 Craddock Av St., 27th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry O. Wilson

(a) RESIDENCE NO. 4423 Craddock Av St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Walker Wilson

6 DATE OF BIRTH (month, day, and year) January 23, 1873

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	66		28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Banker & Real Estate + Insurance

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Rappahannock

(State or country) Virginia

PARENTS

10 NAME OF FATHER Henry Wilson

11 BIRTHPLACE OF FATHER (City or town) Boston, Mass

(State or country)

12 MAIDEN NAME OF MOTHER Fannie O'Neill

13 BIRTHPLACE OF MOTHER (city or town) Rappahannock, Va

(State or country)

14 Informant Mary W. Wilson

(Address) 4423 Craddock Ave

15 Filed FEB 28 1939 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 20, 1939

17 I HEREBY CERTIFY, That I attended deceased from Feb 19, 1939 to Feb 20, 1939

that I last saw him alive on Feb 20, 1939

and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Coronary Occlusion

(duration) 6 yrs. mos. 1 d.

CONTRIBUTORY (Secondary) Chronic Sclerosis

(duration) ? yrs. mos. d.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) H. B. Slaughter M.

(Address) 825 N. Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — Date of Burial 2/23 19

20 UNDERTAKER Mrs. Cora A. Holland — ADDRESS 1631 Druid Hill

IF DEATH OCCURRED IN A HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

53421

HEALTH DEPARTMENT—CITY OF BALTIMORE

53421

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1209 Mosher St. 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John C. Matthews

(a) Residence: No. 1209 Mosher St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mary E Matthews

6. DATE OF BIRTH (month, day, year): Jan 1 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chef Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: N + S Railway Co

10. Date deceased last worked at this occupation (month and year): 1928

11. Total time (years) spent in this occupation: Unknown

12. BIRTHPLACE (city or town) (State or country): Kingston B.W.I.

FATHER

13. NAME: Wm. Matthews

14. BIRTHPLACE (city or town) (State or country): Kingston B.W.I.

MOTHER

15. MAIDEN NAME: Bonnie Slater

16. BIRTHPLACE (city or town) (State or country): Kingston B.W.I.

17. INFORMANT (Address): Mrs Mary E. Matthews 1209 Mosher St.

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Cathedral Date 2/24 1939

19. UNDERTAKER (Address): Mrs. Emma E. Mahoney 1601 Druid Hill Ave

20. FILED: Feb 22 1939 Huntington Williams Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2-21-1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1936 to 2-21- 1939

I last saw him alive on 2-20- 1939 Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset 3 years

Other contributory causes of importance: Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John F. Saunders M. D.

(Address) 10 E 29 Street Balto

FEB 22 1939

F 55422

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 55422

107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St. 7-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Kulbitsky

(a) Residence: No. 1713 Gough Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 21st 1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Alex Kulbitsky

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Minnie Rockel

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Minnie Kulbitsky
(Address) 1713 Gough Street

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Feb. 22 1938

19. UNDERTAKER Henry Sander & Son, Inc. Sep 7. Sander
(Address) Baltimore, St. & Broadway

20. FILED Hunting for Williams, M.D. Registrar.

FEB 22 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20th 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to h.. death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	

Other contributory causes of importance: .....

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schuster, M. D.
Coroner

(Address) Coroner

OCCUPATION is very important. See instructions on back of certificate.

55423

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55423

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH Church Home & Infirmary (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6-5 St. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR ...

2. FULL NAME Mrs. Curtis Steele

(a) Residence: No. 416 Lowery Avenue St., ... Ward Dundalk - Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Ida Steele

6. DATE OF BIRTH (month, day, year) Oct 31, 1914

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
24	3	21. 19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electric Welder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Edwin Steele

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Rosa Lezear

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Ida Steele
(Address) 416 Lowery Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Fairview Cem. Dundalk Md. Date 2/24 1939

19. UNDERTAKER John F. Connelly
(Address) Essex Md.

20. FILED FEB 22 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21. 1939.

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20 1939. to Feb. 21. 1939.

I last saw him alive on Feb. 21. 1939. Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia (Type I). — Date of onset 2/13

Other contributory causes of importance:

Bacteriemia — —

Septicemia — —

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. Dixon Whitworth M. D.

(Address) Church Home & Inf.

55424 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 55424

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH Raspeburg

CITY OF BALTIMORE: (No. 5821 Belair Road St., 26-1 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles Albert Poe

If U. S. Veteran specify WAR No

(a) Residence: No. 5821 Belair Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ada F. Poe

6. DATE OF BIRTH (month, day, year) Feb. 6, 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Moody Bible Inst.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John A. Poe

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Mary Jane Dickinson

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Hazel R. Walker

(Address) 5821 Belair Road

18. BURIAL, CREMATION, OR REMOVAL

Place Prospect Hill Date Feb. 24, 1939

19. UNDERTAKER John Burns Sons

(Address) Towson, Md.

20. FILED ..... 19.. ..... Registrar.

FEB 23 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1939, to Feb 22, 1939

I last saw him alive on Feb 22, 1939. Death is said to have occurred on the date stated above, at 3 8 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Left Hemaplegia (Cerebral)	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. O. Carman M. D.

(Address) 1701 N. Carolina St

55425

HEALTH DEPARTMENT—CITY OF BALTIMORE 55425

CERTIFICATE OF DEATH

COR-- 126

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 10-1 Ward) 76

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ... None

2. FULL NAME Dennis Donovan

(a) Residence: No. 1121 N. Central Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary 1865 1865

6. DATE OF BIRTH (month, day, year) 2-22-~~1859~~ 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
~~or~~ 73	~~81~~	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Moulder~~ Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~Shane~~ Foundry

10. Date deceased last worked at this occupation (month and year) ~~1932~~

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Wales

FATHER

13. NAME William Donovan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Lyons

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 2/24 1939

19. UNDERTAKER McCabe
(Address) 1217 E. Fort Ave

20. FILED FEB 23 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-21-1939

22. I HEREBY CERTIFY, That I attended deceased from 2-7-1939 to 2-21-1939

I last saw h[illegible] alive on 2-21-1939. Death is said to have occurred on the date stated above, at 5-1 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gall-stone with Intestinal Obstruction and Perforation of Jejunum	?
Other contributory causes of importance: Broncho Pneumonia	four days

Was an operation performed? Yes Date of 2-7-39

For what disease or injury?

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? Surgery Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? [illegible] If so, specify ...

(Signed) [illegible] M. D.

(Address) Wells City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55426

55426

CERTIFICATE OF DEATH

V 108 SC

1. PLACE OF DEATH Balto. City Hospital

CITY OF BALTIMORE: (No. Bay View St., 17-1 Ward)

Registered No. 822

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5/12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Herman Eglehart

If U. S. Veteran specify WAR

(a) Residence: No. 128 W. 24th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Helen Eglehart

6. DATE OF BIRTH (month, day, year) Jan. 30-1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61		22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W.P.A.

10. Date deceased last worked at this occupation (month and year) 2/7/39

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Richard Eglehart

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Virginia Cornell

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Albert Tyssey

(Address) 930 Eastbrook Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Park Date Feb 24th 1939

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED FEB 23 1939 19 Wm. J. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Both Lungs)	Some time
Arterio-Sclerosis general	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Bond St.

OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 55427

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55427

CERTIFICATE OF DEATH

V 122-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. James Howard Norris (MARY ELIZABETH)

(a) Residence: No. 5712 Bellona Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Howard Norris

6. DATE OF BIRTH (month, day, year) Dec 26 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
40	yrs	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Mr. Joseph Hughes

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah McNeal

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Howard Norris

(Address) 5712 Bellona Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Cemetery Date 2/24, 1939

19. UNDERTAKER McCool

(Address) 124 Lexington St

20. FILED , 19 Registrar

FEB 28 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21, 1939.

22. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1939, to Feb 21, 1939

I last saw her alive on Feb. 21, 1939. Death is said to have occurred on the date stated above, at 2015 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	Feb 16-1939
Other contributory causes of importance:	

Was an operation performed? Yes Date of Feb 19-1939

For what disease or injury? Intestinal Obstruction

Name of operation Resection of bowel & lateral anastomosis

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis M. Weaver M. D.

(Address) Union Memorial Hospital

OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 55428

F 55428

F 55428

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

42142-FS

5-1 131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Kittinger

(a) Residence: No. 4 Front St. (N.) St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine

6. DATE OF BIRTH (month, day, year) 3-13-1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
68	68	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Efrigm

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Mary Croner

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Matthews Date Feb 24th 1939

19. UNDERTAKER Wm Gott
(Address) 217 St Paul St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 18, 1939 to February 21, 1939

I last saw him alive on February 21, 1939. Death is said to have occurred on the date stated above, at 12:25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Santalla M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

VS 2

B 23 1939

Registrar for Millard, MD

55429 F55429

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

F 55429

Reg. Dist. No. 82-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County

(b) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:
3548 Pool St.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 5 mos.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) City or town Frederick, Md.
(If outside city or town limits, write RURAL and give town)

(d) Street No. 30 E. South St.
(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME MRS. Sarah Elizabeth Bohn

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Abram Saylor Bohn

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Oct. 21, 1852

8. AGE: Years	Months	Days	If less than one day
86	4	2	____hr. ____min.

9. Birthplace Frederick County
(Town, county, and state)

10. Usual occupation Housewife (retired)

11. Industry or business

FATHER 12. Name Joseph Burrall

13. Birthplace Frederick Co.

MOTHER 14. Maiden Name Maria Garber

15. Birthplace Frederick Co.

16 (a) Informant Charles E. Bohn

(b) Address 547 Pool St, Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-25-39 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet Cemetery

Location Frederick, Md.

18 (a) Funeral director Eckline & Son

(b) Address Frederick, Md.

FB 22 1939 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. Date of death Feb. 23, 1939, at 2 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 15 1939, to Feb 23 1939., and that I last saw him alive on Feb 22 1939

Immediate cause of death	Duration
Cerebral hemorrhage	2 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. V. Steinberg M.D.
M. D., Coroner

Address 714 Park Ave Baltimore Md Date signed Feb 23 1939

55430 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 55430

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1024 Boyd St., 18-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mary J. Neil

If U. S. Veteran specify WAR .....

(a) Residence: No. 1024 Boyd St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles J. Neil

6. DATE OF BIRTH (month, day, year): Feb. 14, 1865

7. AGE: Years: 74 | Months: | Days: 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Balto. Md

FATHER

13. NAME: Gavan

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Mont Knoy

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Miss Jennie Cavanaugh

(Address) 1024 Eight

18. BURIAL, CREMATION, OR REMOVAL

Place: Cedar Hill Cem. Date: Feb. 24, 1939

19. UNDERTAKER: Margaret E. Flynn

(Address) 1422 Eight

20. FILED: 23 1939 Hunting for Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1939 to Feb 22, 1939

I last saw h.. alive on Feb 22, 1939 Death is said to have occurred on the date stated above, at 9:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bright's disease	3 mo.
Other contributory causes of importance: Arteriosclerosis	6 mo.

Was an operation performed? No Date of —

For what disease or injury? .....

Name of operation —

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. B. Wheeler M. D.

(Address) 1379 William St

OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 55431

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55431

CERTIFICATE OF DEATH

92-a

CC

1. PLACE OF DEATH Home

Registered No. 1872

CITY OF BALTIMORE: (No. 3015 O'Donnell St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Schorr

If U. S. Veteran specify WAR ...

(a) Residence: No. 3015 O'Donnell St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: George Schorr (d)

6. DATE OF BIRTH (month, day, year): July 7-1854

7. AGE: Years 84 | Months 7 | Days 14 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: George Yeager

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Elizabeth Seitz

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Elizabeth Penner

(Address) 3021 O'Donnell St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date Feb. 23, 1939

19. UNDERTAKER: Geo. M. Zirkler

(Address) 1737 E. Eager St.

20. FILED ... 19 ... Registrar.

FEB 23 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 21, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to ... death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	2 days

Other contributory causes of importance: Valvular heart disease 1 year

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. E. Wood M. D.

Coroner

(Address) 1712 N. Bond St.

OCCUPATION is very important. See instructions on back of certificate.

55432 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 55432

#42197 SF

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 1-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Elizabeth Brocklander

If U. S. Veteran specify WAR

(a) Residence: No. 2233 Gough St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Conrad

6. DATE OF BIRTH (month, day, year) 6/6/1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Jerode Schroeder

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Minnie Poeter

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Feby 23 1939

19. UNDERTAKER John Ulrich

(Address) Govt Edeans

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/21/39 , 19

22. I HEREBY CERTIFY, That I attended deceased from February 20, 1939, to February 21, 1939

I last saw her alive on February 21, 1939. Death is said to have occurred on the date stated above, at 6 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	2-19-39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Sautelle, M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

B 23 1939

35433

HEALTH DEPARTMENT—CITY OF BALTIMORE

35433

CERTIFICATE OF DEATH

117-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lawrence Horan Horan

If U. S. Veteran specify WAR

(a) Residence: No. St., Ward. New Foundland

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary

6. DATE OF BIRTH (month, day, year) Oct. 22, 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 5086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Newfoundland

FATHER

13. NAME Patrick Horan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth McGrath

16. BIRTHPLACE (city or town) (State or country) Newfoundland

17. INFORMANT Hospital Records

(Address) Rockland & Green Sts

18. BURIAL, CREMATION, OR REMOVAL

Place St. Johns N. F. Date Feby 23 193

19. UNDERTAKER John Allis

(Address) Bois Allans

20. FILED 1939 Lois Williams, M.D.

Registrar.

FEB 23 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21, 19 39

22. I HEREBY CERTIFY, That I attended deceased from Jan. 17, 19 39, to Feb 21, 19 39

I last saw him alive on Feb 21, 19 39 Death is said to have occurred on the date stated above, at 9:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post-operative intestinal obstruction	2/17/39
Bronchio-pneumonia, bilateral	2/20/39

Other contributory causes of importance:

Chronic gastritis & duodenitis	2

Was an operation performed? Yes Date of Jan. 27, 1939 Feb. 4, 1939

For what disease or injury? ~~U.S. Second Gastric Emergency~~ (2) Post-operative intestinal obstruction

Name of operation (1) Gastric resection (2) Anastomosis

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J H Horan M. D.

(Address) Univ. Hospital

J H Horan

55434 HEALTH DEPARTMENT—CITY OF BALTIMORE 55434

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 610 Dolphin St., 17-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie D Dorsey

(a) Residence: No. 610 Dolphin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George D Dorsey

6. DATE OF BIRTH (month, day, year) 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME James Conner

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Emma ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Elsie Brown
(Address) 610 Dolphin St

18. BURIAL, CREMATION, OR REMOVAL.
Place Mt. Zion Date Feb. 23, 39

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Schroeder St

20. FILED FEB 23 1939 19 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20. 19 39

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	Feb 19
	39

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George L. Adler, M. D.
Coroner

(Address) 5 Marsyuette St

OCCUPATION is very important. See instructions on back of certificate.

V E 6

35485 70 HEALTH DEPARTMENT—CITY OF BALTIMORE F 55435

CERTIFICATE OF DEATH

V 133

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertie Taylor

If U. S. Veteran specify WAR

(a) Residence: No. 1423 Edmonson ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Sep

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-29-73

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Wm Porter

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Linda ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Feb 23, 1939

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Schroeder St

20. FILED 19 Registrar.

FEB 20 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1939 to Feb 20, 1939

I last saw her alive on Feb 20, 1939 Death is said to have occurred on the date stated above, at 1:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia Dec.	1938
Chr. pyelonephritis + pyonephrosis	1937
Other contributory causes of importance:	
Hypertension & cardiac failure	1938

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Ferdinand E. Chatard M. D.

(Address) Johns Hopkins Hospital

(OCCUPATION is very important. See instructions on back of certificate.)

V0 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

55436

CERTIFICATE OF DEATH

55436

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Street Ward)

Registered No. 95-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clifton Tipton Smith

If U. S. Veteran specify WAR ...

(a) Residence: No. 64 St Paul Place, St. Ward Mt Royal Ave

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Katherine McD Smith

6. DATE OF BIRTH (month, day, year) Sept 12. 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westminster Md

FATHER

13. NAME Judge John E Smith

14. BIRTHPLACE (city or town) (State or country) Westminster Md

MOTHER

15. MAIDEN NAME Louise Cobb

16. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

17. INFORMANT Mrs Katherine Smith

(Address) 64 St Paul Place

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Md Date 2/25 1939

19. UNDERTAKER Wm H Cook

(Address) 1217 St Paul St

20. FILED Feb 27 1939, 19... Huntington Mullen Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22. 1939

22. I HEREBY CERTIFY, That I attended deceased from May 24 1935 to Feb. 22 1939

I last saw him alive on Feb. 22 1939 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio nephropathy	1930
Other contributory causes of importance: Cerebral Hemorrhage	Feb. 21 1939

Was an operation performed? No Date of —

For what disease or injury?

Name of operation Clinical examination

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lorenzo Bibb M. D.

(Address) 2435 Maryland Ave

V8 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

55432 Registered No. F 55432

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Ludwig Sanatorium St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Lona Virginia Robertson

(a) Residence: No. 3615 Midland Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles F. Robertson

6. DATE OF BIRTH (month, day, year): May 6, 1864

7. AGE: Years 74 | Months 9 | Days 15 | If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Frederick Md.

FATHER

13. NAME: Samuel Bruegle
14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Madora Stull
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. C. Moore Sing
(Address) 3615 Midland Ave.

18. BURIAL, CREMATION, OR REMOVAL: Mt. Olivet Cem.
Place ... Date 2/23/39

19. UNDERTAKER: Wm. Col. Lee
(Address) 1211 E. Fayette St.

Feb 23 1939, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 1938 to Feb 21 1939

I last saw her alive on 2/20, 1939. Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr: Valv. Heart	[redacted]
Arteriosclerotic heart	6 mos.
Other contributory causes of importance: Arteriosclerosis	many years

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Moreau Clarke M. D.

(Address) 2020 N. Charles

OCCUPATION is very important. See instructions on back of certificate.

V8 B

F 55438

HEALTH DEPARTMENT—CITY OF BALTIMORE F55438

CERTIFICATE OF DEATH

93-C

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4132 Pimlico Rd St., 15-13 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Morris Friedman

(a) Residence: No. 4132 Pimlico Rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hetta

6. DATE OF BIRTH (month, day, year) 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Louis Friedman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Hinna [illegible]

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hyman Friedman
(Address)

18. BURIAL, CREMATION, OR REMOVAL Hebrew Herring Run Date Feb-23- 1939

19. UNDERTAKER Jack Lewis Inc
(Address) 1439 E Baltimore St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-22- 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 1925 to Feb 22, 1939

I last saw h[illegible] alive on Feb 21, 1939 Death is said to have occurred on the date stated above, at 10:20 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Other contributory causes of importance:	
Arteriosclerosis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Sidney D. Kirby, M. D.

(Address) 2324 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

V S 3

FEB 23 1939

F 55439

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55439

175

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 825 S. Charles St. 22-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 40 yrs. ... mos. ... ds.

2. FULL NAME Sammel Kart

If U. S. Veteran specify WAR .....

(a) Residence: No. 825 S. Charles St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel(Nee) Smallwood

6. DATE OF BIRTH (month, day, year) 1-15-1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
∞	56	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry Goods

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Chain

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Faga

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wife

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Wash. Blvd. Date 2/23 , 1939

19. UNDERTAKER Jack Lewis, Inc.

(Address) 1439 E. Baltimore St.

20. FILED Huntington Williams, M.D.

FEB 23 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/21/39 , 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Autopsy find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Emb oli	2/21
Coronary Emboli	39
Fracture left external Maleolus	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? homicide Date of injury ..... , 19.....

Where did injury occur? 825 S Charles St.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Assault

Nature of injury Fracture left external Maleol-

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) S. Litton , M. D.

Coroner

(Address) 1304 E. Chase St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

55440 F 55440

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131 CC

Registered No. 1872

1. PLACE OF DEATH Balto. City Hospitals
CITY OF BALTIMORE: (No. Bay View St., 705 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Frank G. Clark Jr. if U. S. Veteran specify WAR

(a) Residence: No. 823 11th Dorough St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	~~Married~~ Divorced

3a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Bessie Clark

6. DATE OF BIRTH (month, day, year) March 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	11		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

FATHER
13. NAME Frank Clark Sr.
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER
15. MAIDEN NAME Mary Jane Lee
16. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

17. INFORMANT Thomas C. Clark
(Address) 835 Youngs Court

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date Feb. 23rd 1939

19. UNDERTAKER Byrd Thagard & Wright
(Address) 1130 E. Lexington St

20. FILED FEB 23 1939 19 Huntington Williams Registrar.

VSC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	2 Months
Uremia	1 week
Other contributory causes of importance: Valvular heart disease	30 Years

Was an operation performed? No Date of
For what disease or injury?
Name of operation Clinical Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood M. D.
Coroner
(Address) 1712 N. Broad St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

55441

55441

CERTIFICATE OF DEATH

✓ 13-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1115-E-monument St., 15-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Andrew Cortez

If U. S. Veteran specify WAR

(a) Residence: No. 1115-E-monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/3/39

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto-Md

FATHER

13. NAME Andrew Cortez

14. BIRTHPLACE (city or town) (State or country) Washington

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Andrew Cortez
(Address) 1115-E-monument

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 2/23 39

19. UNDERTAKER William A Jackson
(Address) 716 Pennsylvania

20. FILED FEB 23 1939 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-21 1939

22. I HEREBY CERTIFY, That I attended deceased from 2/20 1939 to 2/21 1939

I last saw him alive on 2/21 1939. Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dispepsia	2/10
& Rickets	
Other contributory causes of importance:	
Indefinite	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Frank R. Blake M. D.

(Address) 924 Argyle

OCCUPATION is very important. See instructions on back of certificate. Fetal statements

Annie Radcliffe

5442

HEALTH DEPARTMENT—CITY OF BALTIMORE

P 55442

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 192 Caroline St. 6-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie Rad Cliffe

(a) Residence: No. 192 Caroline St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
F	Col	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME John Jackson

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Frances ... (Address) 79 Woodruff Ave Brooklyn

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date 2/23 19

19. UNDERTAKER William A. Jackson (Address) 416 Penna Ave

20. FILED ... 19 ... Registrar.

FEB 23 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-18 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Apoplexy	2/18
	39

Other contributory causes of importance: —

Was an operation performed? — Date of ...

For what disease or injury? —

Name of operation — Date of ...

What test confirmed diagnosis? Post Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Geo. L. Allen M. D.

(Address) 669 Lexington St

V S 6

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

55443

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55443

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1616 Darley Ave. St., 8-5-97 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John G. Imhoff

If U. S. Veteran specify WAR .....

(a) Residence: No. 1616 Darley Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of of Annie M. Imhoff

6. DATE OF BIRTH (month, day, year) July-23-1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63Yrs1	6Mo.	28Days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. cigar maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. DIT

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) not known

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Mrs. Annie M. Imhoff

(Address) 1616 Darley Ave.

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Cem. Feb.-24-1939

Place Date 19

19. UNDERTAKER Henry Hoeck & Son Inc.

(Address) 1301 E. Eager St

Filed 19 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb.-21-1939

22. I HEREBY CERTIFY, That I attended deceased from February 21, 19 39, to February 21, 19 39

I last saw him alive on February 21, 19 39. Death is said to have occurred on the date stated above, at 10.45 a.m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	Unknown
Other contributory causes of importance:	
Acute Myocardial Failure	15 min.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Philip Artigani M. D.

(Address) 2942 East Fayette Street

OCCUPATION is very important. See instructions on back of certificate.

F 55444

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55444

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hosp St., 20-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. 0 mos. 16 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Annie A. Hoffmeister

If U. S. Veteran specify WAR .....

(a) Residence: No. 2673 Frederick Ave St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Wh	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry H Hoffmeister

6. DATE OF BIRTH (month, day, year) Feb 5 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49		16.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) Dates

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Durham

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah Martin

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Harry H Hoffmeister

(Address) 2673 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Feb 24 1939

19. UNDERTAKER Harry A Kitzke

(Address) 701 Edmondson Ave

20. FILED FEB 23 1939 Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) stated by said Inquest that said deceased came (Inquest, Autopsy or Inquiry) to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acquired Myocarditis	1
Pulmonary Edema	2/21

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Exam Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) H. Hanna M. D.

Coroner

(Address) 1822 N Gallows St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 55445

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55445

CERTIFICATE OF DEATH

85

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope St 28-1 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Thomas William Hagan If U. S. Veteran specify WAR

(a) Residence: No. Mt. Hope Retreat St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Hugh Hagan

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Cook

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mr. Richards. Mt Hope

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Feb 23 1939

19. UNDERTAKER Martin E. Dobbs

(Address) 618 Eutaw St

20. FILED FEB 23 1939 19 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Missed Feb. 20 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by [illegible] said deceased came to death on the day stated above. Last saw Feb 22 39 1:30 PM,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epilepsy	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M. D.

(Address) 1215 Hanover

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

55446 HEALTH DEPARTMENT—CITY OF BALTIMORE 55446

CERTIFICATE OF DEATH

✓ 46-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4101 Groveland Ave. St. 28-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George J. Coy

(a) Residence: No. 4101 Groveland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Manie Gordon

6. DATE OF BIRTH (month, day, year) 2/1/1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	--	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Registrar of Johns

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hopkins Med. School

10. Date deceased last worked at this occupation (month and year) 2/38

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Byron F. Coy

14. BIRTHPLACE (city or town) Mass. (State or country)

MOTHER

15. MAIDEN NAME ---

16. BIRTHPLACE (city or town) --- (State or country) ---

17. INFORMANT Mr. George J. Coy
(Address) 906 Esplanade Pelham Manor, N.Y.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cemy Date 2/24/39 19

19. UNDERTAKER Wm. P. Waters & Sons Inc
(Address) 1900 Eutaw Place

20. FILED FEB 23 1939 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1938 to Feb. 22 1939

I last saw him alive on Feb. 22 1939. Death is said to have occurred on the date stated above, at 4.07 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb. 22

Other contributory causes of importance: Cancer of pancreas & intestine (Diagnosis at Johns Hop.) — duration 5 mos?

Was an operation performed? No Date of

For what disease or injury? ✓

Name of operation ✓

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No — If so, specify

(Signed) G. A. Dodds M. D.

(Address) Medical Arts Bldg.

OCCUPATION is very important. See instructions on back of certificate.

V8 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

$5147 T 55447

CERTIFICATE OF DEATH

✓ 108

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St. 7-2 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Katherine Filip

(a) Residence: No. 733 N. Milton Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Filip

6. DATE OF BIRTH (month, day, year) Nov 29. 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Charles Heyduk

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Catherine Soukup

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Joseph E. Filip

(Address) 733 N. Milton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Feb 25 1934

19. UNDERTAKER Frank Grace & Son

(Address) 1402 E. Ashland Avenue

20. FILED ..... 19.... ..... Registrar.

Feb 23 1934 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1934 to Feb 21, 1934

I last saw h.. alive on Feb 21, 1934. Death is said to have occurred on the date stated above, at 1.47 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Type IV)	2-9-34
Other contributory causes of importance: Chronic Myocarditis	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Aut. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. R. Tunnicliff M. D.

(Address) St. Josephs Hosp.

OCCUPATION is very important. See instructions on back of certificate.

V8 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55448

CERTIFICATE OF DEATH

107-a

F 55448

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. 4 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Marcella Kearney

(a) Residence: No. 839 S. Patterson Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct. 12, 1927

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
11	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Leroy Kearney

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Helen Krupp

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Leroy Kearney
(Address) 839 S Patterson Park Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Feb 24 1939

19. UNDERTAKER Frank Gracki & Son
(Address) 1906 Ashland Ave.

20. FILED Feb 24 1939 Harry E. Tolliver, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1939, to Feb 21, 1939

I last saw h alive on Feb 21, 1939. Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	10-13-39
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. P. Tennyt M. D.

(Address) St. Joseph Hosp.

OCCUPATION is very important. See instructions on back of certificate.

VS 8

FEB 23 1939

55449

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55449

CERTIFICATE OF DEATH

53-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3308 Brehms St., 16-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Lifetime

2. FULL NAME Elizabeth R. Payne

If U. S. Veteran specify WAR

(a) Residence: No. 3308 Presstman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

8a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 15-1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John J. Payne

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Catherine Fitzsimmons

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Miss Catherine Payne

(Address) 3308 Presstman St.

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem. Date 2/24 1939

19. UNDERTAKER Edgar B. Evans & Son Inc

(Address) 113 W. Mt. Royal Ave

20. FILED FEB 23 1939, 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1939, to Feb 21, 1939

I last saw her alive on Feb 21, 1939. Death is said to have occurred on the date stated above, at 6 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Bladder	8/
	6/
	1/32
	Years

Other contributory causes of importance:

Ulcer of Face & Lip

Old Age

Was an operation performed? Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edgar B. Evans M. D.

(Address) 613 W 40 St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

55450 HEALTH DEPARTMENT—CITY OF BALTIMORE 39P101 ahe/cee

CERTIFICATE OF DEATH

F 55450

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1042 William St. St., 24 Ward) Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 years yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary E. Bolton If U. S. Veteran specify WAR

(a) Residence: No. Severn, A.A. Co., Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Bolton

6. DATE OF BIRTH (month, day, year) Oct. 5, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Robert D. Dong (L)

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Catherine Wolfe

16. BIRTHPLACE (city or town) (State or country) Cumberland, Md.

17. INFORMANT Mr. John Bolton (Husband)

(Address) Severn A.A. Co., Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date Feb. 24, 1939

19. UNDERTAKER A. Bernard Evans

(Address) 1400-02 S. Charles St.

20. FILED ..., 19... Registrar.

FEB 23 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1936, 19..., to Feb 21, 1939

I last saw h[illegible] alive on Feb 21, 1939. Death is said to have occurred on the date stated above, at 8:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	[illegible] (1927)
Myocarditis	2-14-39
Pulmonary Edema	2-16-39
Other contributory causes of importance:	
Cystitis	2-18-39
Arteriosclerosis	1927

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, how?

(Signed) Walter Kolb, M. D.

(Address) 192 E. Fort Ave

OCCUPATION is very important. See instructions on back of certificate.

VS 9

55451 HEALTH DEPARTMENT—CITY OF BALTIMORE 55451

CERTIFICATE OF DEATH

V 131

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1101 Gorsuch ave. 9-5 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles S. Woodward

If U. S. Veteran specify WAR

(a) Residence: No. 1101 Gorsuch ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 9 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ind.

FATHER

13. NAME Charles S. Woodward

14. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER

15. MAIDEN NAME Julia Richardson

16. BIRTHPLACE (city or town) (State or country) Ind.

17. INFORMANT Miss Allen

(Address) 1101 Gorsuch ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date 2/24 19 39

19. UNDERTAKER J. E. Horan & Bro.

(Address) 3 E. Eutaw St.

20. FILED ... By ... Registrar

FEB 23 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/24 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20 1939 to Feb. 21 1939

I last saw him alive on Feb. 21 1939. Death is said to have occurred on the date stated above, at 6:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Hypostatic Pneumonia	2/24/39
Cardio vascular renal disease	1938
e Hypertension	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. S. Lyon M. D.

(Address) 432 S. Patterson Pk Exs

OCCUPATION is very important. See instructions on back of certificate.

55462 HEALTH DEPARTMENT—CITY OF BALTIMORE 55462

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 818 E. 33rd St., 9-B Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James J. Baker
If U. S. Veteran specify WAR

(a) Residence: No. 818 E. 33rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 31-1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

FATHER

13. NAME James J. Baker

14. BIRTHPLACE (city or town) Balto. Md.
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Mrs. Harry Schultz
(Address) 818 E. 33rd St.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date 2/24 19

19. UNDERTAKER J. A. Mohan
(Address) 1300 Balto St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1938 to Feb 20 1939
I last saw h alive on Feb 20 1939 Death is said to have occurred on the date stated above, at 5P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	
Uraemia.	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

F 55453 HEALTH DEPARTMENT—CITY OF BALTIMORE F 55453

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto. City Hospitals Registered No. 1877

CITY OF BALTIMORE: (No. Bay View St. 26-7 Ward) 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marie Louise Leidigh

If U. S. Veteran specify WAR

(a) Residence: No. 413 S. Macon St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 22 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
2	6	30 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lebanon Pa.

FATHER

13. NAME Richard E. Leidigh

14. BIRTHPLACE (city or town) (State or country) Mt. Gretna Pa.

MOTHER

15. MAIDEN NAME Mary L. David

16. BIRTHPLACE (city or town) (State or country) Carlisle Pa.

17. INFORMANT Richard E. Leidigh

(Address) 413 S. Macon St.

18. BURIAL, CREMATION, OR REMOVAL

Carlisle. Penna. Date Feb. 24. 1939

19. UNDERTAKER HENRY SANDER & SONS. INC. Per J. Sander.

(Address) Baltimore & Broadway.

20. FILED ... 19... Registrar.

FEB 23 1939

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb. 24 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Feb. 1939

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood Coroner, M. D.

(Address) 1712 E. Lord St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 55454

F 55454 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 819 Cator Ave St., 9-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 86 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Johanna (Annie) Green

If U. S. Veteran specify WAR

(a) Residence: No. 819 Cator Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William O Green

6. DATE OF BIRTH (month, day, year) Oct 15 - 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Edward Teallenburg

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Alice Rensham

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Alice G Adams
(Address) 819 Cator Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 2-25-39

19. UNDERTAKER William H. Shriver Inc.
(Address) 1130 Edmondson Ave

20. FILED FEB 23 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 16 1939 to Feb 21 1939

I last saw her alive on Feb 20 1939. Death is said to have occurred on the date stated above, at 10:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Feb 16 1939

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H L Richard M. D.

(Address) 5261 St Paul St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

55455 HEALTH DEPARTMENT—CITY OF BALTIMORE F 55455

CERTIFICATE OF DEATH

11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4604 St. Thomas Ave. St. 26-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles J. Kappel

If U. S. Veteran specify WAR .....

(a) Residence: No. 4604 St. Thomas Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 10th. 1917

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Apprentice (Mechanic)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Automobile 50 86

10. Date deceased last worked at this occupation (month, year) Feb. 1939

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Michael Kappel

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Katherine Kimmlein

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Michael Kappel
(Address) 4604 St. Thomas Ave.

18. BURIAL, CREMATION, OR REMOVAL
place Moreland Memorial Date 2/25/39 19

19. UNDERTAKER Frederick Loeffler & Son
(Address) 7401 Belair Road

20. FILED Huntington Williams, M.D. Registrar.

FEB 23 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-17 1939, to 2-22 1939

I last saw h[illegible] alive on 2-22 1939. Death is said to have occurred on the date stated above, at 4.10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho. Pneumonia	2/20/39
Other contributory causes of importance: La Grippe.	2/7/39

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury ✓

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. S. Hardesty, M. D.

(Address) 504 [illegible] Eden St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.
OCCUPATION is very important.

F 55456

Rich

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55456

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital (St.) 15-1 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Allen Ruth

If U. S. Veteran specify WAR ...

(a) Residence: 2316 Lenna Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Col

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ...

6. DATE OF BIRTH (month, day, year): Jan 7-1939

7. AGE: Years 1 | Months | Days 7 15 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: poss

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Charles Parker

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Elsie Ruth

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Bertha Johnson

(Address) 2316 Lenna Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date 2/23 1939

19. UNDERTAKER: Walter A Pegg

(Address) 139 W Hanover St.

20. FILED FEB 23 1939 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 22, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Bronchopneumonia

Pneumonia

Other contributory causes of importance: ...

Duration: Feb 21 1939

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) George L Allen M. D.

Coroner

(Address) 550 Eastern Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

55457

HEALTH DEPARTMENT—CITY OF BALTIMORE

55457

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 205 S. Collington Ave Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anthony Walter Ostrowski

If U. S. Veteran specify WAR .....

(a) Residence: No. 205 S. Collington Ave St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~last Wife of~~ Eva Ostrowski

6. DATE OF BIRTH (month, day, year) Aug 19th 1902

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
36	4 6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 2/20/39

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Anthony Ostrowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Pauline Stachawick

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Eva Ostrowski

(Address) 205 S. Collington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Feb 25th 1939

19. UNDERTAKER Wm Cook

(Address) 217 E Paul St

20. FILED FEB 23 1939 19.. Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22nd, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1938 to Feb 22, 1939

I last saw him alive on Feb 22, 1939 Death is said to have occurred on the date stated above, at 6-05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Nov 1938
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Eugene Zellers, M. D.

2/23/39 (Address) 2739 Edmondson Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 8

F 55458

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55458

CERTIFICATE OF DEATH

126

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 502 Montpelier St. 9-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna S. Schmidt

If U. S. Veteran specify WAR .....

(a) Residence: No. 502 Montpelier St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Gustav E. Schmidt

6. DATE OF BIRTH (month, day, year) June 15th 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Parkton Md.

FATHER

13. NAME Edwin Leitner

14. BIRTHPLACE (city or town) (State or country) Parkton Md

MOTHER

15. MAIDEN NAME Lydia George

16. BIRTHPLACE (city or town) (State or country) Parkton Md

17. INFORMANT Gustav E. Schmidt
(Address) 502 Montpelier St

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Feb 24 1939

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... [illegible] Registrar.

FEB 23 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21st, 1939

I HEREBY CERTIFY, That I attended deceased from Feb 19, 1939 to Feb 21, 1939

I last saw her alive on Feb 21, 1939 Death is said to have occurred on the date stated above, at 6:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Cause Cardiac dilitoli	Feb
Other contributory causes of importance: Full Uterus	4

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Fred L. Zimmerman

(Address) 9508 Harford Rd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 55459

F 55459 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-D

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3606 Woodbrue Ave St., 2 & 1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. 0 mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME George Wilmer Engle
If U. S. Veteran specify WAR

(a) Residence: No. 3606 Woodbrue Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Harriet B. Engle

6. DATE OF BIRTH (month, day, year) July 3, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	7	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Customs Inspector
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 0 8
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER
13. NAME Patterson Engle
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER
15. MAIDEN NAME Mary Stark
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Flora Engle
(Address) 3606 Woodbrue Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Sittinger-Nelson Feb. 24 1939
Pikesville Road

19. UNDERTAKER North & Paules
(Address)

20. FILED FEB 23 1939 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7th 1938 to Feb. 21st 1939
I last saw him alive on Feb. 21st 1939 Death is said to have occurred on the date stated above, at 10.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) – Coronary Thrombosis.	2/7/39
2. Hypertension.	
Other contributory causes of importance: 1) Bronchio-pneumonia	3 days

Was an operation performed? No Date of
For what disease or injury?
Name of operation None
What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Emil L. Grumbine M. D.
(Address) 4108 Liberty Hts. Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 2

E 55460

HEALTH DEPARTMENT—CITY OF BALTIMORE 55460

CERTIFICATE OF DEATH

50

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 124 W. 27th Street St. 12-6 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Alice Work

If U. S. Veteran specify WAR

(a) Residence: No. 124 W. 27th Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David T. Work

6. DATE OF BIRTH (month, day, year) Aug. 31, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elkton, Md.

FATHER

13. NAME David R. P. Alexander,

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Amelia Hill,

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Mr. David T. Work,
(Address) 124 W. 27 Street

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Feb. 24 1939

19. UNDERTAKER Wm. J. Tickner & Sons,
(Address) North & Penna Aves.

20. FILED 19 Registrar.

FEB 23 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1939 to Feb. 21, 1939

I last saw her alive on Feb. 21, 1939. Death is said to have occurred on the date stated above, at 2:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lungs.	Oct. 1938
secondary to Carcinoma of left breast	April 1926
Other contributory causes of importance:	

Was an operation performed? Yes. Date of April 1926

For what disease or injury? Carcinoma of left breast.

Name of operation Radical Amp. breast.

What test confirmed diagnosis? Path. Exam. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) A. K. Gelsinger M. D.

(Address) 3703 Garrison Blvd.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

$5461 F 55461

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1810 N Wolfe St., 8-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Emma Wittgraf

If U. S. Veteran specify WAR

(a) Residence: No. 1810 N Wolfe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Frederick Wittgraf

6. DATE OF BIRTH (month, day, year): Jan 12 1865

7. AGE: Years 74 | Months 1 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: John H Boehnke
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Christine Thiele
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs J Geo Boehnke
(Address) 1810 N Wolfe St

18. BURIAL, CREMATION, OR REMOVAL
Place ST. MATTHEWS Date FEB. 25 1939

19. UNDERTAKER: John H Koch
(Address) 2008 Eutaw St

20. FILED FEB 23 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 22 1939

22. I HEREBY CERTIFY, That I attended deceased from September 29 1932 to February 22 1939

I last saw her alive on February 22 1939 Death is said to have occurred on the date stated above, at 5-30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterial Hypertension	1934
Cerebral Hemorrhage	1934
General Arteriosclerosis	1934
Other contributory causes of importance: Cardiac Dilatation	7 Days

Was an operation performed? No Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gilbert Greenberg M. D.
(Address) 2025 Eutaw St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

vd 8

55462

HEALTH DEPARTMENT—CITY OF BALTIMORE

55462

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1029 N. Washington St., 7-4 Ward)

Length of residence in city or town where death occurred 69 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME William P. Naumann

(a) Residence: No. 1029 N. Washington St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feby 12, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	—	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 003

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation ..

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Philip Neumann

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Katherine Crist

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Annie Kuebler

(Address) 1029 N. Washington

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feby 25 1939

19. UNDERTAKER John Ulrich

(Address) 202 S. Eutaw

20. FILED ..... 19.. Huntington Williams, Registrar.

FEB 23 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-22-39

22. I HEREBY CERTIFY, That I attended deceased from 1-7-39 to 2-22-39

I last saw h.. alive on 2-22-39 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1-7-39
Diabetes	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) F. Wm. Sturgis M. D.

(Address) 100 W. Read St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55463

CERTIFICATE OF DEATH

124-a

41570 (VS) F 55463

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eva Doll

If U. S. Veteran specify WAR

(a) Residence: No. Rennert Hotel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 3/12/1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
61	61	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0667

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ky.

FATHER

13. NAME John Matnack

14. BIRTHPLACE (city or town) (State or country) Ky.

MOTHER

15. MAIDEN NAME Marcella Smith

16. BIRTHPLACE (city or town) (State or country) Ky.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Detroit Mich. Date Feb 24 1939

19. UNDERTAKER Henry W. Jenkins & Sons Co
(Address) McCulloh-Orchard Sts

FEB 28 1939

20. FILED 19 Huntington W. Va. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 20 1939

22. I HEREBY CERTIFY, That I attended deceased from February 1, 1939 to February 20, 1939

I last saw her alive on February 20 1939 Death is said to have occurred on the date stated above, at 5:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-13-39
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

55464

CERTIFICATE OF DEATH

131 F 55464

1. PLACE OF DEATH Jenkins Memorial Hospital

Registered No.

CITY OF BALTIMORE: (No. 1000 Eaton Ave St., 15-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. 4 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Florence C. Pontier (PONTIER) If U. S. Veteran specify WAR

(a) Residence: No. 2101 Allendale Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 8 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Eugene P. Pontier

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Mary A. Chestnutt

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Jenkins Memorial
(Address) 1000 Eaton ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cemetery Date 2/24/39 19

19. UNDERTAKER J. E. Mears & Son
(Address) 505 N. Calvert St.

20. FILED FEB 23 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938 to Feb. 22, 1939

I last saw her alive on Feb. 22, 1939. Death is said to have occurred on the date stated above, at 8:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Degenerative cardiovascular renal disease with myocardial hypertrophy and failure.	?
Other contributory causes of importance: Marked generalized arteriosclerosis	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Joseph E. Muse Jr. M. D.

(Address) Jenkins Memorial Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

55465

CERTIFICATE OF DEATH

93-5 F 55465

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2366 Wash. Blvd St., 25-3 Ward)

Length of residence in city or town where death occurred 81 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma L. Lester

(a) Residence: No. 2366 Wash. Blvd St., 25 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of the late Wm L Lester.

6. DATE OF BIRTH (month, day, year) Feb 22, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 40 yrs ago

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Hartford Co Md

FATHER

13. NAME Scarborough

14. BIRTHPLACE (city or town) (State or country) Hartford Co Md.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Mrs. Wm Schultz Daughter

(Address) Tennessee Ave Baltimore Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date 2/27 1939

19. UNDERTAKER Edward Lorenz

(Address) 2359 Wash Blvd

20. FILED FEB 23 1939 19... Registrar.

Interim to Millville, N.J.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 13 1939 to Feb 21 1939

I last saw her alive on Feb 21, 1939. Death is said to have occurred on the date stated above, at 5:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure (Pain) Chronic.	?
Other contributory causes of importance: Myocardial failure	1/13/39

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) Thomas Shultz M. D.

(Address) 2910 Kolbs Lane

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A LEGAL DOCUMENT. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V S 3

55466

HEALTH DEPARTMENT—CITY OF BALTIMORE

55466

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. 22 Broadway St., 11-4 Ward)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR None

2. FULL NAME Mr. William Scott

(a) Residence: No. 307 W. Lanvale St., ... Ward ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Wm Scott

6. DATE OF BIRTH (month, day, year) Aug. 21, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	6	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Richard Scott

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Roberta Hilleary

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Miss Mary Maynard (Nurse)
(Address) 307 W. Lanvale

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date Feb 24 1939

19. UNDERTAKER STEWART & MOWEN COMPANY
(Address) (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

20. FILED FEB 23 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/21/39

22. I HEREBY CERTIFY, That I attended deceased from 2/21/39 to 2/21/39
I last saw him alive on 2/21/39 Death is said to have occurred on the date stated above, at 8.55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive Heart Failure	?
Other contributory causes of importance: Pneumonia (Broncho)	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) E. M. Terry, M. D.

(Address) Church Home & Infirmary

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

#41625

F 55467

CERTIFICATE OF DEATH

34-3-95 B SF 55467

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Weems

If U. S. Veteran specify WAR

(a) Residence: No. 502 Orchard St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna

6. DATE OF BIRTH (month, day, year) 1871 ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Alice Sparks

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place JOHNS HOPKINS MEDICAL SCHOOL Date FEB 23 1939 19

19. UNDERTAKER Commissioner of Health

(Address)

20. FILED FEB 23 1939 Per H. A. Moore Huntington Williams M.D.

4613

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/19/39 . 19

22. I HEREBY CERTIFY, That I attended deceased from February 3 , 1939 , to February 19 , 1939

I last saw him alive on February 19, 1939 Death is said to have occurred on the date stated above, at 7.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. DeSantelle M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55468

CERTIFICATE OF DEATH

F 55468

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Jones

If U. S. Veteran specify WAR .....

(a) Residence: No. 24 Plaine St., Newark N.J. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50(?)			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Newark, N J (?)

FATHER

13. NAME — —

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME — —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT —

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date FEB 23 1939, 19

19. UNDERTAKER Commissioner of Health

(Address)

FEB 23 1939, 19 Per H. A. Moore

20. FILED ... Huntington Williams M.D.

4612

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Inquest, Autopsy or Inquiry) and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Oedema	4 hrs
Other contributory causes of importance: Intercurrent: My coronitis & Arterio-Sclerosis	6 yrs.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical History Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Michael A. Abrams, M. D.

Coroner

(Address) 2360 Eastern place

V S 6

F 55469

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55469

CERTIFICATE OF DEATH

34G-82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 737 South Smith St. 4-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Brownell

If U. S. Veteran specify WAR .....

(a) Residence: No. 737 South Smith St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

3a. If married, widowed, or divorced HUSBAND of (or WIFE of) — Brownell

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brewers Keeper

10. Date deceased last worked at this occupation (month and year) Jan 39

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME — Brownell

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME — —

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT .....

(Address) .....

18. BURIAL, CREMATION OR REMOVAL FEB 23 1939

Place ..... Date 19

Commissioner of Health

19. UNDERTAKER .....

(Address) .....

For H. A. Morris

Huntington Williams, M.D.

20. FILED FEB 23 1939 19 ..... Registrar

4611

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10 , 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4 hrs
Other contributory causes of importance: Hypertension C-V. Disease (Chronic)	2 yrs

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Michael A. Adams Coroner, M. D.

(Address) 2369 Eutaw Place

V S 6

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 55470

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

F 55470

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 73 S Potomac St. 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Michael J. Morrissey

If U. S. Veteran specify WAR

(a) Residence: No. 73 S. Potomac St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Jennie L. Morrissey

6. DATE OF BIRTH (month, day, year): May 1876

7. AGE: Years 62; Months 10; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Jewelry

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Salesman

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balt

FATHER

13. NAME: Michael J. Morrissey

14. BIRTHPLACE (city or town) (State or country): Ire

MOTHER

15. MAIDEN NAME: Mary Hoskins

16. BIRTHPLACE (city or town) (State or country): Ire

17. INFORMANT: Jennie L. Morrissey

(Address) 73 S Potomac St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cath. Date 2/25, 1939

19. UNDERTAKER: John A. Inman

(Address) 3202 E. Baltimore St.

20. FILED FEB 28 1939, [illegible], Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2/22/1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1939, to Feb. 22, 1939

I last saw him alive on Feb. 22, 1939. Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 2-19-39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) J. Joseph Toohey M. D.

(Address) 449 N. Ellwood Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55471

CERTIFICATE OF DEATH.

131 F 55471

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 326 S. Duncan St. 1-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillian Chase

(a) RESIDENCE NO. 326 S. Duncan St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Walter H. Chase

6 DATE OF BIRTH (month, day, and year) Sep 27 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	50	4	2726	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER George Gaettman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Rose Winslow

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto, Md

14 Informant Wm Walter H. Chase Husband

(Address) 326 S. Duncan St

15 Filed FEB 23 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 23 1939

17 I HEREBY CERTIFY, That I attended deceased from June, 1932, to Feb 22, 1939, that I last saw h[illegible] alive on Feb 22, 1939 and that death occurred, on the date stated above, at 12 15 A m.

The CAUSE OF DEATH* was as follows:

Cardio-vascular renal disease

(duration) 7 yrs. mos ds.

CONTRIBUTORY (Secondary) Partial Gastro-enteritis abstruction (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? C. E.

(Signed) Joseph S. Blum, M. D.

, 19 (Address) 1206 E. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dwarf Cem DATE OF BURIAL Feb 27 1939

20 UNDERTAKER John M Weber ADDRESS 401 S. Chester

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55472

CERTIFICATE OF DEATH

46-R F 55472

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2400 Linden Ave. St. 13-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosa R. Liberles

If U. S. Veteran specify WAR

(a) Residence: No. 2400 Linden Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ned Liberles

6. DATE OF BIRTH (month, day, year) Aug. 26, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME Gabriel Rosenfeld.

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Getta Eising.

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Dr. Lucille Liberles,
(Address) 2400 Linden Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Fort Lincoln Cem. Date Feby. 24, 19 39

19. UNDERTAKER Harris Somerman & Son
(Address) 202 Eutaw Place

FEB 24 1939 Huntington Williams M.D.
20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby. 22, 19 39

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 19 38 to Feb. 22, 19 39

I last saw h[illegible] alive on Feb. 22, 19 39 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Rectum	1 year ago
Peritoneal Metastasis	

Other contributory causes of importance:

Was an operation performed? Colostomy Date of Oct. 10, 38

For what disease or injury? For Intestinal Obstruction

Name of operation Colostomy

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Louis Woolman, M. D.

(Address) 2414 Eutaw Place.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 55473

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55473

CERTIFICATE OF DEATH

45-F 39233-FS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 16-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Julius Hirt, Sr. (JULIUS HIRT, SR.)

If U. S. Veteran specify WAR

(a) Residence: No. 2804 Brighton St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Tessa

6. DATE OF BIRTH (month, day, year) 10-18-1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
70	70	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany (State or country)

FATHER

13. NAME William Hirt

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT B.C.H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Fort Lincoln Cem. Date Feby. 24, 19

19. UNDERTAKER Chas. Lindsay & Sons (Address) 1902 Eastern Ave.

20. FILED FEB 23 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-22, 1939

22. I HEREBY CERTIFY, That I attended deceased from 11-22, 1938 to 2-22, 1939

I last saw h.[illegible] alive on 2-22, 1939 Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma right tonsil	?
Coronary occlusion	four days

Other contributory causes of importance:

Was an operation performed? yes Date of 1/19/39

For what disease or injury?

Name of operation Biopsy rt. tonsil

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L K Woodward Jr M. D.

(Address) Balto City Hosp.

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 55474 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 55474

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. West Balto. General Hospital St., 16-4 Ward)
Registered No. 82
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 21 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Paul Hackett Brown
If U. S. Veteran specify WAR W. W.
(a) Residence: No. 611 N. Payson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about 45				

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Soldier
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER
13. NAME Joseph W. Brown
14. BIRTHPLACE (city or town) (State or country) Winchester Va.

MOTHER
15. MAIDEN NAME Mary Jane Hackett
16. BIRTHPLACE (city or town) (State or country) Winchester Va.

17. INFORMANT C. F. Brengman
(Address) 917 N. Appleton

18. BURIAL, CREMATION, OR REMOVAL
Place Balto National Date 2/24 1939

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Hollins Sts

20. FILED FEB 23 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 21, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

4 hrs Pneumonia
Lobar Pneumonia,

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. Harry Coroner, M. D.
(Address) 121 St Paul

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 55475

F 55475 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

99.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Kimmerly Hosp. Inc St. 12-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Spier Bell

If U. S. Veteran specify WAR .....

(a) Residence: No. 2938 Wyman Avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of John J. Bell

6. DATE OF BIRTH (month, day, year) Oct 26. 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Cumberland, Md

FATHER

13. NAME Andrew Spier

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Marian Stewart

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT John J. Bell (Address) 2938 Wyman Avenue

18. BURIAL, CREMATION, OR REMOVAL Place Cumberland Md Date Feby 25 1939

19. UNDERTAKER John A. Mitchell Sons (Address) 1900 Eutaw Place

20. FILED FEB 24 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Vaso - Motor Collapse	12 hrs
Other contributory causes of importance: Mesenteric Thrombosis	2 days

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Clinical History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Michael A. Adams, M. D.
Coroner

(Address) 2360 Eutaw Place

N. B.—Blanks left will be supplied. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 24 1939

F 55476

F 55476 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15-8 ✓ 94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3712 Forest Park Ave. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Millard Fisher

If U. S. Veteran specify WAR .....

(a) Residence: No. 3712 Forest Park Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Kurtz

6. DATE OF BIRTH (month, day, year) Aug. 6, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Griffith & Turner Co.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Manuf. Implements

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wash. D. C.

FATHER

13. NAME Henry W. Fisher

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Snyder

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Mrs. Caroline K. Fisher 3712 Forest Park Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemy. Date 2/24/ 19 39

19. UNDERTAKER Eugene Smith (Address) 1900 Eutaw Place

20. FILED FEB 24 1939 Huntington Williams Registrar.

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22, 19 39

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon (Inquest, Autopsy or Inquiry) and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above. 6 l Cann, M.D.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) 6 l Cann, M. D. Coroner

(Address) 1-15 Hanover

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL DOCUMENT. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 55477

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55477

CERTIFICATE OF DEATH

1. PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. North Broadway St. 6-5 Ward)

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred None mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mabel Losier

If U. S. Veteran specify WAR

(a) Residence: No. Whitehall Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Losier

6. DATE OF BIRTH (month, day, year) May 25 1887.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51 52	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Charles Williams

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Litt

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Patient
(Address)

18. BURIAL, CREMATION, OR REMOVAL West Liberty Balto Co Md. Date Feb 27. 1939

19. UNDERTAKER Thompson & Son.
(Address) 3615-17 Pulaski Street

20. FILED FEB 24 1939 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 24 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20 1939 to Feb. 23 1939

I last saw h alive on Feb. 23 1939 Death is said to have occurred on the date stated above, at 12 20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2 weeks
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Dawson Williams M. D.

(Address) Church Home & Inf.

information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 9

2 102

55478

HEALTH DEPARTMENT—CITY OF BALTIMORE

55478

CERTIFICATE OF DEATH

463

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 Wyeth St. 21-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emily J. Fellers

If U. S. Veteran specify WAR

(a) Residence: No. 504 Wyeth St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of George Fellers

6. DATE OF BIRTH (month, day, year) April 9, 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54 55	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cumberland. Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT John Wright

(Address) 504 Wyeth st

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date 2/20/39

19. UNDERTAKER Sanbower & Mey

(Address) 1017 N. Gay St.

20. FILED ..., 19.. E. Lee Williams Registrar.

FEB 22 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from FEB 13, 1939, to FEB 22, 1939

I last saw her alive on FEB 21, 1939. Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CANCER OF STOMACH	1938.
Other contributory causes of importance:	

Was an operation performed? NO Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? From Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) Edward T. Nolan, M. D.

(Address) 682 WASHINGTON BLVD

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 55479 HEALTH DEPARTMENT—CITY OF BALTIMORE F 55479

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Dukeland & Rayner St., 15-13 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Spector

(a) Residence: No. 2606 Park Heights Terrace St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME William Spector

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs Kate Schratz

(Address) 2606 Park Heights Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Nelson's Cradle Date 2-24 1939

19. UNDERTAKER Jack Levin Inc.
(Address) 1439 E Baltimore St

20. FILED FEB 21 1939 Harry Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-23 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1939 to Feb 23 1939

I last saw him alive on 2-22 1939 Death is said to have occurred on the date stated above, at 12 Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	1929 (?)
Nephritis	1938 (?)
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) William T. Howard M. D.

(Address) West Baltimore General Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

5 5480

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55480

CERTIFICATE OF DEATH

V 82-A 42018-FS

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St., 18-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew Williams

If U. S. Veteran specify WAR .....

(a) Residence: No. 1109 W. Franklin St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Georgiana

6. DATE OF BIRTH (month, day, year) 8-16-1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
64	64	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0057

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ala.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT B.C.H. Records

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Feb. 24, 1939

19. UNDERTAKER Mrs Katy R. Williams

(Address) 322 N. Schroeder St.

20. FILED FEB 24 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 14, 1939 to February 21, 1939

I last saw him alive on February 21, 1939. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	2-9-39

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) F. A. de Santalla M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE LEGIBLY. All items must be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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L A L

55481

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55481

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1051 W Lexington St. 18-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Local H Thomas

If U. S. Veteran specify WAR

(a) Residence: No. 1051 W Lexington St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col'd	Mar

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie Thomas

6. DATE OF BIRTH (month, day, year) 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dr's

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Cooper

14. BIRTHPLACE (city or town) (State or country) Eastern Md

MOTHER

15. MAIDEN NAME Mary Thomas

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Undertaker

(Address) 322 N Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Feb 25, 1939

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 N Arlington Ave

20. FILED FEB 24 1939, 19... Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1939, to Feb 24, 19..

I last saw h... alive on Feb 21, 19.. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?
Organic Dis Heart	

Other contributory causes of importance:

No

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? T B Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H H Downing M. D.

(Address) 939 W Fayette St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

55482

HEALTH DEPARTMENT—CITY OF BALTIMORE

55482

CERTIFICATE OF DEATH

VGK--13907

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 5-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Boulden

If U. S. Veteran specify WAR

(a) Residence: No. 1115 Thomas St. (Thomson) St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Phoebe

6. DATE OF BIRTH (month, day, year) Dec. 2, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
76	76	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Perry

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mahale

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Feb. 24, 1939

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Schroeder St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-19, 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-26, 1938, to 2-19, 1939

I last saw him alive on 2-19, 1939. Death is said to have occurred on the date stated above, at 12:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy c Urinary Retention	?
Uremia	1 wk

Other contributory causes of importance:

Hypertension c Arteriosclerosis c Hemiplegia - ?	? ?

Was an operation performed? yes Date of 2-4-37

For what injury? Urinary obstruction due to prostate

Name of operation Suprapubic prostatectomy

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H L Boyce M. D.

(Address) City Hosp

N. B.—WRITE PLAINLY, WITH USUAL ABBREVIATIONS. INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 24 1939

Huntington Williams, M.D.

V8 8

1832 W Baltimore St.

55483

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 55483

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Franklin Square Hosp St., 9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Annie Roberts

If U. S. Veteran specify WAR

(a) Residence: No. 1703 E 31st St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William H.

6. DATE OF BIRTH (month, day, year) Oct 27th 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65 62	3	26 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James W. Irving

14. BIRTHPLACE (city or town) (State or country) London Eng.

MOTHER

15. MAIDEN NAME Lizzie Anna Jones

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs A Irving Sparks

(Address) 1703 E 31st St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Mem'l Date Feb 25 1939

19. UNDERTAKER George W. Zipfler

(Address) 1737 E Eager St

20. FILED Huntington Williams Registrar.

FEB 24 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-22, 1939.

22. I HEREBY CERTIFY, That I attended deceased from 2-22-39, 1939 to 2-22, 1939

I last saw her alive on 2-22, 1939 Death is said to have occurred on the date stated above, at 7 45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	

Other contributory causes of importance:

Diabetes Mellitis	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) D. T. Battaglia M. D.

(Address) Franklin Square Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

55484

HEALTH DEPARTMENT—CITY OF BALTIMORE

55484

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3410 Dillon St. 26-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Margaret Dieteman

If U. S. Veteran specify WAR

(a) Residence: No. 3410 Dillon St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank J.W.

6. DATE OF BIRTH (month, day, year) Aug. 16, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME John Whittle

14. BIRTHPLACE (city or town) not known (State or country)

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) not known (State or country)

17. INFORMANT Harriett Dieteman

(Address) 3410 Dillon St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Feb. 25 1939

19. UNDERTAKER George W. Zinkler

(Address) 1737 E. Eager St.

20. FILED ... 19... Hunter Williams M.D. Registrar.

FEB 24 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22. 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 13 1939 to Feb 22 1939

I last saw her alive on Feb 21 1939 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Broncho pneumonia	Feb 13 1939
Myocardial failure	Feb 19 1939

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. A. Schumacher M. D.

(Address) 842 S. East Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 55485

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55485

CERTIFICATE OF DEATH

✓ 210-8

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital 13-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. 5 mos. 27 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Franklin Leroy Ruby

If U. S. Veteran specify WAR --

(a) Residence: No. 2138 Druid Park Drive St., I3 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) August 24-1915

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Baltimore Highways Dept.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Talbott F. Ruby

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Edith I Crawford

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Talbott F. Ruby
(Address) 2138 Druid Park Drive

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's Hampden Feb. 24, 39

19. UNDERTAKER Horace F. Burgee
(Address) 1363I Falls Road

FILED 19 Huntington Williams, M.D. Registrar

FEB 24 1939

V S 6

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 21, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came
to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal Abdomen Injury	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, Suicide or Homicide? Accident Date of Feb. 21, 1939, 19...

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry (City Yards)

Manner of injury Truck ran over him in City yard

Nature of injury Mt Royal Av. north ov North Av.

24. Was disease or injury in any way related to occupation of deceased?
Yes If so, specify Injured working

(Signed) R. C. Feldmann, M. D.
Coroner

(Address) 2737 W North

F 55486

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55486

CERTIFICATE OF DEATH

✓167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1709 E. 25th St. St., 8-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME George Krumholtz

If U. S. Veteran specify WAR

(a) Residence: No. 1709 E. 25th St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helena Krumholtz

6. DATE OF BIRTH (month, day, year) December 23, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	1	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Florian F. Krumholtz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs Helen Early 1709 E. 25th Street

18. BURIAL, CREMATION, OR REMOVAL. Place London Park Date Feb 25, 1939

19. UNDERTAKER (Address) Henry Lutz 1203 N. Broadway

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 22, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet Wound of head	

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? —

Name of operation — Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Suicide Date of injury 2/22, 1939

Where did injury occur? Baltimore, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Shot self in head with

Nature of injury a revolver

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify ...

(Signed) Paul Schreiber, M. D. Coroner

(Address)

FEB 24 1939

F 55487

HEALTH DEPARTMENT—CITY OF BALTIMORE

55487

131

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 528 S Paca St. 22-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John L. Weaver

If U. S. Veteran specify WAR

(a) Residence: No. 528 S. Paca St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 23 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	10	3 39	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ice Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dairy

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Weaver

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary Gilmore

16. BIRTHPLACE (city or town) (State or country) Yorkshire

17. INFORMANT Marie Turner

(Address) 528 S Paca St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb 25 39

19. UNDERTAKER Owen Jennings Inc

(Address) 512 Washington Blvd

20. FILED Feb 24 1939 Howard Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1936 to FEB 21, 1939

I last saw h[illegible] alive on FEB 21, 1939. Death is said to have occurred on the date stated above, at 4.00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE	1936
CHRONIC NEPHRITIS	1936
Other contributory causes of importance:	

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? CLIN Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Edward J Mclean M. D.

(Address) 682 WASHINGTON BLVD

N. B.—WRITE PLAINLY, with unfading ink. Fill in all blanks. If unknown, so state. PHYSICIANS should furnish information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 55488 HEALTH DEPARTMENT—CITY OF BALTIMORE F 55488

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1452 Boyle St. St., 24-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred? 46 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Ella. C. Bregerman

If U. S. Veteran specify WAR

(a) Residence: No. 1452 Boyle St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or Divorced (write the word)
Fem	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George L. Bregerman

6. DATE OF BIRTH (month, day, year) Mar. 12 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bolivar West Va.

FATHER

13. NAME Louis Upright

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT George L. Bregerman
(Address) 1452 Boyle St

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Cem. Date Feb 27 1939

19. UNDERTAKER Charles F. Hill
(Address) 3900 Fredrick ave

20. FILED 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 23 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1937, to Feb. 23, 1939

I last saw her alive on Feb. 22, 1939. Death is said to have occurred on the date stated above, at 5:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardial Degeneration	1936
Chronic Nephritis	1936

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A. Bollard, M. D.

(Address) 705 E. Fort Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 2

F 55489

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55489

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 306 Brandon Road Ward) 11

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Horace Freeman Kimball

If U. S. Veteran specify WAR

(a) Residence: No. 306 Brandon Road Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or WIFE of): Serena J Kimball

6. DATE OF BIRTH (month, day, year): March 19 1855

7. AGE: Years 84 | Months 11 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Brick layer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Danvers Mass

FATHER

13. NAME: Horace F. Kimball

14. BIRTHPLACE (city or town) (State or country): Danvers Mass

MOTHER

15. MAIDEN NAME: Elizabeth Gray

16. BIRTHPLACE (city or town) (State or country): Danvers Mass

17. INFORMANT: Mrs. Roland P. Kimball

(Address) 306 Brandon Road

18. BURIAL, CREMATION, OR REMOVAL

Place Danvers Mass Date Feb 24 1939

19. UNDERTAKER: Wm J Tichnor & Sons

(Address) Boston Mass

20. FILED FEB 24 1939 By Wm J Tichnor & Sons

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 23 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10 1939 to Feb 23 1939

I last saw h alive on Feb. 22 1939 Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	1929
Cerebral Hemorrhage	2/10/39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P. E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Homer U. Judd M. D.

(Address) 735 N. Fulton Ave

N. B.—WRITE PLAINLY. WITH EXCEPTIONS INDICATED THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 55490

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55490

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyderham Hospital, 16-2 Ward)

Registered No. 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. 7 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Denton

If U. S. Veteran specify WAR

(a) Residence: No. 917 N. Parrish St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 9-1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William Denton

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Irene Shaw

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Relative (Address) 917 N Parrish

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 2/24 39

19. UNDERTAKER Thomas E. Kelly (Address) 1303 Druidstman St

20. FILED FEB 24 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 21. 1939

22. I HEREBY CERTIFY, That I attended deceased from February 20 1939 to February 21, 1939

I last saw him alive on February 21, 1939. Death is said to have occurred on the date stated above, at 1:20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	Feb. 6
pneumonia	Feb. 18
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry S. Gimbel

(Address) Lyderham Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V.S.D.

F 55491

55491 HEALTH DEPARTMENT—CITY OF BALTIMORE F 55491

CERTIFICATE OF DEATH 24 41894 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 5-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Janie Montague

If U. S. Veteran specify WAR

(a) Residence: No. 1503 Pressman St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James

6. DATE OF BIRTH (month, day, year) 4-5-1905

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
33	10	6 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John W. Bowie

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Marie Richardson

16. BIRTHPLACE (city or town) (State or country) Md;

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Zion Cemtry Date 2/24/39

19. UNDERTAKER Thos E. Kelson

(Address) 1303 Pressman St

20. FILED FEB 24 1939 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 11 1939, to February 21, 1939

I last saw her alive on February 21, 1939. Death is said to have occurred on the date stated above, at 12 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis, organism unknown	2-7-39
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Clinical Yes

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Santelle, M. D.

(Address) Baltimore City Hospitals

Hunting for Williams, Md.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V0 8

55492 Robert Ransom Retenour ✓ F 55492

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 N 34 St. 13-L Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Ransom Retenour

If U. S. Veteran specify WAR

(a) Residence: No. 909 N 34 St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 16 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 44	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cement Finisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Taylor Retenour

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Susan Messick

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hannah B Davidson

(Address) 909 34 St

18. BURIAL, CREMATION, OR REMOVAL St. Marys Hampden Feb 25 1939

19. UNDERTAKER Chenowet Lyon

(Address) 3615-17 Eastern Ave.

20. FILED FEB 24 1939 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilation	2/23/39

Other contributory causes of importance:

Chronic Myocarditis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A C Ream, M. D. Coroner

(Address)

V S 6

F 55493

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1206 James St., 21 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William H. Baer If U. S. Veteran specify WAR

(a) Residence: No. 1206 James St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Genevieve L. Baer

6. DATE OF BIRTH (month, day, year) Feb 22.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Western, Md. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 27 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William J. Baer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Charlotte Spaniel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Genevieve L. Baer
(Address) # 1206 James Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross A.A. Date Feb 25. 1939

19. UNDERTAKER John J. Cowan & Son
(Address) Hollins & Poppleton Sts.

20. FILED FEB 24 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to h[illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	2/23

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? Exam. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) A. J. Kanna M. D.
Coroner
(Address) 1822 W Baltimore St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

55494

HEALTH DEPARTMENT—CITY OF BALTIMORE

55494
40630-TS

CERTIFICATE OF DEATH

34-9-95-B

Registered No.

1. PLACE OF DEATH
Baltimore City Hospitals
CITY OF BALTIMORE: (No. C St., 4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eddie Hill
If U. S. Veteran specify WAR

(a) Residence: No. 745 W. Fairmount Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-30-10

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
28	28	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. plumber 0059

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME Bill

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Nellie

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Date Feb 24 1939

19. UNDERTAKER Joseph Oliveby
(Address) 1021 Mount Street

20. FILED Huntington Williams Registrar.
FEB 24 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 19 1939

22. I HEREBY CERTIFY, That I attended deceased from January 5 1939 to February 19 1939
I last saw him alive on February 19 1939. Death is said to have occurred on the date stated above, at 12 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. De Santelle M. D.
(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

55495 HEALTH DEPARTMENT—CITY OF BALTIMORE 55495

CERTIFICATE OF DEATH

× 160-B

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St. 1-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Allen

If U. S. Veteran specify WAR .....

(a) Residence: No. Hilltop Road Catonsville Md. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) February 23 1939

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none do do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Paul Stephen Allen

14. BIRTHPLACE (city or town) (State or country) Armenia Europe

MOTHER

15. MAIDEN NAME Mary Swisher

16. BIRTHPLACE (city or town) (State or country) West Lebanon Indiana

17. INFORMANT Paul S. Allen
(Address) Hilltop Rd Catonsville

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Feb 24, 1939

19. UNDERTAKER William M Marsek
(Address) 715 Light St

20. FILED FEB 28 1939 Huntington Wilkinson, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 22, 1939, to February 23, 1939

I last saw him alive on February 23, 1939. Death is said to have occurred on the date stated above, at 12:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
(Spontaneous Delivery)	
Other contributory causes of importance:	
none	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Irvin P. Klemdauski, M. D.

(Address) Maryland General Hospital

VS 9

GKG

M. D. P. 1268-9

55496

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55496

131

CERTIFICATE OF DEATH

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 871 Lemon St., 18-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harriett Johnson Collins

(a) Residence: No. 871 Lemon St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Collins

6. DATE OF BIRTH (month, day, year) Feb. 22, 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Army Camp

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 5 yrs.

12. BIRTHPLACE (city or town) (State or country) Winchester Va

FATHER

13. NAME John Johnson

14. BIRTHPLACE (city or town) (State or country) Winchester, Va.

MOTHER

15. MAIDEN NAME Lizzie Brown

16. BIRTHPLACE (city or town) (State or country) Winchester Va

17. INFORMANT Elizabeth Collins

(Address) 819 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem Date Feb. 24 1939

19. UNDERTAKER Charles L. Corbin

(Address) 514 N. Calhoun St.

20. FILED FEB 24 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2.22.39 19

22. I HEREBY CERTIFY, That I attended deceased from 2.19.39 19 to 2.22.39 19

I last saw her alive on 2.22.39 19 Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio renal vascular disease	1937
Congestive heart failure	2.19.39

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Phy. Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James M. Fair M. D.

(Address) 400 N. Carrollton Ave

F 55497 HEALTH DEPARTMENT—CITY OF BALTIMORE 55497

CERTIFICATE OF DEATH

95-B

Registered No. 27-16

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4632 Pimlico Road St., Ward)

Length of residence in city or town where death occurred 15 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME John B. Arther

(a) Residence: No. 4632 Pimlico Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jessie Bell Arther

6. DATE OF BIRTH (month, day, year) July 9, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Bldg.

10. Date deceased last worked at this occupation (month and year) Oct. 1937

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Brownwood, Texas

FATHER

13. NAME Rufus L. Arther

14. BIRTHPLACE (city or town) (State or country) Brownwood, Texas

MOTHER

15. MAIDEN NAME Lorena ?

16. BIRTHPLACE (city or town) (State or country) Texas

17. INFORMANT Jessie Bell Arther
(Address) 4632 Pimlico Road

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feb. 25 1939

19. UNDERTAKER C. Vernon Lemmon
(Address) 4611 Park Heights Ave.

20. FILED FEB 24 1939 Hunting to Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1936 to Feb 23 1939

I last saw him alive on Feb 23rd 1939. Death is said to have occurred on the date stated above, at 10:A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio Vascular Disease	1936
Other contributory causes of importance: Cardiac Decompensation	1938
Pulmonary Edema	Feb 1939

Was an operation performed? NO Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? Exam Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) Alex A Weinstock M. D.
(Address) 4603 Park Heights Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

55498 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 53-F 55498

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 127 N Lakewood St. Bal 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Catherine L. Bohmer

(a) Residence: No. 127 N Lakewood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William H Sr

6. DATE OF BIRTH (month, day, year) May 26 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME George Smith

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Kaiser

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT William H Bohmer Jr

(Address) 127 N Lakewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb 24, 1939

19. UNDERTAKER Martin H. E. Dippel

(Address) 211 E Lanvale St

FEB 24 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1938 to Feb 21 1939

I last saw h alive on Feb 19, 1939 Death is said to have occurred on the date stated above, at 7:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Renal Carcinomatosis	About June 1938
	Chronic

Other contributory causes of importance:

Chr Myocarditis

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Was there an autopsy? No

What test confirmed diagnosis? Phys.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C N Meyer Jr M. D.

(Address) 1502 E 3 Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 55499

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55499

#39792 SF

CERTIFICATE OF DEATH

46-C

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 27-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Percy Farson

If U. S. Veteran ——— specify WAR .....

(a) Residence: No. 3101 Hoyston Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married (sep.)

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Clara E. Sultan

6. DATE OF BIRTH (month, day, year) 12/17/1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Feb 1938

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Md. (Chestertown)

FATHER

13. NAME Samuel T. Farson

14. BIRTHPLACE (city or town) (State or country) Del.

MOTHER

15. MAIDEN NAME Isabell Young

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Feb 25th 1939

19. UNDERTAKER Wm Cook
(Address) 1257 St Paul St

20. FILED FEB 24 1939 19 ..... Registrar.

Hearing by H. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/23/39, 19

22. I HEREBY CERTIFY, That I attended deceased from 12-8, 1938, to 2-23, 1939

I last saw h/ alive on 2-22, 1939 Death is said to have occurred on the date stated above, at 2" A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Colon with metastasis to liver + brain	?
Broncho pneumonia	few days

Other contributory causes of importance:

Was an operation performed? Yes Date of 1/15 + 2/16/39

For what disease or injury? Carcinoma Colon

Name of operation Colostomy - Resection Carcinoma

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Edward H. ....., M. D.

(Address) Balto City Hosp.

F 55500 HEALTH DEPARTMENT—CITY OF BALTIMORE F 55500

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH Aged Woman's Home

Registered No.

CITY OF BALTIMORE: (No. 1404 W. Lexington St. St. 19-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Annie M. Miller

If U. S. Veteran specify WAR

(a) Residence: No. 1404 W. Lexington St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 11 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME George Miller

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Harriet Lowe

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Thomas [illegible] Manager
(Address) 1404 W Lexington St

18. BURIAL, CREMATION, OR REMOVAL Pikesville Md Date 2/25 19 39

19. UNDERTAKER [illegible]
(Address) 1217 E Monument St

20. FILED FEB 24 1939 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/23, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1932, to 2/23/, 1939

I last saw her alive on 2/21, 1939. Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the stomach ?	
with metastases to the liver.	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edward B. Garrett M. D.

(Address) 1115 St. Paul St., City.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

55501

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55501

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2934 Elliott St. Driv 46-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sidney Plummer

If U. S. Veteran specify WAR .....

(a) Residence: No. 1021 Brentley Rd St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M Plummer

6. DATE OF BIRTH (month, day, year) June 28 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. ..... min.
77	07	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Builders Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Henry S. Parkin Co

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
	25

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Wm C Plummer

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Emaline Nash

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Wm Plummer

(Address) 2934 Elliott Driv

18. BURIAL, CREMATION, OR REMOVAL

Place Hastings Date 2/25 1939

19. UNDERTAKER J. McCabe

(Address) 1217 E Lombard St

20. FILED ..... 19..... Registrar.

FEB 24 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23 1939

22. I HEREBY CERTIFY, That I attended deceased from February 21 1939 to February 23 1939

I last saw him alive on February 22 1939 Death is said to have occurred on the date stated above, at 8:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Arteriosclerotic cardio-vascular renal disease	?
b Senile dilatation and pulmonary edema	2/21
Other contributory causes of importance	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Theodore E. Staley, M. D.

(Address) 3803 Edmondson Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V2 0

55502 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 55502

CERTIFICATE OF DEATH

X 159

1. PLACE OF DEATH

Registered No.....

CITY OF BALTIMORE: (No. Lydenham Hospital St. 9-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emory Thompson

If U. S. Veteran specify WAR .....

(a) Residence: No. 202 Arondale Road St., ... Ward. Turners Station, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 2/20/39.

7. AGE	Years	Months	Days	If LESS than 1 day, 10 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Turners Station
(State or country) Maryland

FATHER

13. NAME Hookery S. Thompson

14. BIRTHPLACE (city or town) Lumberton
(State or country) North Carolina

MOTHER

15. MAIDEN NAME — Zenovia

16. BIRTHPLACE (city or town) Lumberton
(State or country) North Carolina

17. INFORMANT Feiler
(Address) 202 Arondale Road, Turners Station

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date FEB 24 1939, 19.....
Undertaker of Md.

19. UNDERTAKER .....
(Address) Per H. A. Moore

20. FILED ....., 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 21 1939

22. I HEREBY CERTIFY, That I attended deceased from February 20, 1939, to February 21, 1939

I last saw him alive on February 21, 1939 Death is said to have occurred on the date stated above, at 1 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? N.D. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? N.D.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

N.D. If so, specify .....

(Signed) Harry S. Hunkel M. D.

(Address) Lydenhurst Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 24 1939 Registrar of Williams MD 4615

E 55503 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 55503

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 926 Watson St. 3-2 Ward)

Length of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 18 yrs. ... mos. ... ds.

2. FULL NAME Simon Weinstein

If U.S. Veteran specify WAR ...

(a) Residence: No. 926 Watson St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Silvia

6. DATE OF BIRTH (month, day, year)

7. AGE: Years: 76; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Isaac M.
14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Sobie
16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT (Address): Nathan Weinstein 3705 E Lombard St

18. BURIAL, CREMATION, OR REMOVAL: Place Hebrew Cemetery Date 2-24-39

19. UNDERTAKER (Address): Jack Feura Inc 1439 E Baltimore St.

20. FILED FEB 24 1939 Registrar. Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2/24/39

22. I HEREBY CERTIFY, That I attended deceased from Feb-12-1939 to Feb-24-1939

I last saw him alive on Feb-24-1939 Death is said to have occurred on the date stated above, at 12:50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	indefinite
Heart-block	

Other contributory causes of importance:

Prostatic obstruction

Was an operation performed? no Date of ...

For what disease or injury? ...

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Herman Seidel M. D.

(Address) 2404 Eutaw Pl

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 55504

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55504

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto General Hospital (Street) (Ward)

Registered No. 1323

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 25 yrs. ..... mos. ..... ds.

2. FULL NAME Isador Sodden

If U. S. Veteran specify WAR .....

(a) Residence: No. 2208 Prestman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Clara

6. DATE OF BIRTH (month, day, year)

7. AGE: Years: 50 | Months: | Days: | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Sam

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Etta

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Clara Sodden (Address) 2208 Prestman St

18. BURIAL, CREMATION, OR REMOVAL

Place: Hebrew Rogdale Date: 2-24-39 19

19. UNDERTAKER: Jack Laura Inc (Address) 1439 E. Baltimore St

20. FILED 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2/23, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ..... found that said deceased came (Inquest, Autopsy or Inquiry) to ..... death on the day stated above.

8 Days

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) O Hare Coroner, M. D.

(Address) 1215 Hanover

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 24 1939

V S 8

55605 John Timmings F 55505

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107a

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1035 Homewood Ave. St., 10 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Timmings

If U. S. Veteran specify WAR .....

(a) Residence: No. 1036 Homewood Ave St., 10 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of nee Reddy Annie Timmings

6. DATE OF BIRTH (month, day, year) Nov. 1 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73 yrs	3 mos	21 ds	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas & Electric Co

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Edward Timmings

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Glenyer

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Annie Timmings
(Address) 1035 Homewood Ave

18. BURIAL, CREMATION, OR REMOVAL New Cathedral Cem. Date Feb 25, 1939

19. UNDERTAKER Elmer W. Corbin & Son
(Address) 927 E. Eager St

20. FILED FEB 24 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22nd 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2 1939 to Feb. 22 1939

I last saw him alive on Feb. 21 1939. Death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	2/11/39
Other contributory causes of importance: Arterio - Sclerosis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify No

(Signed) A. Silliman M. D.

(Address) 1304 E. Chase St.

F 55506 HEALTH DEPARTMENT—CITY OF BALTIMORE F 55506

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2913 Keswick Rd St., 43-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Lennie E Butler

If U. S. Veteran specify WAR .....

(a) Residence: No. 2913 Keswick Rd St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Mar 24 1863

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
75	0	30 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Spinner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton Mill

10. Date deceased last worked at this occupation (month and year) 3

11. Total time (years) spent in this occupation 41

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Wm Butler

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary A Webster

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Martha Laumann
(Address) 2913 Keswick Rd

18. BURIAL, CREMATION, OR REMOVAL
Name Marys Date Feb 25 39

19. UNDERTAKER Grand Funeral Home
(Address) 814 N Howard St

20. FILED FEB 24 1939 Registrar. Washington Avenue

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-23, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2/10, 1939 to 2/23, 1939

I last saw her alive on 2/21, 1939. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Myocardial failure	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H D Frankford M. D.

(Address) 1125 St. Paul St.

S. B.—WRITE PLAINLY, WITH INKING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55507

CERTIFICATE OF DEATH

93cF 55507

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4304 Belair Rd St. 27-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine McEnaney

If U. S. Veteran specify WAR

(a) Residence: No. ... St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Patrick H McEnaney

6. DATE OF BIRTH (month, day, year) MAR 17 [illegible]

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	11	[illegible]	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1900

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thomas Collins

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Ann Ford

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Catherine McEnaney
(Address) 4304 Belair Road

18. BURIAL, CREMATION OR REMOVAL
Place New Cathedral Cem Date Feb 27-39

19. UNDERTAKER Bernard A Faulk
(Address) 907 Edmondson Ave

20. FILED FEB 24 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 23 1939

22. I HEREBY CERTIFY, That I attended deceased from JAN 15, 19... to FEB 23, 19...

I last saw h... alive on FEB 23, 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Arteriosclerosis	
Hypertension	
Myocarditis	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) [illegible], M. D.

(Address) 4200 Eastern

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 55508

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55508

CERTIFICATE OF DEATH

V+167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-L Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME W. Clifford Moore

(a) Residence: No. 7000 West Ave., Elkins Park, Philadelphia, Pa. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~WIFE of~~ Eleanor Moore

6. DATE OF BIRTH (month, day, year) May 16th 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~Office~~

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia, Pa.

FATHER

13. NAME W. Park Moore

14. BIRTHPLACE (city or town) (State or country) West Chester, Pa.

MOTHER

15. MAIDEN NAME Clara Pearson

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mrs. Eleanor Moore

(Address) Philadelphia, Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place Philadelphia, Pa. Date Feb 24th 1939

19. UNDERTAKER Wm J Tiffen & Son

(Address) Walnut & Penn Sts

20. FILED ... Registrar

FEB 24 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 23, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet Wound of Skull	2-23-39

Other contributory causes of importance:

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 2-23 1939

Where did injury occur? W Baltimore St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Pistol wound rt temple

Nature of injury Gunshot wound

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Samuel B Wolfe, M. D.

(Address) 1315 N. Washington Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55509 CERTIFICATE OF DEATH F 55509

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1015 S Linwood ave St., 1-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nellie Simond

If U. S. Veteran specify WAR .....

(a) Residence: No. Stony Creek, A. A. County Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Simond

6. DATE OF BIRTH (month, day, year) 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. domestic home

10. Date deceased last worked at this occupation (month and year) worked at home

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Camden Maine

FATHER

13. NAME Frank Clark

14. BIRTHPLACE (city or town) (State or country) Camden Maine

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Mathew Jefferson
(Address) 1015 S Linwood ave

18. BURIAL, CREMATION, OR REMOVAL
Place Trinity Date 2/25 19 39

19. UNDERTAKER John L Reid
(Address) 2029 Hudson St

FEB 24 1939 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1939 to Feb 23, 1939.

I last saw her alive on Feb 22, 1939. Death is said to have occurred on the date stated above, at 10:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Disease	
Congestive Failure	2-15-39
Other contributory causes of importance:	

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Statement Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) E. A. Schimpert, M. D.

(Address) 42 S. East Ave.

55510 HEALTH DEPARTMENT—CITY OF BALTIMORE 55510

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Sq. Hosp. — Registered No.

CITY OF BALTIMORE: (No. ... St., 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mon. ... da.

2. FULL NAME James Ball.

If U. S. Veteran specify WAR ...

(a) Residence: No. 1309 Woodyear. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	B.	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unk

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ... 0000

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) ...

FATHER

13. NAME Norman Johnson

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Emma

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL FEB 24 1939 19
COMMISSIONER OF HEALTH

19. UNDERTAKER
(Address) Per H. A. Moore

20. FILED ... 19 Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1938, to Feb. 19, 1939

I last saw h[illegible] alive on Feb. 19, 1939 Death is said to have occurred on the date stated above, at 1:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance:	
Rickets	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) H. P. Friedman, M. D.

(Address) Franklin Sq. Hosp.

V.S.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V.S.

4616

F 55511

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55511

CERTIFICATE OF DEATH

V-131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3030 Westfield Ave St. 27-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Florence E Henry

(a) Residence: No. 3030 Westfield Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-15-1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	-	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) -

MOTHER

15. MAIDEN NAME -

16. BIRTHPLACE (city or town) (State or country) -

17. INFORMANT Edna Higgs

(Address) 3038 Westfield Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Morelawn Date 2-24-39

19. UNDERTAKER Leonard J Rood

(Address) 530 Fulton Ave

20. FILED FEB 24 1939 Huntington Williams

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-23-39. 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1939, to Feb. 23, 1939

I last saw her alive on Feb 23, 1939. Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardio-vascular renal disease	1930
Other contributory causes of importance: Influenza	2-18-39

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) S. A. Alessi M. D.

(Address) 6217 Harford Rd.

V 53

F. B. MARKS, PRINTER, BALTIMORE, MD.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

55512

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 F 55512

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2421 Kentucky St., 8-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John J. Welsh

If U. S. Veteran specify WAR

(a) Residence: No. 2421 Kentucky St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen Welsh

6. DATE OF BIRTH (month, day, year) March 24-1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME William Welsh

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Murphy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Mary Sweeney

(Address) 2421 Kentucky ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 2-25-39

19. UNDERTAKER Frank J Ross

(Address) 5206 Harford Road

20. FILED , 19 Registrar.

P.B 84 1936 Hunting to Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1939 to February 22, 1939

I last saw him alive on February 22, 1939 Death is said to have occurred on the date stated above, at 145 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronco Pneumonia	2d
Uraemia	3d
Malignant Sclerosis Hypertension	21
Other contributory causes of importance:	
Chronic Interstitial Nephritis	21d

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos F A Stearns, M. D.

(Address) 2878 Harford Rd

INFORMATION—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55513

CERTIFICATE OF DEATH

131 F 55513

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1910 Christian St. 20-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John T. Reed

If U. S. Veteran specify WAR

(a) Residence: No. 1910 Christian St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Late Bertha Green Reed

6. DATE OF BIRTH (month, day, year) May 15 1880.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James T. Reed

14. BIRTHPLACE (city or town) (State or country) Howard Co. Maryland

MOTHER

15. MAIDEN NAME Mary ---------

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT John A. Ladvis

(Address) 3504 Tremore Road.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date 2/25/39 19

19. UNDERTAKER Harry F. Luttke

(Address)

20. FILED FEB 24 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 - 1939, to Feb 28 - 1939

I last saw him alive on Feb 22 1939. Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Acute Congestion	
Mitral Insufficiency Chronic	
Nephritis	
Other contributory causes of importance: Pulmonary Oedema	

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert C. Nisbet M. D.

(Address) 2151 Linden Ave

V8 8

If any of the above information is unknown, write UNKNOWN. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55514

CERTIFICATE OF DEATH

34-a-B F 55514

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat St. [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. — mos. — ds. How long in U. S. If of foreign birth 63 yrs. — mos. — ds.

2. FULL NAME Cecelia Ward

If U. S. Veteran — specify WAR .....

(a) Residence: No. Mount Hope Retreat, Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Coyle

6. DATE OF BIRTH (month, day, year) - 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mt Hope Retreat. (Address) Baltimore Md.

18. BURIAL, CREMATION, OR REMOVAL. Place New Cathedral Date Feb 25 1939

19. UNDERTAKER STEWART & MOWEN COMPANY (N. J. WOODEN SUC.) 100 N. NORTH AVENUE (Address)

20. FILED FEB 24 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from January, 1926 to Feb 23, 1939

I last saw her alive on Feb 23, 1939 Death is said to have occurred on the date stated above, at 9:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Syphilis	Life
Other contributory causes of importance:	
Senility	Life

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Finding What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Milton P. Hall, M. D.

(Address) Mount Hope Retreat

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55515

CERTIFICATE OF DEATH

2-95-B F 55515

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. University Hospital St. 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George H. Zonck

If U. S. Veteran specify WAR

(a) Residence: No. Mt Carmel Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Addie Pearce

6. DATE OF BIRTH (month, day, year) April 13 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm

10. Date deceased last worked at this occupation (month and year) 1/35

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Richard Zonck

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Catherine Dorsey

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Geo H Zonck

(Address) Mt Carmel Md

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Mt Carmel Balto Co Date Feb 27 1939

19. UNDERTAKER Edw C Taylor

(Address) Hampstead Md

20. FILED FEB 24 1939 By Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis / Pulmonary Oedema	2 hrs
Other contributory causes of importance: Hypertensive Cardio-Vascular Dis	1 yr

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael S Shaara Coroner, M. D.

(Address) 2360 Eutaw Place

V S 6

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M F

55516

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 55516

1. PLACE OF DEATH Loretto Balto. Gen. Hosp. 107-a

Registered No.

CITY OF BALTIMORE: (No. ..... St. 2300 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mr. Henry Roehmer

If U. S. Veteran specify WAR

(a) Residence: No. 1522 Hanover St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Roehmer

6. DATE OF BIRTH (month, day, year) Feb 19 - 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
83		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired - Prod

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pikesville Maryland

FATHER

13. NAME Soreng Roehmer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Amelia Stolzinger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John W. Roehmer

(Address) 12 Poultney Street

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem. Date Feb 27 39

19. UNDERTAKER William F. Porter

(Address) 1728 N. Fulton Ave.

20. FILED FEB 24 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-24-1939

22. I HEREBY CERTIFY, That I attended deceased from 2-15 1939 to 2-24 1939

I last saw h/m alive on 2-24 1939 Death is said to have occurred on the date stated above, at 12:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asthmatic Bronchitis	Jan 1939
Acute Bi-lateral Bronchopneumonia	Feb 1939
Other contributory causes of importance:	
Benign Prostatic Hypertrophy	2
Uremia	Feb 1939

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Louis J. Kroll, M. D.

(Address) Loretto Balto. Gen. Hosp.

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 9

Mrs Wade Crossmore

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55517 — CERTIFICATE OF DEATH — F 55517

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) The Church Home & Infirmary (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Crossmore, Mrs. Wade

(a) Residence: No. 2130 Lanvale St, Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs. Wade Crossmore

6. DATE OF BIRTH (month, day, year) June 15, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad Police

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad Co's

10. Date deceased last worked at this occupation (month and year) Jan 1939

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (City or town) (State or country) Bradshaw Maryland

FATHER

13. NAME Alfred Crossmore

14. BIRTHPLACE (City or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Martha Hawkins

16. BIRTHPLACE (City or town) (State or country) Maryland

17. INFORMANT Mrs. Corine Dunnigan

(Address) 2130 Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date 2/26 1939

19. UNDERTAKER Lawrence K McCann

(Address) Annapolis, Md.

20. FILED Huntington Williams, M.D. Registrar.

FEB 24 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1939, to Feb 24, 1939

I last saw him alive on Feb 24, 1939 Death is said to have occurred on the date stated above, at 11:27 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion.	Feb 1 1939
Other contributory causes of importance: Pneumonia, Broncho	Feb 13 1939

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clin. Lab Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wesley J. Keller, M. D.

(Address) The Church Home & Inf

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55518

CERTIFICATE OF DEATH

13 F 55518

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5236 Linden Heights Ave St., 27-15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Theresa Katherine Franz

If U. S. Veteran specify WAR

(a) Residence: No. 5236 Linden Heights Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 25, 1919

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
19	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Isidor L. Franz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna G. Hickey

16. BIRTHPLACE (city or town) (State or country) Springfield Mass.

17. INFORMANT Mr Isidor Franz
(Address) 5236 Linden Heights Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Park Date Feb 25, 1939

19. UNDERTAKER Loring Byers
(Address) 5005 Cloverhill Heights Ave.

FEB 24 1939

Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1938 to Feb 22nd 1939

I last saw her alive on Feb 21st 1939 Death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis Ulcerous	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clin & Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) C. B. Fuson M. D.

(Address) 4936 Park Heights Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55519

CERTIFICATE OF DEATH

23 F 55519

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 30 r Beechfield Ave St. 25-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Leidig

(a) Residence: No. 30 r Beechfield Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Leidig

6. DATE OF BIRTH (month, day, year) Apr. 27. 74

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Geo Leidig

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Heisel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Katherine Leidig

Address) 30 r Beechfield Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb. 25 1939

19. UNDERTAKER George L. Schwab.

(Address) 2101 Eutaw Pl.

FILED FEB 24 1939 Huntington Williams M.D. Registrar

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry)

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage Pulmonary	1 yr.
Cancer not known	
(Contusion nose. not contributory)	

Other contributory causes of importance

No.

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) M. Hanna Coroner M. D.

(Address) 1822 W Baltimore St.

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 55520 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 55520

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 311 W. 31st St. 12-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bertram Constable

If U. S. Veteran specify WAR .....

(a) Residence: No. 311 W. 31st St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emily Constable

6. DATE OF BIRTH (month, day, year) Oct. 17, 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 216

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Henry Constable

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Sarah E Clark

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Grace Tuttle

(Address) 3104 Evergreen Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Feb. 25 19 39

19. UNDERTAKER Wm. Wickersham Sons

(Address) Noel & Adams.

20. FILED FEB 24 1939 19 ... Registrar. Hunter Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1937, to Feb 20, 1939

I last saw him alive on Feb 19, 1939 Death is said to have occurred on the date stated above, at 11.30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Cardiac failure	
Other contributory causes of importance:	
Hypertension	
Chronic Nephritis	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature] M. D.

(Address) 1123 St. Paul St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

va a

Insco

HEALTH DEPARTMENT—CITY OF BALTIMORE

55521

CERTIFICATE OF DEATH

55521

X / 46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital) Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Sarah Insco

If U. S. Veteran specify WAR

(a) Residence: No. Rock Hall Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marcellus E. Insco

6. DATE OF BIRTH (month, day, year) June 16, 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James L. Taylor

14. BIRTHPLACE (city or town) (State or country) Somerset County

MOTHER

15. MAIDEN NAME Annie Howard

16. BIRTHPLACE (city or town) (State or country) Maryland Somerset County

17. INFORMANT Ann Schumann, (Address) Rock Hall, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Wesley Chapel Kent Co. Feb. 27 1939

19. UNDERTAKER Wm. H. Good (Address) Church Hill Md.

20. FILED FEB 24 1939

Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 24 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 22 1939 to Feb. 24 1939.

I last saw her alive on Feb. 23 1939 Death is said to have occurred on the date stated above, at 7:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Primary Carcinoma of Gall Bladder with Metastasis (2) Ascites (3) Carcinosis of Small intestine (4) Cachexia (5) Hypostatic pneumonia	
Other conditions of special importance (Metastatic carcinoma)	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Karl F. Meeh M. D.

(Address) St. Agnes Hospital.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55522

CERTIFICATE OF DEATH

23573 J.S.

107-a F 55522

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Tyler

If U. S. Veteran specify WAR

(a) Residence: No. 530 W. Hoffman St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sally

6. DATE OF BIRTH (month, day, year) 10-25-1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	62	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Archie Tyler

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Lena Johnson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. ... Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 2-27 1939

19. UNDERTAKER Chas. L. Alspach

(Address) 1211 McCulloh st.

20. FILED FEB 24 1939 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1937, to February 22, 1939

I last saw him alive on February 22, 1939. Death is said to have occurred on the date stated above, at 7:25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-15-39
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Santella M. D.

(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55523 — CERTIFICATE OF DEATH — F 55523

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7 E. Eager St. 11-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Louis Rothstein

If U. S. Veteran ——— specify WAR .....

(a) Residence: No. 7 E. Eager St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of ~~or WIFE of~~ Mary Louise

6. DATE OF BIRTH (month, day, year) Sept 9-1856

7. AGE: Years 82 | Months 5 | Days 15 14 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Auditor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——

10. Date deceased last worked at this occupation (month and year) ~ | 11. Total time (years) spent in this occupation ~

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Wm F. Rothstein

14. BIRTHPLACE (city or town) (State or country) Hesse Dormstad Germany

MOTHER

15. MAIDEN NAME Helen Watther

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Ethel R Lorentz
(Address) 7 E Eager St

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date 2/25 1939

19. UNDERTAKER William Cook.
(Address) 1217 St Paul St.

20. FILED ... 19 ... Huntington Williams Registrar.

FEB 24 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb ~~27~~ 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1939 to Feb. 23, 1939

I last saw him alive on Feb. 9, 1939. Death is said to have occurred on the date stated above, at 10:55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis with cardiac dilatation, pulmonary edema, and cardiac failure (See over)	
Chronic endocarditis (mitral insufficiency)	?
Senility	
Pulmonary emphysema	

Other contributory causes of importance:

Was an operation performed? no Date of ——

For what disease or injury? ——

Name of operation ——

What test confirmed diagnosis? —— Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Norman B. Cole, M. D.

(Address) 622 Medical Arts Bldg.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

55524 — 46-D — F 55524

1. PLACE OF DEATH: Vogel Woman's Home — Registered No.

CITY OF BALTIMORE: (No. 1404 W. Lexington St. 19 - Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME: Mrs. Julia W. Anderson — If U. S. Veteran specify WAR

(a) Residence: No. 1404 W Lexington St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry Anderson

6. DATE OF BIRTH (month, day, year) Dec 20 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME James C Watts

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ellen R Young

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Young (Address) 1404 W Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 2/25/39

19. UNDERTAKER Wm. Ott (Address) 1217 Eutaw St

20. FILED FEB 24 1939 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/23/1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1931, to 2/23/1939

I last saw h[illegible] alive on 2/23/1939 Death is said to have occurred on the date stated above, at 4:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the rectum	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edwin B Jones M.D.

(Address) 1115 St. Paul St., City.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

55525

CERTIFICATE OF DEATH

108 F 55523

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Aves St., Balto. Md. Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... d.

2. FULL NAME James Cody Jr.

If U. S. Veteran specify WAR .....

(a) Residence: No. 712 Washington Blvd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 17 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6 mo.	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME James M. Cody

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Geraldine Cates

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT James M. Cody

(Address) 712 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date 2-27 1939

19. UNDERTAKER Bernard C. Harke

(Address) 121 E West St

20. FILED ..... 19..... Registrar.

FEB 25 1939

Huntingdon Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27 1939

22. I HEREBY CERTIFY, That I attended deceased from February 23, 1939, to February 27, 1939.

I last saw him alive on February 27, 1939. Death is said to have occurred on the date stated above, at 11:24 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia, right	2/22/39
	over

Other contributory causes of importance:

Extreme Toxemia

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Robert Sheppard M. D.

(Address) St Agnes Hospital

V0 3

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 55526

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 55526

1. PLACE OF DEATH Balto. City Hospitals — 92-a — Registered No. 1872

CITY OF BALTIMORE: (No. Bay View St., 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis C. Wagner Sr. — If U. S. Veteran specify WAR

(a) Residence: No. 127 N. Ellwood Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Mary V. Wagner

6. DATE OF BIRTH (month, day, year) Aug 28-1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	5	22/6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year) 1 year past

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Baltimore Md.

FATHER

13. NAME Jacob Wagner

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Elizabeth Hamer

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mary V. Wagner (Address) 127 N. Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL Place Westminster Cem. Date Feb 27 1939

19. UNDERTAKER George Leimbach (Address) 525 Lynhurst St

FILED FEB 25 1939 Huntington Williams Registrar

V 88

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 23. 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Minutes
Valvular heart disease	2 year

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Bond St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55527

CERTIFICATE OF DEATH

93-C F 55527

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 313 Tunbridge Road St., 27-12 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James Nicholas Robb
If U. S. Veteran specify WAR

(a) Residence: No. 313 Tunbridge Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Ada E. Robb

7. DATE OF BIRTH (month, day, year) Feb 13-1876.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock Broker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. with Mc Cubbin Legg & Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John T. Legg Robb

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Isabelle Deffpeau

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Addie Belle Robb
(Address) 313 Tunbridge Road

18. BURIAL, CREMATION, OR REMOVAL
Place Dorchester Date 2/27/39

19. UNDERTAKER Wm Cook
(Address) 1217 E Fayette St

20. FILED FEB 25 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1938 to Feb. 24, 1939.

I last saw him alive on Feb. 24, 1939. Death is said to have occurred on the date stated above, at 4:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	11/26/38
Other contributory causes of importance:	
Hypertension	Unkn.
Myocarditis	Unkn.

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

(Signature) Parker T. Baggott M. D.

(Address) 2229 Eutaw Place

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55528

CERTIFICATE OF DEATH

17 F 55528

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 South Fremont St., 28-4 Ward)

Length of residence in city or town where death occurred 56 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Archer C. Spies

If U. S. Veteran specify WAR World War

(a) Residence: No. 112 South Fremont St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Rate: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Hale Spies

6. DATE OF BIRTH (month, day, year): Dec 23 1888

7. AGE: Years 50 | Months 2 | Days 1 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: State of Maryland

10. Date deceased last worked at this occupation (month and year): 1938

11. Total time (years) spent in this occupation: about

12. BIRTHPLACE (city or town) (State or country): Balto Maryland

FATHER

13. NAME: Henry Spies

14. BIRTHPLACE (city or town) (State or country): Balto Maryland

MOTHER

15. MAIDEN NAME: Amelia Kroner

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Alice S. Kries

(Address) 3047 St Paul Street

18. BURIAL, CREMATION, OR REMOVAL

Loudon Park Date Feb 27th 1939

19. UNDERTAKER: William Bork

(Address) 1217 St Paul Street

20. FILED 19 Registrar.

FEB 25 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1938 to Feb - 24, 1939.

I last saw him alive on Jan - 23, 1939. Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis Lethargica	1937

Other contributory causes of importance:

Uremia —

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury, 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. Stone Johnson M. D.

(Address) Catonsville Md.

V0 8

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55529

CERTIFICATE OF DEATH

107 F 55529

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 900 W Lombard St. 18-3 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Barbara Ann Buchholtz

If U. S. Veteran specify WAR .....

(a) Residence: No. 900 W Lombard St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 14 1938

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Robt. L Buchholtz

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Schaefer

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Robt L Buchholtz
(Address) 900 W Lombard St

18. BURIAL, CREMATION, OR REMOVAL
Place St Marys Hanover Pa 2/25 1939

19. UNDERTAKER George A Tyler
(Address) Fulton & Fayette

20. FILED FEB 25 1939 19 Hunting Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 23. 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20. 1939 to Feb 23. 1939.

I last saw h.w. alive on Feb. 23. 1939. Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchopneumonia	3 Days

Other contributory causes of importance: None

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation None

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos Norton, M. D.

(Address) 888 N Eutaw St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 25 1939

V&S

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55530

CERTIFICATE OF DEATH

X 23 F 55530

Registered No.

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Walker & Caton Aves. St., 7th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jas. Thomas A. McCann

If U. S. Veteran specify WAR ...

(a) Residence: No. 207 First Ave. Lansdowne, Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE~~ Mary T.

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. B. R. clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Thomas

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Clark

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Information

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 2-27 1939

19. UNDERTAKER George A. Farley

(Address) Fulton & Fayette

20. FILED FEB 25 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 24. 1939

22. I HEREBY CERTIFY, That I attended deceased from January 12, 1939. to February 24, 1939

I last saw him alive on February 24 1939 Death is said to have occurred on the date stated above, at 11 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis.	4 mos.
with Cavitation	
Acute Nephritis and Cystitis.	1 mo.
Other contributory causes of importance:	
Secondary Anemia	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph E. Muse Jr., M. D.

(Address) St. Agnes Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55531

CERTIFICATE OF DEATH

82-a F 55531

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3024 E Pratt St. 1-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles Sommerfeld

If U. S. Veteran specify WAR

(a) Residence: No. 3024 E Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rose Sommerfeld

6. DATE OF BIRTH (month, day, year) March 22-1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Florist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Charles Sommerfeld

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Chas F Sommerfeld

(Address) Severna Md

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Feby 27 1939

19. UNDERTAKER John Ulrich

(Address) 1244 Aliceanna St

20. FILED FEB 25 1939 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 23 1939

22. I HEREBY CERTIFY, That I attended, deceased from 2/10/39 19 to 2/23/39 19

I last saw h[illegible] alive on 2/23/39 19 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	today
	2-/39
Other contributory causes of importance:	
Arteriosclerosis	1936
Hypertension	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. W Herrmann M. D.

(Address) 1913 E Baltimore

V6 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55532

CERTIFICATE OF DEATH

F 55532

Registered No. 1872

1. PLACE OF DEATH Sacto. City Hospital

CITY OF BALTIMORE: (No. Bay View St., 360 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Asbury E White

If U. S. Veteran specify WAR

(a) Residence: No. 302 Colvin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

3a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Ida E White

6. DATE OF BIRTH (month, day, year) 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph E White

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ida Hill

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Herbert E White

(Address) 423 S. Federal St.

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cem. Date 2-25- 1939

19. UNDERTAKER Gibson & Jamieson & Wright

(Address) 1218 N Eutaw St

20. FILED FEB 25 1939 19 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene both feet	2 Months
due to Arteriosclerosis	
Other contributory causes of importance: Valvular heart disease	Year

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood M. D. Coroner

(Address) 1712 N. Broadway

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 55533

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55533

CERTIFICATE OF DEATH

94-B.

1. PLACE OF DEATH Del Theatre

CITY OF BALTIMORE: (No. [redacted]1 Belair Rd. St., 26-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie G. Herbert

(a) Residence: No. 6501 Belair Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George J. Herbert

6. DATE OF BIRTH (month, day, year) June 24, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, day, year) Feb. 1939

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George Streb

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Schmidt

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Miss Marie Herbert
(Address) 6501 Belair Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb. 27th 1939

19. UNDERTAKER Fredk. Lassahn & Son
(Address) 7701 Belair Rd.

20. FILED FEB 25 1939 Hunting for Hilton Registrar FEB 25 1939

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 23, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombus	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so specify

(Signed) Paul Schreiber Coroner, M. D.

(Address) Coroner

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

55534

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55534

CERTIFICATE OF DEATH

1640

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 135 W. Lafayette Ave Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. 8 mos. 4 ds. How long in U. S. If of foreign birth 57 yrs. 8 mos. 4 ds.

If U. S. Veteran specify WAR None.

2. FULL NAME Bessie May

(a) Residence: No. 135 W Lafayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) June 19 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James A. May

14. BIRTHPLACE (city or town) (State or country) Elkton Md.

MOTHER

15. MAIDEN NAME Emily Hopkinson

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Wm. Chas. M. May (brother)

(Address) 37 Turnbridge Road

18. ~~BURIAL, CREMATION, OR REMOVAL~~

Place Fort Lincoln Md Date Feb 25 39

19. UNDERTAKER STEWART & MOWEN COMPANY

(Address) (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

20. FILED Huntington Indiana 1939

FEB 25 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said person came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating Gas	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Feb 23, 1939

Where did injury occur? 135 W. Lafayette Ave, (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Gas from kitchen stove

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Klaus, M. D.

Coroner

(Address) 1215 Hanover

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

55535

HEALTH DEPARTMENT—CITY OF BALTIMORE 55535

CERTIFICATE OF DEATH

108

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 N Stricker St. 19-L Ward)

Length of residence in city or town where death occurred 21 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Helen Bailey

If U. S. Veteran specify WAR .....

(a) Residence: No. 507 N. Stricker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 19-1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) Eastern Shore Va
(State or country)

FATHER

13. NAME Edgar Bailey

14. BIRTHPLACE (city or town) Eastern Shore Va
(State or country)

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) Eastern Shore Va
(State or country)

17. INFORMANT Mary Bailey (Mo.)
(Address) 507 N Stricker St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Feb 26 1939

19. UNDERTAKER Charles G. Corbey
(Address) 514 N. Calhoun St.

20. FILED ..... 19..... Hunting for Williams Registrar.

VS 3 FEB 25 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/22 1939

22. I HEREBY CERTIFY, That I attended deceased from 2/21/39, 19..., to 2/22 1939

I last saw her alive on 2/21 1939. Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2/15/39
Other contributory causes of importance:	
Exhaustion	—

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Phy Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. J. Steele M. D.

(Address) 514 N. Stricker St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55536

CERTIFICATE OF DEATH

173

F 55586 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry Baer Smith

If U. S. Veteran specify WAR ...

(a) Residence: No. 914 W. Mulberry St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hucster 0845

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year) 2/4/39

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Phila, Pa.

FATHER

13. NAME Ambrose Smith

14. BIRTHPLACE (city or town) (State or country) Accomac Co Va

MOTHER

15. MAIDEN NAME Laura Bear

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Martha Smith
(Address) 914 W. Mulberry St

18. BURIAL, CREMATION, OR REMOVAL.
Place Mt. Auburn Date Feb. 25, 1939

19. UNDERTAKER Mrs Kelly R. Williams
(Address) 322 N Schroeder St

FILED FEB 25 1939 19 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to h[illegible] death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal Hemorrhage, shock	1/2 hr
Other contributory causes of importance: Gun Shot Wound of Heart	1/2 hr.

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical findings & History Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: ~~Accident~~, ~~suicide~~, or homicide? yes Date of injury 2/4 1939

Where did injury occur? 130 Smith St Baltimore Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Clerk Room

Manner of injury Homicidal Gun Shot Wound of Heart

Nature of injury Perforation of Heart

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Michael A. Shkuna M. D.
Coroner

(Address) 2360 Eutaw Place

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 56

55537 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 55537

CERTIFICATE OF DEATH

94B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1926 Orleans St 6 - 4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Clemantina Virginia Edelman U. S. Veteran (Specify WAR .....)

(a) Residence: No. 1926 Orleans St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced (or) WIFE of Chas F Edelman

6. DATE OF BIRTH (month, day, year) Dec 29 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Jordan

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Livingston

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Martha Hunter

(Address) 1926 Orleans

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Feb. 25 1939

19. UNDERTAKER Philip Herwig Sons

(Address) 2016 Orleans St.

FEB 25 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 22 1939 . 19

22. I HEREBY CERTIFY, That I attended deceased from June 1937 to ..... 19.....

I last saw her alive on Feb 21 1939 Death is said to have occurred on the date stated above, at 7:50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	June 1937
Other contributory causes of importance: Coronary Embolism	
Cardiac Asthma	1 Day

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edward J. Goodard M. D.

(Address) 2530 E Baltimore

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

55538

HEALTH DEPARTMENT—CITY OF BALTIMORE 55538

CERTIFICATE OF DEATH

82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 Argyle St. 17-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Booth

If U. S. Veteran specify WAR

(a) Residence: No. 914 Argyle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia 1900

6. DATE OF BIRTH (month, day, year) July 7 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38 39	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mines

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Isabelle Booth
(Address) 914 Argyle Ave

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Calvary Cem Date Feb 24 1939

19. UNDERTAKER St Stephens Funeral Home
(Address) 1200 E Lanvale St

20. FILED FEB 25 1939 19 Hunter Wills Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/23, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 7 1939 to Feb 23 1939

I last saw him alive on Feb 22 1939 Death is said to have occurred on the date stated above, at 3A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	2/14/39
Other contributory causes of importance: Hypertension	1/34

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. J. Halpin M. D.

(Address) 1212 E Fayette

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V6 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55539

CERTIFICATE OF DEATH

92c F 55539

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1332 N. Eden St. St. 9-4 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gertrude Faust

If U. S. Veteran specify WAR

(a) Residence: No. 1332 N. Eden St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) not known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Joseph Faust

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Imhoff

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret Riechert

(Address) 1129 N. Somerset St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Feb.-27-1939 19..

19. UNDERTAKER Henry Hoeche & Sons Inc.

(Address) 1301 E Eager St.

20. Filed FEB 25 1939 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from June, 1936 to FEB 23, 1939

I last saw her alive on FEB 23, 1939. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2-23-39

Other contributory causes of importance:

Chronic Hypertension Ed.
Chronic Myocarditis

Was an operation performed? NO Date of X X

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? NO.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? NO Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Otto H. Duker M. D.

(Address) 928 E. North Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55540 CERTIFICATE OF DEATH 107a **F 55540**

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1130 N. Harford Ave. St. 10-1 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John W. Trageser

(a) Residence: No. 1130 N. Harford Ave. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Trageser

6. DATE OF BIRTH (month, day, year) Oct.-14-1860

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
78Yrs.	4Mo.	9Days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1004

10. Date deceased last worked at (this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Frederick Trageser

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary A. Unklebach

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Rose Trageser

(Address) 1130 N. Harford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Feb.-27-1939

19. UNDERTAKER Henry Stoeckt & Sons Inc.

(Address) 1301 E Eager St.

20. FILED FEB 25 1939 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb.-23-1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3 1939 to Feb. 23 1939

I last saw him alive on 2/23 1939 Death is said to have occurred on the date stated above, at 8.45 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	2/19/39

Other contributory causes of importance: Arterio-Sclerosis

Was an operation performed? no Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A. Littman M. D.

(Address) 1302 E. Lake

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55541

CERTIFICATE OF DEATH

93c F 55541

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3609 Windsor Mill Road St., 15-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred —yrs. 3 mos. —da. How long in U. S. If of foreign birth? —yrs. —mos. —da.

If U. S. Veteran specify WAR

2. FULL NAME Frank L. Rock

(a) Residence: No. 3609 Windsor Mill Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Abbie Hagaboom

6. DATE OF BIRTH (month, day, year) Jan. 22, 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Concrete Contract

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 016

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Vermont

FATHER

13. NAME Napoleon Rock

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Mary Sorrell

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Mrs. Abbie H. Rock

(Address) 3609 Windsor Mill Road

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 2/27 1939

19. UNDERTAKER Kenly W. Meeks & Son

(Address) 505 N. Eutaw St.

20. FILED FEB 25 1939 Huntington Williams, M.D. Registrar.

Vol

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan-9, 1939 to Feb-24, 1939

I last saw him alive on Feb-23, 1939 Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Pulmonary Tuberculosis with Extensive Bronchiectasis	Jan 9
Other contributory causes of importance:	

No

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury No

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frazier Cate M. D.

(Address) 2202 Guilford Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55542 — CERTIFICATE OF DEATH — 93c — F 55542

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 15-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Alonzo Watson — If U. S. Veteran specify WAR _____

(a) Residence: No. 1520 N. Gilmor St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Elizabeth Watson

6. DATE OF BIRTH (month, day, year) Jan 15 1890

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
49	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad Pier

10. Date deceased last worked at this occupation (month and year) 2/13/39

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) S. Carolina

FATHER

13. NAME Prince Watson

14. BIRTHPLACE (city or town) (State or country) S. Carolina

MOTHER

15. MAIDEN NAME Pattie ——

16. BIRTHPLACE (city or town) (State or country) S. Carolina

17. INFORMANT Elizabeth Watson
(Address) 1520 N. Gilmor St

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Date 2/26 1939

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pennsylvania Ave

FEB 25 1939 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest and that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	10 Min
Other contributory causes of importance: Chr myocarditis Arteriosclerosis	6 Mos

Was an operation performed? No Date of —

For what disease or injury? ——

Name of operation —— Date of ——

What test confirmed diagnosis? Clinical History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury _____, 19____

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A Abrams, M. D. Coroner

(Address) 360 Eutaw Place

V S 6

55543

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 55543

92-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2406 Frederick Ave St., 20 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME HENRY A. WILL

(a) Residence: No. 2406 Frederick Ave St., 20 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Sept. 26-1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry Goods Firm

10. Date deceased last worked at this occupation (month and year) Feb. 1939

11. Total time (years) spent in this occupation 1 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George J. Will

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Annie Plunkert

16. BIRTHPLACE (city or town) (State or country) Frederick County Maryland

17. INFORMANT Mrs. Annie Will

(Address) 2406 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Catheral Date 2-27-39 19

19. UNDERTAKER C. B. Herbert & Son

(Address) 1300 EUTAW PLACE Co.

20. FILED FEB 25 1939 19 Timothy F. Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 23-39. 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1939, to Feb. 23, 1939

I last saw him alive on Feb. 23, 1939 Death is said to have occurred on the date stated above, at 7:30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Myocarditis	1908
Rheumatic Endocarditis	1908
Cardiac Stanistill	1939

Other contributory causes of importance:

Typhoid Myocarditis	1902
Pulmonary Edema	Jan. 1939

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. Earl Pass M. D.

(Address) 4001 Wilkens Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

55544

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55544

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1010 Haverhill Road St. 25 Ward)

Length of residence in city or town where death occurred Life yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JOHN BICKY

If U. S. Veteran specify WAR .....

(a) Residence: No. 1010 Haverhill Road St., 25 Ward.
(Usual place of abode) (If non-resident give city or town and State)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Myrtle Bicky

6. DATE OF BIRTH (month, day, year) Sept. 23- 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	5	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Interior D

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Decorator D

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME John Bicky

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Christine Jacob

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mrs. Myrtle Bicky
(Address) 1010 Haverhill Road

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 2-27-39. 19

19. UNDERTAKER Chas. H. Ulbefer & Son
(Address) 1300 Eutaw Place

20. FILED ..... 19 Huntington Hollins Registrar

FEB 25 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb, 23-39 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 4 1939 to Feb 23 1939

I last saw h i m alive on Feb 22 1939. Death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerotic	
Cardio-vascular Disease	?
Other contributory causes of importance: Coronary Occlusion	2/23/39

Was an operation performed? no Date of —

For what disease or injury? no

Name of operation —

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) C P Rostling M. D.

(Address) 2623 Washington Blvd

F 55545

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55545

CERTIFICATE OF DEATH

16-7 93-C

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 3223 Normount Ave St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME EMMA E. BOWEN

If U. S. Veteran specify WAR

(a) Residence: No. 3223 Normount Ave St., 16 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Clifton R. Bowen

6. DATE OF BIRTH (month, day, year) Sept. 27-1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	4	26 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John M. Schaefer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Winter

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Clifton R. Bowen (Address) 3223 Normount Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 2-27-39 19

19. UNDERTAKER Chas. H. Gilbert & Son (Address) 1300 Eutaw Place

20. FILED FEB 25 1939 19 Huntington Hitt Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 23-39, 19

22. I HEREBY CERTIFY, That I attended deceased from January 3 to Feb 23, 1939.

I last saw her alive on Feb 22, 1939. Death is said to have occurred on the date stated above, at 11:25 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	5 yrs.
Coronary Occlusion	1 yr.
Acute Dil. of Heart.	2 hr.

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) Leo S. Harris M. D.

(Address) 16 Cathedral St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 55546

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55546

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2742 N. Calvert St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Croswell Smith

If U. S. Veteran specify WAR .....

(a) Residence: No. 2742 N. Calvert St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward Barney Smith

6. DATE OF BIRTH (month, day, year) Oct. 10, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Wm. W. Croswell

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Emily Hopkins

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Albert S. Baum
(Address) 2742 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cemy. Date 2/25/39

19. UNDERTAKER John Oudiehell Sons
(Address) 1900 Eutaw Place

20. FILED ..... 19..... Registrar.

FEB 26 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 1927 to Feb. 23 1939

I last saw her alive on Feb. 23 1939. Death is said to have occurred on the date stated above, at 1:42 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Interstitial fibrosis	
Myocarditis	

Other contributory causes of importance:

Senility	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William A. Linton M. D.

(Address) 1500 Walnut Road
2024 St. Paul St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

55547

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55547

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. SINAI Hospital St. 7-5 Ward)

Registered No. 106

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 10 mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME NATHAN WOLOSHIN

If U. S. Veteran specify WAR

(a) Residence: No. Harrisburg, Pa. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith Woloshin

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
29			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brooklyn, N. Y.

FATHER

13. NAME Morris Woloshin

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rose —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. A. Leibman

(Address) 4131 Fairview Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lindin Date 2/26/39

19. UNDERTAKER Jack Levin Chapel

(Address) 1439 E. Baltimore St

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 25, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address)

FEB 26 1939

VSB

F 55548

HEALTH DEPARTMENT—CITY OF BALTIMORE F55548

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH Hebrew Home for the Aged • Infirm

Registered No. 2747

CITY OF BALTIMORE: (No. Belvedere • Greenspring St. 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? 30 yrs. mos. ds.

2. FULL NAME Anna Shapiro

If U. S. Veteran specify WAR

(a) Residence: No. Belvedere • Greenspring St., 27 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Morris

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Von Kraus

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Von Kraus

16. BIRTHPLACE (city or town) (State or country) Prussia

17. INFORMANT (Signed) Edmund Levin

(Address) Belvedere • Greenspring

18. BURIAL, CREMATION, OR REMOVAL 2-26-39

Henry Knox 19

19. UNDERTAKER Jack Louis Inc

(Address) 1737 E. Balto St

20. FILED FEB 26 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-24, 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-26, 1934, to 2-24, 1939.

I last saw h[illegible] alive on 2-24, 1939. Death is said to have occurred on the date stated above, at 11:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronco pneumonia	2-20-39
Hypostasis	
Arteriosclerosis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edmund Levin, M. D.

(Address) Lutherville

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 55549

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55549

CERTIFICATE OF DEATH

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 101 E. Bond St. 3-1 Ward)

Registered No. 1872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Samuel M. Rosenstein

(a) Residence: No. 101 E. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced, HUSBAND of (or ~~WIFE~~ of) Fannie Rosenstein

6. DATE OF BIRTH (month, day, year) 8/9

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME S. E. Rosenstein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rachael Rosman

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Tillany Rosenstein
(Address) 101 E. Bond St. Foster

18. BURIAL, CREMATION, OR REMOVAL Hebrew Orphan Asylum Date 2/26/39

19. UNDERTAKER Jack Levy & Son
(Address) 1439 E. Baltimore St.

20. FILED FEB 26 1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	Hour
Fracture Patella	3 Weeks

Other contributory causes of importance: Valvular heart disease Year

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Feb. 3 1939

Where did injury occur? Montgomery Co.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Road

Manner of injury fell on road

Nature of injury Fracture of Patella

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D.
Coroner

(Address) 1712 N. Bond St.

Information should be furnished by family, undertaker or hospital. All blanks must be filled. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 55550

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55550

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH Lake Drive near Linden Ave. Registered No.

CITY OF BALTIMORE: (No. Lake Drive Apts. St. 12-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ferdinand Hamburger If U. S. Veteran specify WAR

(a) Residence: No. Lake Drive Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie F. Hamburger.

6. DATE OF BIRTH (month, day, year) Aug. 4, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Trav. 1

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Representative 5

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Philip Hamburger.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rachel Bernei.

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr. F. Hamburger.
(Address) Park Circle Apts.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Balto. Hebrew Cem. Date Feby. 27, 1939

19. UNDERTAKER Harris Sonnheim & Son
(Address) 1902 Eutaw Place.

20. FILED Feb 26 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby. 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 26th 1938 to February 25th 1939

I last saw h.i.m alive on February 25th 1939 Death is said to have occurred on the date stated above, at 11:20 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Coronary occlusion (thrombosis)	Apr. 1938
Myocardial Insufficiency	Oct. 1938
Other contributory causes of importance:	
Acute pulmonary oedema	Oct. 1938
Cerebral embolism	Feb. 1939

Was an operation performed? No Date of None

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify Not related.

(Signed) Louis P. Hamburger Jr. M. D.

(Address) 1207 Eutaw Place.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 26 1939

Vol 5

F 55551

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55551

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 215 W. Hill St., 22 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles C. Smith

If U. S. Veteran specify WAR ...

(a) Residence: No. 215 W. Hill St., ... Ward. 22

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/10/1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Calvert Co.
(State or country) Maryland

FATHER

13. NAME William H. Smith

14. BIRTHPLACE (city or town) Frederick
(State or country) Maryland

MOTHER

15. MAIDEN NAME Celeia Maynard

16. BIRTHPLACE (city or town) Calvert Co.
(State or country) Maryland

17. INFORMANT Mabel Walker (sister)
(Address) 800 S. Eutaw St.

18. BURIAL, CREMATION, REMOVAL
Place Mt Auburn Cr Date 2/27/39 19

19. UNDERTAKER Isaiah L Brown & Son
(Address) 108 W Montgomery St

20. FILED ... 19 ... Registrar
FEB 26 1939
Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/16 , 19 39

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) L. Sittler, M. D.
Coroner

(Address) 1304 E. Chase St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

55552 F 55552

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd General Hospital — Registered No. 42-a

CITY OF BALTIMORE: (No. 1512 Gelmor St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Estella Carter — If U. S. Veteran specify WAR

(a) Residence: No. 1533 Leslie St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female — 4. Color or Race: Colored — 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Lonzie Carter

6. DATE OF BIRTH (month, day, year): July 16 1895

7. AGE: 43 Years | 11 Months | 7 Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (City or town) (State or country): A. A. Co. Md

FATHER

13. NAME: Lipsie Lewis

14. BIRTHPLACE (City or town) (State or country): A. A. Co Md

MOTHER

15. MAIDEN NAME: not known

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Lonzie Carter (Address) 1533 Leslie St

18. BURIAL, CREMATION, OR REMOVAL: Place Pleasant A.A. Co. Md. 2-27-39

19. UNDERTAKER: Mrs Frances A. Dempsey (Address) 515 E. Biddle St

FILED FEB 26 1939 — [illegible] Huntingtown Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-24-39

22. I HEREBY CERTIFY, That I attended deceased from Feb 13 1939 to Feb 24 1939

I last saw h[illegible] alive on 2-24-39. Death is said to have occurred on the date stated above, at 12:30 A M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation	4 dy
Other contributory causes of importance: Mitral Insufficiency	5 mo
Edema of lower limbs	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Roy Kerr M. D.

(Address) 1512 Gelmor

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 55553

F 55553

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-e

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 323 S. Collington Ave. 1-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Magdalena Sawecki

(a) Residence: No. 323 S. Collington Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Sawecki

6. DATE OF BIRTH (month, day, year) Unknowen

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
90			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Lewandowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Not Knowen

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Peter Sawecki
(Address) 323 S. Collington Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Feb. 27 1939

19. UNDERTAKER Fred W Ozazewski
(Address) 1930 Eastern Ave.
Huntington Williams, M.D.

20. FILED FEB 26 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 23 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 21 1939 to Feb. 23 1939.

I last saw h. alive on Feb. 23 1939. Death is said to have occurred on the date stated above, at 8 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic Myocarditis	1938

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ed S Peters M. D.

(Address) 932 S Patterson Pk

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 55554

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55554

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH: Pronounced Dead

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 2-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME: Andrew Kornhuk

(a) Residence: No. 1625 Thames At. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Kornhuk

6. DATE OF BIRTH (month, day, year): 1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Longshorman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Nick Kornhuk

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Not knowen

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Anna Kornhuk
(Address) 1625 Thames St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Russian Date: Feb. 28. 1939

19. UNDERTAKER: Fred W Ozazewski
(Address) 1930 Eastern Ave

20. FILED: FEB 28 1939 Registrar: Limited for Williams, M.D.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 25, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Insufficiency	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....

(Signed) Paul Schmeltzer Coroner, M. D.

(Address) Coroner

55555

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55555

CERTIFICATE OF DEATH

V 82 m

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4413 Forrest View Ave. St., 26th Ward) 24-1

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Jackson Barber

If U. S. Veteran specify WAR

(a) Residence: No. 4413 Forrest View Ave. St., 26th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chapman B. Barber

6. DATE OF BIRTH (month, day, year) April 15, 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. In own home

10. Date deceased last worked at this occupation (month and year) 1917

11. Total time (years) spent in this occupation 42 yrs.

12. BIRTHPLACE (city or town) St. Mary's Co., (State or country) Maryland

FATHER

13. NAME Joseph Forrest

14. BIRTHPLACE (city or town) St. Mary's Co., (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Cecelia Sly

16. BIRTHPLACE (city or town) St. Mary's Co., (State or country) Maryland

17. INFORMANT Mrs. Davis

(Address) 4413 Forrest View Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Dulaney Redeemer Date Feb 27 1939

19. UNDERTAKER Martin W. C. Dysart

(Address) 373 Conn Ave

20. FILED 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18th, 1939 to Feb. 24th, 1939

I last saw her alive on Feb. 24th, 1939 Death is said to have occurred on the date stated above, at 5:50 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Feb. 18th
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. L. Wilkinson, M. D.

(Address) 5713 Bel Air Rd.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 26 1939

55556 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

55536

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5302 Park Heights Ave. St., 27-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary A. Gaffney

(a) Residence: No. 5302 Park Heights Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Gaffney

6. DATE OF BIRTH (month, day, year) April 28, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D. C.

FATHER

13. NAME Albert Cumberland

14. BIRTHPLACE (city or town) (State or country) Washington D. C.

MOTHER

15. MAIDEN NAME Margaret Kiley

16. BIRTHPLACE (city or town) (State or country) London England

17. INFORMANT John W. Gaffney

(Address) 5302 Park Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem Date 2/27 1939

19. UNDERTAKER Henry H. Myers & Son

(Address) 805 N. Calvert St.

20. FILED Feb 26 1939 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23rd 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 29 1939 to Feb 23rd 1939.

I last saw h[illegible] alive on Feb 23 1939. Death is said to have occurred on the date stated above, at 2:45 P. m.

The principal cause of death and related causes of importance were as follows:

Bronchitis Date of onset Jan 27

Other contributory causes of importance: Diabetes, Nephritis, Arterio-Sclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical + Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. B. Evans M. D.

(Address) 4936 Park Heights Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 26 1939

V 8 8

F 55557

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

55557 Registered No. 94-B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Homewood Apts St., 32 Charles Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 6 yrs. 7 mos. 16 ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Sara E Miller
(a) Residence: No. Homewood Apartments Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 8, 1861

7. AGE — Years 67 | Months 4 | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER
13. NAME Henry F. Miller
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Martha E Lower
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Lydia A. Hamill
(Address) 4249 Wickford Road

18. PURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Feb. 27, 1939

19. UNDERTAKER W. J. Tickner and Sons
(Address) North & Pa. Aves.

20. FILED FEB 26 1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? Date of
For what disease or injury?
Name of operation. None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John A Ham M. D.
Coroner
(Address)

V S 6

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 55558 HEALTH DEPARTMENT—CITY OF BALTIMORE F 55558

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3303 Bloomingdale Rd) (St.) (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Degeler

If U. S. Veteran specify WAR .....

(a) Residence: No. 3303 Bloomingdale St. (Ward)

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Mary M. Degeler

6. DATE OF BIRTH (month, day, year) February 11 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	0	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. President

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P. M. Brownbridge Lumber Co.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frederick Wm. Degeler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ? Bush

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mary M. Degeler

(Address) 3303 Bloomingdale Road

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Feb 27th 1939

19. UNDERTAKER Wm. J. Tietjen & Sons

(Address) 1420 N

20. FILED ... 19... by ... Registrar.

FEB 26 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1939 to Feb 23, 1939

I last saw him alive on Feb 23, 1939. Death is said to have occurred on the date stated above, at 4.20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	10 days
Broncho Pneumonia	7 days

Other contributory causes of importance:

Cancer of right breast with metastasis to mediastinum	Two years

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify .....

(Signed) W. Michel, M. D.

(Address) 2901 Edmondson

Vol 3

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 55559

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55559

CERTIFICATE OF DEATH

52

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3012 N. Calvert St. 12-2 Ward)

Length of residence in city or town where death occurred 85 yrs. 5 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Emma Frances Zinkand

(a) Residence: No. 3012 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Emil G Zinkand

6. DATE OF BIRTH (month, day, year): Sept 20, 1853

7. AGE: Years 85 | Months 5 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None prob.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: John Herman Lange
14. BIRTHPLACE (city or town) (State or country): Bremen Germany

MOTHER

15. MAIDEN NAME: Adelaide Pralle
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. Adelaide Zinkand
(Address) 3012 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL: Place London Park Date Feb. 27 1939

19. UNDERTAKER: Wm. Wickwer Sons
(Address) Mond & Fawcett

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 25 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 29 1939 to Feb 25 1939

I last saw her alive on Feb 20 1939. Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Face — Date of onset 1932

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Was there an autopsy? No

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) P. H. Regan M. D.

(Address) 2105 Eutaw St

FEB 26 1939

37

V 8 8

F 55560

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55560

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 7826 Hamburg St. 21-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 9 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Eleanor Rodenkirk
If U. S. Veteran specify WAR

(a) Residence: No. 7826 W. Hamburg St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr. 16, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER
13. NAME Thomas S. Rodenkirk
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Martha L. Keigel
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mr. George T. Rodenkirk
(Address) 2821 Hamilton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date Feb. 27, 19 39

19. UNDERTAKER Oram Tucker Home
(Address) North & Fulton Aves

20. FILED 19 Registrar.

FEB 26 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 22nd, 1938 to Feb 24th, 1939
I last saw h. alive on Feb 23rd, 1939. Death is said to have occurred on the date stated above, at 1.15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis + nephritis Chronic	
Acute Cardiac Failure	2/24/39
Other contributory causes of importance: Diabetes Mellitus	Unknown

Was an operation performed? no Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) J. E. Poulton M. D.
(Address) 3904 Garrison Blvd.

V0 3

OCCUPATION is very important. See instructions on back of certificate.
MAIN CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of

F 55561 HEALTH DEPARTMENT—CITY OF BALTIMORE F 55561

CERTIFICATE OF DEATH

81

1. PLACE OF DEATH Franklin Sq. Hosp. Registered No.

CITY OF BALTIMORE: (No. 26-5 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Benjamin H. Stuart

If U. S. Veteran specify WAR

(a) Residence: No. 419 Aisquith St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72 Yrs			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hen Amsterdam Dye Co

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Samuel R. Stuart

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Anna M. Lemor

16. BIRTHPLACE (city or town) (State or country) On High Seas

17. INFORMANT Frederick Wm Stewart
(Address) 1629 N. Calvert St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Feb 27 1939

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 19 Registrar.

Huntington Williams, M.D.

FEB 26 1939

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb. 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1939 to Feb. 24, 1939

last saw h[illegible] alive on Feb. 24, 1939 Death is said to have occurred on the date stated above, at 11:35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance:

Myocarditis	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. P. Friedenwald M. D.

(Address) Franklin Sq. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 55562 HEALTH DEPARTMENT—CITY OF BALTIMORE F 55562

CERTIFICATE OF DEATH

CGK-- 35553

8-a

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. J-2-1 Ward)

Length of residence in city or town where death occurred 17 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Walter Thomas

(a) Residence: No. 722 Hanover St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma

6. DATE OF BIRTH (month, day, year) 4-15-1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
60	60	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Sam

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Sue

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Pl. Sacred Heart Cem. 2/26 1939

19. UNDERTAKER John D. Tabery & Sons
(Address) 1318 Lanvale St

20. FILED 19 Registrar.

Huntington Williams, M.D.

FEB 26 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1938 to February 21, 1939.

I last saw him alive on February 21, 1939. Death is said to have occurred on the date stated above, at 1.20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	2-19-39
Other contributory causes of importance: Osteriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Lautelle M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 55563

55563

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1512 E Federal St. 8-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Jane Harrison

If U. S. Veteran specify WAR

(a) Residence: No. 1512 E. Federal St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm H. Harrison

6. DATE OF BIRTH (month, day, year) Dec 7-1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Richard Bardyl

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Jane Crawford

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Ruth E. Banks

(Address) 1512 E. Federal St

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date Feb. 27 1939

19. UNDERTAKER Morris Goldstein

(Address) 1600 N. Gay St.

20. FILED ... 19... by Williams M.R. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 24. 1939

22. I HEREBY CERTIFY, That I attended deceased from February 13 1939 to February 24 1939

I last saw her alive on February 24 1939. Death is said to have occurred on the date stated above, at 10.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Grippe	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John W Barnaby M. D.

(Address) 1531 E North Ave

OCCUPATION is very important. See instructions on back of certificate.

VA 8

FEB 26 1939

E 55564

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 55564

CERTIFICATE OF DEATH

107-a 42323-FS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 14-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. dys. How long in U. S. If of foreign birth? yrs. mos. dys.

2. FULL NAME Milo Melchers

If U. S. Veteran specify WAR .....

(a) Residence: No. 1714 N. Linden Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Matilda Melchers

6. DATE OF BIRTH (month, day, year) 6-23-1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
72	72	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Old Age pension

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Detroit (State or country) Michigan

FATHER

13. NAME Edward Melchers

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Bennot

16. BIRTHPLACE (city or town) Detroit, Mich (State or country)

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Toledo, Ohio Date Feb 26th 1939

19. UNDERTAKER Wm. J. Tickner & Sons.

(Address) North & Penna Aves.

20. FILED FEB 26 1939 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 23, 1939, to February 25, 1939

I last saw him alive on February 24, 1939. Death is said to have occurred on the date stated above, at 9:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-17-39

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 55565

F 55565 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Josephs Hospital St.) 7-26 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Anton Hanglik

(a) Residence: No. 2616 E. Monument St., Ward.
(Usual place of abode) (If non-resident: give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, year) June 13, 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69 68	8	15 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1068

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Emanuel Sevcik, (Address) 2616 E. Monument St.

18. BURIAL, CREMATION, OR REMOVAL Place Oak Hill. Date 2/26, 193

19. UNDERTAKER C. E. Zahniseck. (Address) 3603 E. Fredisany St.

20. FILED ... 19 ... (Registrar)

FEB 26 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 23, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

—

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schumber Coroner, M. D.

(Address) Coroner

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Danaher

F 55566 HEALTH DEPARTMENT—CITY OF BALTIMORE F 55566

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem Hosp Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James G Danaher

If U. S. Veteran specify WAR

(a) Residence: No. 2628 Cecil Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Danaher

6. DATE OF BIRTH (month, day, year) July 6 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt.

FATHER

13. NAME Chas Danaher

14. BIRTHPLACE (city or town) (State or country) Balt

MOTHER

15. MAIDEN NAME Jennie James

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT Mary Danaher

(Address) 2628 Cecil Ave

18. BURIAL, CREMATION, OR REMOVAL

Place MT Olivet Date 2-27-39

19. UNDERTAKER Leonard D Ford

(Address) 5305 Belair Road

Huntington Williams Mgr.

FILED FEB 26 1939

VSG

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Injury)

obtained by said (Inquest, Autopsy or Injury) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	2/23/39

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? Slipped to floor (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place when riding on Street Car was apparently dead on being placed in ambulance

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John N Evans M. D. Coroner

(Address)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

55567 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 55567

CERTIFICATE OF DEATH

943-131

1. PLACE OF DEATH — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St Josephs Hosp. St. 27-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Andrew F. Fredericks — If U. S. Veteran specify WAR .....

(a) Residence: No. 4820 Arabia Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Fredericks

6. DATE OF BIRTH (month, day, year) June 7 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Egyptian

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fire Dept.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Alexander Fredericks

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Catherine Fredericks
(Address) 4820 Arabia Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 2-27-39

19. UNDERTAKER Samuel D Rank
(Address) 5208 Harford Ave

20. FILED ....., 19.... .....
Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 2-24- 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-12-39, 19.... to 2-24-39, 19....

I last saw him alive on 2-24 1939 Death is said to have occurred on the date stated above, at 5 30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis & Renal Oedema	?
Cardiac Disease: Arterio-sclerotic & possibly Luetic	?
Other contributory causes of importance: Erysipelas: Gangrenous Lues.	?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... No

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) M. P. Tennyst M. D.

(Address) St. Josephs Hosp

V0 8

FEB 26 1939

OCCUPATION is very important. See instructions on back of certificate.

F 55568 ✓ F 55568

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 82-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clyde A. Taylor

If U. S. Veteran specify WAR .....

(a) Residence: No. Chicago Ill St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced WIFE of (~~or husband of~~) Mrs C A Taylor

6. DATE OF BIRTH (month, day, year) Aug 24 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	5-3	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineering Enterprises (?)

10. Date deceased last worked at this occupation (month and year) 1/32 ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Kansas City - Kansas

FATHER

13. NAME Lonie Taylor

14. BIRTHPLACE (city or town) (State or country) Kentucky Chicago Ill

MOTHER

15. MAIDEN NAME Ann Kerr

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT Samuel M. Taylor

(Address) 2 N G

18. BURIAL, CREMATION, OR REMOVAL

Place Chicago Ill Date Feb 26, 1932

19. UNDERTAKER Percy Watkins Sons

(Address) 1600 E Lexington St

20. FILED FEB 26 1932 Registrar Huntington Williams, M.D.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22, 1932

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	[illegible]
Other contributory causes of importance: Arterio Sclerosis Hypertension (?)	?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Michael A. O'Hara M. D.

Coroner

(Address) 2360 Eutaw place

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 55569

F 55569 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

42185 JS

157-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Rosie Lee Wilkins

If U. S. Veteran specify WAR .....

(a) Residence: No. 26 N. Eden St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	single

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of

6. DATE OF BIRTH (month, day, year) 3-20-1922

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
16	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME George Wilkins

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Alice ?

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT ..... (Address) B. C. H. Records

18. BURIAL, CREMATION, OR REMOVAL

Place Hope cemetery Raleigh N. C. Date 2, 28 1939

19. UNDERTAKER Mrs Chas. L. Dailey (Address) 1421 Jefferson St

20. FILED FEB 28 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 20, 1939, to February 24, 1939.

I last saw her alive on February 24, 1939. Death is said to have occurred on the date stated above, at 6-55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart disease	1939

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. L. De Santilla M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V&S

F 55570

55570

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 20 S. Arlington Ave. St. 16-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Long

If U. S. Veteran specify WAR

(a) Residence: No. 20 S. Arlington Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late William Long

6. DATE OF BIRTH (month, day, year) January 4th 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Matthew Cummings

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget ?

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr. John T. Long
(Address) 903 S. Arlington Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date 2/27/39

19. UNDERTAKER John J. Cowan & Son
(Address) 901 Hollins St.

20. FILED FEB 26 1939 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/24/1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 39 to Feb. 24 39

I last saw her alive on Feb. 24, 39. Death is said to have occurred on the date stated above, at 12.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Int. Nephritis.	3 mo
Other contributory causes of importance: None	

Was an operation performed? no Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis Autopsy Was there an autopsy? yes

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Chas. Norton, M. D.

(Address) 888 Linden Ave.

Vs 3

Exact statement of CAUSES OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 55571 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 55571

CERTIFICATE OF DEATH

93-c

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3702 Leo St (Wagners Pt) Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Julius John Meyer

If U. S. Veteran specify WAR

(a) Residence: No. 3702 Leo St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Johanna Meyer

6. DATE OF BIRTH (month, day, year) Feb 17 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	/	/	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Factory

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Julius G. Meyer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Otto C. Meyer (Son)
(Address) 4000 Taishaben Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Schwartz Cemetery Date Feb. 27 1939

19. UNDERTAKER Fred A Krause & Son
(Address) 1216 S Charles St.

20. FILED ... 19... ... Registrar.

FEB 25 1939 Huntington Williams, Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1938 to Feb 24, 1939

I last saw h[im] alive on Feb 23, 1939 Death is said to have occurred on the date stated above, at 6.45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis (Myocardial degeneration)	Jan 1938
Arteriosclerosis, S	
Other contributory causes of importance: Ventricular Standstill	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Lawrence M Serra M. D.

(Address) 1009 Annapolis Blvd

SEE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V.S.

55572 HEALTH DEPARTMENT—CITY OF BALTIMORE 55572

CERTIFICATE OF DEATH X 46-D

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. ..... St. 12-2 ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Helma C Dameron

If U. S. Veteran specify WAR .....

(a) Residence: No. 8 Crescent St. Warren, Pa. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Femal	White	Maried

5a. If married, widowed, or divorced
~~HUSBAND~~ (or) WIFE of Mr Fred C Dameron

6. DATE OF BIRTH (month, day, year) July 13, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pennsylvania
(State or country)

FATHER

13. NAME Mr John Petersen

14. BIRTHPLACE (city or town) Sweden
(State or country)

MOTHER

15. MAIDEN NAME Hilda Burgh.

16. BIRTHPLACE (city or town) Sweden.
(State or country)

17. INFORMANT Union Mem Hosp Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Warren Pa Date May 39

19. UNDERTAKER Walter Rudy Bradley
(Address) 19 Y 2 St. Youngsville

20. FILED ..... 19 ..... Registrar
FEB 26 1939 Huntington Pennsylvania

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 26. 1939

22. I HEREBY CERTIFY, That I attended deceased from January 23, 1939 to February 26, 1939

I last saw her alive on February 26, 1939 Death is said to have occurred on the date stated above at 5.51 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary embolis	2.26.39
Carcinoma of rectum	

Other contributory causes of importance:

Was an operation performed? yes Date of 1/29/39

For what disease or injury? Carcinoma Rectum

Name of operation Miles operation

What test confirmed diagnosis? Biopsy Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Richard Watling Jones Jr M. D.
(Address) Union Memorial Hospital

OCCUPATION is very important. See instructions on back of certificate.

V8 8

55573 HEALTH DEPARTMENT—CITY OF BALTIMORE F 55573

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St. 7 & 1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME John S Boyd

If U. S. Veteran specify WAR .....

(a) Residence: No. Mount Hope Retreat St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 9-1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Halltown W. Va

FATHER

13. NAME Wm. A. Boyd

14. BIRTHPLACE (city or town) (State or country) Lancaster Co Penna

MOTHER

15. MAIDEN NAME Sites

16. BIRTHPLACE (city or town) (State or country) Jefferson Co. W. Va.

17. INFORMANT Sister Augustine

(Address) 701 High Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Edgehill Cemetery Date 19

19. UNDERTAKER Williams Lewis

(Address) 1127 E Lane St

20. FILED ..... 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26 1939

22. I HEREBY CERTIFY, That I attended deceased from March 1934 to Feb 26 1939

I last saw him alive on Feb 26 1939. Death is said to have occurred on the date stated above, at 5:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Duration of about Life
Immediate Cause: Auricularity	
Pulmonary Tuberculosis	3 Yrs
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation Fruding

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Duncan P. Kay M. D.

(Address) 3326 Frederick Ave

FAILURE TO STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 55574

HEALTH DEPARTMENT—CITY OF BALTIMORE

55574

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Julia Ames

If U. S. Veteran specify WAR

(a) Residence: No. 146 E. 34th St New York St., N. Y. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ (or) WIFE of Kirk Delano Ames

6. DATE OF BIRTH (month, day, year) Sept 20th 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Charles Cobb

14. BIRTHPLACE (city or town) (State or country) Selma Ala

MOTHER

15. MAIDEN NAME Catherine Wilmer

16. BIRTHPLACE (city or town) (State or country) Charles Co Md

17. INFORMANT Geo Cobb

(Address) 1223 Round Hill Rd

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 2/28 1937

19. UNDERTAKER

(Address) 1317 E Fayette St

20. FILED FEB 27 1937 Huntington Pollitt, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 23, 1937 to February 26, 1937

I last saw h alive on February 26 1937. Death is said to have occurred on the date stated above, at 2 30 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic carcinoma (from breast) to lungs, liver & G. I. tract	?
Other contributory causes of importance: Terminal bronchopneumonia	2/14/37

Was an operation performed? Yes - in N.Y. Date of January 1935

For what disease or injury? Carcinoma of breast

Name of operation Radical mastectomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Everett A. Dyer M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

55575 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 55575

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. ____

CITY OF BALTIMORE: (No. 4100 St. Paul St. 12-1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

2. FULL NAME Dr. Harry E. Peterman — If U. S. Veteran specify WAR ____

(a) Residence: No. 4100 St. Paul St., ____ Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Helen L. Peterman

6. DATE OF BIRTH (month, day, year) July 16th 1871

7. AGE Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
67	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 2/25/39

11. Total time (years) spent in this occupation 44

12. BIRTHPLACE (city or town) (State or country) Chambersville Pa

FATHER

13. NAME Jeremiah Peterman

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Mary Clark

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Helen L. Peterman (Address) 4100 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Mar 1st, 1939

19. UNDERTAKER Wm Cook (Address) 1217 St. Paul St

20. FILED ____, 19__ Harrington for Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan, 19.33 to Feb 25, 19.39

I last saw him alive on Feb 25, 19.39 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Feb 25 39
Other contributory causes of importance: Coronary Sclerosis & Angina Pectoris	5 years

Was an operation performed? no Date of ____

For what disease or injury? no

Name of operation no

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ____, 19__

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) Nathaniel M. Beak M. D.

(Address) 2727 N. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

V0 3

FEB 27 1939

F 55576 HEALTH DEPARTMENT—CITY OF BALTIMORE F 55576

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Balto. Bend Hosp ✓ 124-B

Registered No.

CITY OF BALTIMORE: (No.) St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eleanora Hoarty

If U. S. Veteran specify WAR

(a) Residence: No. 3132 Elliott St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single~~ Married, Widowed, or ~~Divorced~~ (write the word): Widowed

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND~~ (or) WIFE of John Thomas Hoarty

6. DATE OF BIRTH (month, day, year) Oct 5th 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 0037

10. Date deceased last worked at this occupation (month and year) Jan 1939

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME James Barnes

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Jane Williams

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Leonora Schwanke

(Address) 1638 Jackson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Park Date Feb 28th 1939

19. UNDERTAKER Wm Cook

(Address) 127 St Paul St

20. FILED 19 Registrar.

FEB 27 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb 25 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 13 1939 to Feb 25 1939

I last saw her alive on Feb 25 1939 Death is said to have occurred on the date stated above, at 4:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Portal Cirrhosis	
Hepatic insufficiency	1937
Other contributory causes of importance:	
Terminal bronchopneumonia	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H. C. Grant M. D.

(Address) 1128 St Paul St

OCCUPATION is very important. See instructions on back of certificate.

V8 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55577

F 55577

CERTIFICATE OF DEATH

V 108

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. 6 mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Annie Donnelly

(a) Residence: No. 2304 Edmondson Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
f	W	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper for

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Cumberland Md.

FATHER

13. NAME James Donnelly

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME H. Ways

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Wm. C. Donnelly Jr

(Address) 2304 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mountain Park Date Mar 1st 19 39

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar.

FEB 27 1939

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 2-26 19 39

22. I HEREBY CERTIFY, That I attended deceased from 3:30 PM, 2-25 1939, to 6:30 PM, 2-26 1939

I last saw her alive on 2-26 1939. Death is said to have occurred on the date stated above, at 7:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	
Other contributory causes of importance:	
Age.	

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. D. Bryant M. D.

(Address) 10-12 S. 17.

OCCUPATION is very important. See instructions on back of certificate.

55578

F 55578

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hosp St. 18-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Walter J Voight

U. S. Veteran

specify WAR

(a) Residence: No. 538 N. Fremont Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Ma

4. Color or Race: Wh.

5. ~~Single, Married, Widowed,~~ or Divorced (write the word): Divorced

5a. If ~~married, widowed, or~~ divorced HUSBAND of ~~or WIFE of~~ Amelia Voight

6. DATE OF BIRTH (month, day, year) About 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME V. Voight

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Walter J. Voight

(Address) 14 Locust Drive Catonsville

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Date Feb 27, 1939

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 1939

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture left hip	Jan 5.
Pulmonary Embolism.	2/25.

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1/15, 1939

Where did injury occur? Baltimore Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Slipped of chair

Nature of injury Fractured left hip

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M J Hamm, M. D.

Coroner

(Address) 1822 W Baltimore St.

OCCUPATION is very important. See instructions on back of certificate.

MAR 27 1939

55579 F 55579

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. ? Ward) 3-4

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leonard Holloway (42222)

If U. S. Veteran specify WAR

(a) Residence: No. 1744 E. Eager St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vashti

6. DATE OF BIRTH (month, day, year) Nov. 26, 1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME ??

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Chew

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date 2/28 39, 19

19. UNDERTAKER Wellington A. Carter
(Address) 916 Penna Ave

20. FILED 19 Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 21, 1939 to February 24, 1939

I last saw him alive on February 24, 1939. Death is said to have occurred on the date stated above, at 2:30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	July 1936
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. M. Curtis, M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

VS 3

FEB 27 1939

55580

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 30 F 55580

GK--38543

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospital St. life Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gustave Louis Schroeder

If U. S. Veteran specify WAR

(a) Residence: No. 322 N. Paca St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-21-1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	76	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Europe

MOTHER

15. MAIDEN NAME Christina P. Feiffer

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place London Park Date Feby 28 1939

19. UNDERTAKER John Comiskell

(Address) 1900 Eutaw Place

20. FILED FEB 27 1939 Registrar Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-26 1939

22. I HEREBY CERTIFY, That I attended deceased from 11-1 1938, to 2-26 1939

I last saw him alive on 2-26 1939. Death is said to have occurred on the date stated above, at 5:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous epididymitis	4-5 yrs
Jaundice of unknown origin	6 days

Other contributory causes of importance:

Hypertension	?
Arteriosclerosis	?

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) L. L. Bourne M. D.

(Address) Balto City Hosp

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

55581 F. 55581

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Sq. Hosp. — 23

Registered No.

CITY OF BALTIMORE: (No. St., 15-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. John Beck. (John Lane Beck) If U. S. Veteran specify WAR

(a) Residence: No. 3911 Carlisle Av. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dorothy R. Beck.

6. DATE OF BIRTH (month, day, year) July 23, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
67	67	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt. of Md. Workshop

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for the blind

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME August Beck

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Johanna Sheib

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Miss Edith R. Book

(Address) 1227 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL

Place Louden Park Date Feby 27, 1939

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED FEB 27 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1939 to Feb. 25, 1939

I last saw h-im alive on Feb. 25, 1939 Death is said to have occurred on the date stated above, at 5:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis,	
Other contributory causes of importance: Tuberculous pneumonia.	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. P. Friedman M. D.

(Address) Franklin Sq. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

V 6 6

55582

HEALTH DEPARTMENT—CITY OF BALTIMORE

55582

CERTIFICATE OF DEATH

133

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Inf. St. 15-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 2 mos. 28 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Thomas E. Shaw

(a) Residence: No. 2101 Garrison Blvd. St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Jane Wade

6. DATE OF BIRTH (month, day, year) Nov. 26, 1868

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	70	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Consolidated Gas, E. L. & P. Co.

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John W. Shaw

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Fannie McGraw

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Grace Shaw Garwood

(Address) 5002 Beaufort Ave.

18. BURIAL, CREMATION, REMOVAL

Place London Park Cem. Date Feb. 27, 1939

19. UNDERTAKER John O. Mitchell Sons Inc.

(Address) 1900 Eutaw Place

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1939, to Feb. 24, 1939.

I last saw h.. alive on Feb. 24, 1939. Death is said to have occurred on the date stated above, at 7-45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis, Bilat.	
Other contributory causes of importance: Hydroureter, Bilateral. Hydronephrosis, Bilateral	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation —

What test confirmed diagnosis? Clin. Cor. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wesley J. Ketz M. D.

(Address) The Church Home & Inf.

OCCUPATION is very important. See instructions on back of certificate.

VS 3

FEB 27 1939

Huntington Williams, M.D.

55583

HEALTH DEPARTMENT—CITY OF BALTIMORE

55583

CERTIFICATE OF DEATH

95-B 83836

Registered No.

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Eaton & Wilkens St. 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Frank Henkel

If U. S. Veteran specify WAR

(a) Residence: No. 1054 W Baltimore st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa M. Haschert

6. DATE OF BIRTH (month, day, year) Sept. 26/ 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paperhanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va.

FATHER

13. NAME Godfried Henkel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Anna

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Louisa Henkel

(Address) 1054 W. Balto. St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery Feb. 28/ 1939

19. UNDERTAKER John J. Mitchell & Sons

(Address) 900 Eutaw Place

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/26/39

22. I HEREBY CERTIFY, That I attended deceased from 2/21, 1939 to 2/26, 1939

I last saw h[illegible] alive on 2/26, 1939. Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

Congestive Heart Failure

Degenerative Cardio Vascular disease — Date of onset

Other contributory causes of importance:

Bronchopneumonia — 2/21/39

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) Robert Sheppard, M. D.

(Address) St. Agnes Hospital

OCCUPATION IS VERY important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

V 9

55584 F 55584

HEALTH DEPARTMENT—CITY OF BALTIMORE #41620 SF

CERTIFICATE OF DEATH

✓137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 14-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John A. Henry

If U. S. Veteran specify WAR

(a) Residence: No. 528 Robert St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ellen

6. DATE OF BIRTH (month, day, year) 9/2/1855 ~~1855~~ 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
~~83~~ 77 ~~83~~	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Henson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Anne

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cambridge md Date 2/27/39 39

19. UNDERTAKER Lewis A. Henry, (Address) Cambridge md

20. FILED Feb 27, 1939 Huntington Phillips (Registrar)

2-27 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-27, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-3, 1939 to 2-27, 1939

I last saw h.e alive on 2-26, 1939 Death is said to have occurred on the date stated above, at 12 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign (Prostatic) Hypertrophy	?
Chronic urinary obstruction	?
Uremia	?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

V.S.3

55585 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 55585

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 5312 Mapleave St. 27-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leroy V. Brannan

If U. S. Veteran specify WAR

(a) Residence: No. 5312 Mapleave St., 27 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charlotte Brannan

6. DATE OF BIRTH (month, day, year) May 17 1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil & Gasoline

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Charles F. Brannan

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Anna V. Biddison

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Charlotte Brannan
(Address) 5312 Mapleave

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Park Date 2/27/ 1939

19. UNDERTAKER John A. Moran
(Address) 3808 Belair Rd.

20. FILED Feb. 28 1939 Registrar.

Feb 27 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/24/1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1938, to Feb 24, 1939

I last saw h. alive on Nov 4, 1937 Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Theyer Hyslop, M. D.

(Address) 4837 Park Heights Ave

OCCUPATION is very important. See instructions on back of certificate.

Vo 8.

55586 268-9

Bernice Gross

F 55586

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 925 St., 22-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bernice Gross

(a) Residence: No. 925 W Conway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ———

6. DATE OF BIRTH (month, day, year) January 29, 1925

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
14	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) 0

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Robert Gross

14. BIRTHPLACE (city or town) Calvert Co (State or country) Maryland

MOTHER

15. MAIDEN NAME Louisa Gross

16. BIRTHPLACE (city or town) Calvert Co (State or country) Maryland

17. INFORMANT Louisa Gross (Mother)

(Address) 925 W Conway Street

18. BURIAL, CREMATION, OR REMOVAL

Place ——— Date 2/27/39, 19

19. UNDERTAKER Isaiah L Brunston

(Address) 2 N Montgomery Street

20. FILED ——— , 19 ———

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1939, to Feb 25, 1939.

I last saw h[illegible] alive on Feb 25, 1939. Death is said to have occurred on the date stated above, at 6304 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Miliary Tuberculosis	2/1/39

Other contributory causes of importance: —

Name of operation — Date of ———

What test confirmed diagnosis? ——— Was there an autopsy? ———

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ——— , 19 ———

Where did injury occur? ———

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) D H Conroe, M. D.

(Address) 911 Warren Ave

V S 3

OCCUPATION is very important. See instructions on back of certificate. Exact statement of trade, profession or particular kind of work in plain terms, so that it may be properly classified.

55587 **HEALTH DEPARTMENT--CITY OF BALTIMORE** 55587

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5214 Belair Road St. 27-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John F. Clowney

If U. S. Veteran specify WAR .....

(a) Residence: No. 5214 Belair Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Helen Clowney

6. DATE OF BIRTH (month, day, year) May 3rd, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Municipal Bldg.

10. Date deceased last worked at this occupation (month and year) Dec. 10, 1938

11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (city or town) (State or country) Philadelphia, Pa.

FATHER

13. NAME John Clowney

14. BIRTHPLACE (city or town) (State or country) Unknown Unknown

MOTHER

15. MAIDEN NAME Winifred Conroy

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Mrs. J. F. Clowney,
(Address) 5214 Belair Road

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Feb. 28, 1939

19. UNDERTAKER Frederick Lazenby & Son
(Address) 7401 Belair Road
Huntington Williams, M.D.
(Signature of Registrar)

FEB 27 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1938 to 2/25 1939

I last saw him alive on 2/22 1939. Death is said to have occurred on the date stated above, at 8:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Myocarditis	Sept 1938
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clin Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) J S Harding M. D.

(Address) 4810 Bel Rd

OCCUPATION is very important. See instructions on back of certificate.

55588 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 55588

CERTIFICATE OF DEATH

41387 JS 5-13

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 12-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME James L. Fisher

(a) Residence: No. 424 E. Preston St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Nellie H

6. DATE OF BIRTH (month, day, year) 5/27/1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Michael

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Marie Brown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
St. Mary's Cemetery Govans Date Feb. 28th, 1939

19. UNDERTAKER Edgar W. Conklin & Son
(Address) 924 E. Lafayette St.

20. FILED Feb 27 1939 Thurlington Williams, Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 28, 1939, to February 24, 1939.
I last saw him alive on February 24, 1939. Death is said to have occurred on the date stated above, at 7:0 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	1938

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospitals

VS 3

F 55589 HEALTH DEPARTMENT—CITY OF BALTIMORE F 55589

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes' Hospital, Registered No. 120
CITY OF BALTIMORE: (No. Wilkens & Caton Ave. St. 28-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR ...

2. FULL NAME Mrs. Anna Cramer
(a) Residence: No. 4810 Edmondson Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward McCramer

6. DATE OF BIRTH (month, day, year) Aug 6 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	6	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
10. Date deceased last worked at this occupation (month and year) 2
11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

FATHER
13. NAME George Baker
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER
15. MAIDEN NAME Mary Miller
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT St Agnes Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Silver Brook Cemetery Date Feb. 28 1939
Withycombe Pictures
19. UNDERTAKER Elizabeth Hyde Inc.
(Address) 1018 W. North Ave. Balto Md

20. FILED ... 19... Registrar
FEB 27 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-25, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-23, 1939, to 2-25, 1939
I last saw her alive on 2-, 1939. Death is said to have occurred on the date stated above, at 8:30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute ileocolitis	2
Arteriosclerosis	x
Other contributory causes of importance:	

Was an operation performed? No Date of ...
For what disease or injury? ...
Name of operation ...
What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Robert Sheppard M. D.
(Address) St. Agnes Hospital

OCCUPATIONS is very important. See instructions on back of certificate.

55590

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 55590

CERTIFICATE OF DEATH

213-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Marine Hospital St., 12-b Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gustave Siegfried Swenson If U. S. Veteran specify WAR .....

(a) Residence: No. U. S. S. El Estero St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 6, 1906

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
32	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... Sailor do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norby Sweden

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Quads (Address) U S Marine Hosp

18. BURIAL, CREMATION, OR REMOVAL Place St Marys Cemetery, Hamden Date Feb 27, 1939

19. UNDERTAKER E. Leroy Stiffler Inc (Address) 125 E. 23rd St

Filed FEB 27 1939 Thos. J. Williams, M.D. Registrar

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	2/22/39

Other contributory causes of importance: Broken Neck Employee

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide or homicide~~? Yes Date of injury 2-22, 1939

Where did injury occur? U. S. S. El Estero
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry / Baltimore Dock

Manner of injury Fall into Hatch of ship

Nature of injury Fractured Skull Broken Neck

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Slipped on Gangway

(Signed) John A Evans, M. D. Coroner

(Address) Same

OCCUPATION is very important. See instructions on back of certificate.

55591

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

55591

34-91-a

79506

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Robert Mosley

(a) Residence: No. 322 Forrest St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Henrietta

6. DATE OF BIRTH (month, day, year): 2-1-1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
54	54	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): N.C.

FATHER

13. NAME: William Mosley

14. BIRTHPLACE (city or town) (State or country): N.C.

MOTHER

15. MAIDEN NAME: Ella ?

16. BIRTHPLACE (city or town) (State or country): N.C.

17. INFORMANT: City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Mound cemetery Date: feb 28 1939

19. UNDERTAKER: Edward Bryson

(Address) 1241 orleans St

20. FILED ..... Registrar.

MAR 27 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): February 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from November 30, 1938, to February 24, 1939.

I last saw him alive on February 24, 1939. Death is said to have occurred on the date stated above, at 9½ A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute bacterial endocarditis	1938
Other contributory causes of importance:	

over

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation: Clinical Was there an autopsy? Yes

What test confirmed diagnosis? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) W. A. De Lautelle M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

55592

HEALTH DEPARTMENT—CITY OF BALTIMORE

No. 55592

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1333 James St. 21-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 59 yrs. ... mos. ... ds.

2. FULL NAME Emil P. Brandt

If U. S. Veteran specify WAR .....

(a) Residence: No. 1333 James St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Josephine Brandt

6. DATE OF BIRTH (month, day, year): Apr. 9. 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Wood Carver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Mfg

10. Date deceased last worked at this occupation (month and year): 1932

11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Claus Brandt

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Charlotte Spinner

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Edward Brandt

(Address) 1333 James St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: Feb 28 19 39

19. UNDERTAKER: Emil P. Rose

(Address) 2330 Eastern Ave.

20. FILED ..... 19.... Registrar.

FEB 27 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Febry 25. 1939

22. I HEREBY CERTIFY, That I attended deceased from Febry 16, 1939 to Feb. 25, 1939

I last saw him alive on Feb. 24, 1939 Death is said to have occurred on the date stated above, at 3.37 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2/18/39
Other contributory causes of importance:	
Ch. Myocarditis	1937

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) James Brown M. D.

(Address) 1663 W North Ave.

OCCUPATION is very important. See instructions on back of certificate.

55593

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 55593

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1431 Madison St. 14-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Dennis

If U. S. Veteran specify WAR .....

(a) Residence: No. 1431 Madison Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	A.A.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Dennis

6. DATE OF BIRTH (month, day, year) 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65 65	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Apt

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Snow Hill Maryland

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs Annie Moore

(Address) 1431 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 2/28 19 39

19. UNDERTAKER Hamer E. Kelsey

(Address) 1323 Pennsylvania Ave

20. FILED ..... 19 Huntington Williams

FEB 27 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/25 1939

22. I HEREBY CERTIFY, That I attended deceased from 12/20 1938 to 2/25 1939

I last saw him alive on 2/25 1939. Death is said to have occurred on the date stated above, at 10:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Renal-Syndrome	4 mos
	6 yrs

Other contributory causes of importance:

Was an operation performed? none Date of .....

For what disease or injury? .....

Name of operation none

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Carrie C. Hinson M. D.

(Address) 1502 Penna Ave

OCCUPATION is very important. See instructions on back of certificate.

V0 8

55594 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 55594

CERTIFICATE OF DEATH

79-a

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No.) Sydenham Hospital St. (Ward) 5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Andrew Earle Griffin — If U. S. Veteran specify WAR .....

(a) Residence: No. 428 E. Lafayette St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan. 21, 1939

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Lawrence Griffin

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary Ly Holtzapfle

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Lawrence Griffin (Father)
(Address) 428 E. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date Feb 27, 1939

19. UNDERTAKER Lilly & Zeiler (Inc.)
(Address) 403 S. Wolfe St.

20. FILED Huntington Hitchins, Registrar
FEB 27 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1939, to Feb 25, 1939

I last saw h— alive on Feb 25, 1939. Death is said to have occurred on the date stated above, at 1:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Meningitis	2/24
Pneumonia Septicemia	?
Other contributory causes of importance:	
Cardiac Failure	2/25

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? [redacted] If so, specify .....

(Signed) Robert Hurley, M. D.

(Address) Sydenham Hosp.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

55595

CERTIFICATE OF DEATH

55595 131

1. PLACE OF DEATH Registered No.

CITY OF BALTIMORE: (No. 1614 Dunsion St. 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Morgan C. Douglas

If U. S. Veteran specify WAR

(a) Residence: No. 1614 Dunsion St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harriet Douglas

6. DATE OF BIRTH (month, day, year) Jan? 1872

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
67	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (W?)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Loudoun Co Va.

FATHER

13. NAME Thomas Douglas

14. BIRTHPLACE (city or town) (State or country) Loudoun Co.

MOTHER

15. MAIDEN NAME Olivia Carey

16. BIRTHPLACE (city or town) (State or country) Middleburg Co Va

17. INFORMANT Harriet Douglas

(Address) 1614 Dunsion St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem Date Feb. 27, 1939

19. UNDERTAKER Mrs. Geo. Holland

(Address) 1631 Druid Hill Ave

20. FILED Feb 27 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Febry 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20 - 1939 to Febry 24 1939

I last saw h[illegible] alive on Feb. 24, 1939. Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemic Coma.	2/20. 1938

Other contributory causes of importance:

Arteriosclerosis and Cystic Retention

Was an operation performed? No Date of

For what disease or injury?

Name of operation [illegible] Prostate. Tumor

What test confirmed diagnosis? Prostate. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. H. Wright M. D.

(Address) 1209 Pennsylvania

OCCUPATION is very important. See instructions on back of certificate.

V8 3

55596

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 55596

93-2

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1521 Argyle Av St. 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Adelaide Johnson

(a) Residence: No. 1521 Argyle Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	widowed

5a. If married, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of James Johnson

6. DATE OF BIRTH (month, day, year) Sept 16-1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Churchill Holmes

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Susan Lane

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Gladys M. Fellon

(Address) 1521 argyle ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Champagne, Ill. Date Feb. 27, 1939

19. UNDERTAKER Mrs. Geo. A. Holland

(Address) 1631 Druid Hill Ave.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1938 to Feb 25, 1939

I last saw h[illegible] alive on Feb. 24, 1939. Death is said to have occurred on the date stated above, at 7:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/24/39
Other contributory causes of importance:	
Chr. Myocarditis	1937

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) James Thomas M. D.

(Address) 1633 W North Ave

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 55597 ✓ F 55597

Registered No. 15-1294 B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3519 Reisterstown Rd St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mitchell Herman Rolnick

If U. S. Veteran specify WAR

(a) Residence: No. 3519 Reisterstown Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Irene

6. DATE OF BIRTH (month, day, year) July 16 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Sales

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME Albert Lewis Rolnick

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Hattie Graff

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Irene Rolnick

(Address) 3519 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL Hebrew Washington Blvd Date Feb 27. 1939

19. UNDERTAKER Sol Levinson & Bros

(Address) 1124-26 W. Baltimore ave

20. FILED FEB 27 1939, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26. 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25 1939 to Feb. 26 1939

I last saw him alive on Feb. 26, 1939. Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary Thrombosis	13 hours
Other contributory causes of importance:	

Was an operation performed? Not Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) A. G. Ferguson M. D.

(Address) 2340 Eutaw Place

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55598

CERTIFICATE OF DEATH

13 F 55598

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 33-0 d Calvert St. 13-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 39 yrs. 0 mos. 9 ds.

If U. S. Veteran specify WAR NONE

2. FULL NAME James Edward Magness

(a) Residence: No. 2126 Mt. Royal Terrace St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vernie Magness

6. DATE OF BIRTH (month, day, year) Feb 18 1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
39	0	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto Business

10. Date decedent last worked at this occupation (month, day, year) Jan 15 39

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Abingdon Maryland

FATHER

13. NAME Arthur J Magness

14. BIRTHPLACE (city or town) (State or country) Abingdon Md

MOTHER

15. MAIDEN NAME Katherine Treadwell

16. BIRTHPLACE (city or town) (State or country) Abingdon Maryland

17. INFORMANT Mrs V. E. Magness (wife)
(Address) 2126 Mt Royal Terrace

18. BURIAL, CREMATION, OR REMOVAL
Place Lawn-dale Date Mar 1 39

19. UNDERTAKER STEWART & MOWEN COMPANY
(Address) (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

20. FILED ..... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 27th 1939

22. I HEREBY CERTIFY, That I attended deceased from February 25 1939, to February 27th 1939

I last saw him alive on February 27th 1939. Death is said to have occurred on the date stated above, at 6:28 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant hypertension	?
Other contributory causes of importance: Uraemia	2/25/39

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Wm Blair Mackey M. D.

(Address) Sinai Memorial Hospital

OCCUPATION, is very important. See instructions on back of certificate.

V0 3

F 55599

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95 F B 55599

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Union Memorial St. [illegible] Ward) 4

Length of residence in city or town where death occurred 80 yrs. 1 mos. 27 ds. How long in U. S. If of foreign birth 62 yrs. 1 mos. 27 ds.

2. FULL NAME Fannie Olivia Thomas

If U. S. Veteran specify WAR NONE

(a) Residence: No. Chadford Apts. St., City Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — Single

6. DATE OF BIRTH (month, day, year) 12/28/1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Edward L. Thomas

14. BIRTHPLACE (city or town) (State or country) Winchester Va.

MOTHER

15. MAIDEN NAME Susanna Adrian

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. E. B. Vernon-Wilkes

(Address) 102 Hawthorne Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date Feb 27 1939

19. UNDERTAKER STEWART & MOWEN COMPANY (W. F. WOODEN SUC.) 103 W. NORTH AVENUE
(Address)

20. FILED FEB 27 1939 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/25, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2/25, 1939 to 2/25, 1939

I last saw her alive on 2/25, 1939 Death is said to have occurred on the date stated above, at 12.50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/24/1939
Arteriosclerosis	1928
Malnutrition	
Other contributory causes (importance)	
Hypertrophy of Prostate	1926?
Senility	

Was an operation performed? — Date of —

For what disease or injury?

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. Brownlee Whitehead M. D.

(Address) Union Memorial Hospital

VS 3

55600 F 55600

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

112

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2908 Ridgewood Ave St. 13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth 16 yrs. ... mos. ... ds.

2. FULL NAME Harry J. Rubin

If U.S. Veteran specify WAR .....

(a) Residence: No. 2908 Ridgewood Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie

6. DATE OF BIRTH (month, day, year) 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ood

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isreal

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rifka

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Bessie Ruben

(Address) 2908 Ridgewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Name Hebrew Int Carmel Date Feb 28 1939

19. UNDERTAKER Jack Lewis Inc

(Address) 1439 E Baltimore St

20. FILED ... 19 ... Registrar.

MAR 27 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/26 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb -12- 1939 to Feb -26- 1939

I last saw him alive on Feb -26- 1939 Death is said to have occurred on the date stated above, at 9:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	about 1934

Other contributory causes of importance:

Recurrent asthmatic bronchitis

Was an operation performed? no Date of .....

For what disease or injury? —

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19 ...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Herman Serdel M. D.

(Address) 2404 Eutaw Pl

OCCUPATION is very important. See instructions on back of certificate.

F 55601

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55601

CERTIFICATE OF DEATH

34-23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Lee (40959)

If U. S. Veteran specify WAR

(a) Residence: No. 527 Camel St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mabel

6. DATE OF BIRTH (month, day, year) Jan. 11, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Levi Lee

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Annie Johnson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt Auburn Date Feb 27, 1939

19. UNDERTAKER Rodolphus Stanley Hall
(Address) 420 Eden St

20. FILED Feb 27 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 15, 1939 to February 20, 1939

I last saw him alive on February 20, 1939 Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	Nov 1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. McCurtis M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

55602 HEALTH DEPARTMENT—CITY OF BALTIMORE E 55602

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1741 E. 25th St. 8-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary A. Howell

(a) Residence: No. 1741 E. 25th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: William H Howell

6. DATE OF BIRTH (month, day, year): Aug 2 - 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: David Hopkins

14. BIRTHPLACE (city or town) (State or country): Wales

MOTHER

15. MAIDEN NAME: Sarah Evans

16. BIRTHPLACE (city or town) (State or country): Wales

17. INFORMANT (Address): Mrs Edw. Howell 1741 E. 25th St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Parkwood Cem. Date: 3/1/39

19. UNDERTAKER (Address): Chas. F. Grant & Son 118 W. Monument

20. FILED 3-27-1939, 19— Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1939 to Feb 26, 1939

I last saw her alive on Feb 26, 1939 Death is said to have occurred on the date stated above, at 6:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1936
Myocardial degeneration	Feb 1939
Other contributory causes of importance: Senile Debility	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Lawrence T. Fleming, M. D.

(Address) 1012 S. Ellwood Ave

V0 3

5603 F 55603

HEALTH DEPARTMENT—CITY OF BALTIMORE

#42177
SF

CERTIFICATE OF DEATH

162-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 26-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

life

2. FULL NAME Baby Girl Roberts (Lillian)

If U. S. Veteran specify WAR .....

(a) Residence: No. 1009 S. Highland Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/20/39

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
3 days		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Buddy Roberts

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Lillian Davis

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Cremated

Place Balto. City Htl. Date 2-23-39

19. UNDERTAKER

(Address)

20. FILED FEB 27 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1939, to Feb. 23, 19....

I last saw her alive on Feb. 23, 1939. Death is said to have occurred on the date stated above, at 6.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial hemorrhage ?	
Atelectasis	
Other contributory causes of importance:	
Aspiration pneumonia	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. W. Dorman Jr. , M. D.

(Address) Baltimore City Hospitals.

OCCUPATION is very important. See instructions on back of certificate.

V.S.D.

55604

HEALTH DEPARTMENT—CITY OF BALTIMORE

55604

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Square Hospital

Registered No. 122-a

CITY OF BALTIMORE: (No. Fayette & Calhoun St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mon. 7 ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME Luther C. Musgrove

If U. S. Veteran specify WAR

(a) Residence: No. District Training School St., Ward.
(Usual place of abode) Laurel, Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta A. Corprew Musg

6. DATE OF BIRTH (month, day, year) Dec 4 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supervisor 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. District Training Sch.

10. Date deceased last worked at this occupation (month and year) at Laurel

11. Total time (years) spent in this occupation Md.

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Francis M. Musgrove

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Clara Briggs

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Augusta A. Musgrove

(Address) Laurel, Md

18. BURIAL, CREMATION, OR REMOVAL 2-27-39

National Capital Memorial Park, 19

19. UNDERTAKER Harry A. Mitchell

(Address) 4101 Edmondson Ave

20. FILED Feb 27 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/24/1939

22. I HEREBY CERTIFY, That I attended deceased from 2/22/1939 to 2/24/1939

That I saw him alive on 2/24/1939 Death is said to have occurred on the date stated above, at 8:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 2/23/39

For what disease or injury?

Name of operation Appendectomy & umbilical Hernia

What test confirmed diagnosis? Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. J. Baltzley M. D.

(Address) Franklin Square Hosp.

FEB 27 1939

55605

HEALTH DEPARTMENT—CITY OF BALTIMORE

55605

CERTIFICATE OF DEATH

137

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Church Home and Inf. St. 16-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Dr. Ira L. Fetterhoff

If U. S. Veteran specify WAR

(a) Residence: No. 910 N. Fulton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Mary Alice Fetterhoff

6. DATE OF BIRTH (month, day, year) Dec. 4, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Dec., 1938

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Greencastle, Pennsylvania

FATHER

13. NAME Dr. Hiram Fetterhoff

14. BIRTHPLACE (city or town) (State or country) Greencastle Penn.

MOTHER

15. MAIDEN NAME Mary ~~Keyser~~ Keed

16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMANT Mrs. M. Alice Fetterhoff
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Date Feb 28 1939

19. UNDERTAKER Mr J. Dickens, Jr.
(Address)

FEB 27 1939

20. FILED Huntington Williamsport Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1939, to Feb. 25, 1939.

I last saw him alive on Feb. 25, 1939. Death is said to have occurred on the date stated above, at 1:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Coronary sclerosis	

(Other contributory causes of importance)

Benign Prostatic Hypertrophy	
Diabetes mellitus	
Renal tumor?	

Was an operation performed? Yes Date of Feb. 20, 1939

For what disease or injury? Benign Prostatic Hypertrophy

Name of operation Suprapubic Prostatectomy

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Dewey F. Kerr, M. D.

(Address) Church Home & Inf.

55606 HEALTH DEPARTMENT—CITY OF BALTIMORE 55606

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1828 Whitmore Ave St., 15-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Lena Johnson

(a) Residence: No. 1828 Whitmore Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of John Johnson

6. DATE OF BIRTH (month, day, year) Feb 12 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
89	0	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bultenborg Sweden

FATHER

13. NAME Anderson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Anna L Hedgins

(Address) 2661 N. Monks Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Feb 27 1939

19. UNDERTAKER William J Turner & Son

(Address) Nice & Penna Ave

FEB 27 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 1937 to Feb 23 1939

I last saw h[illegible] alive on Feb 23 1939 Death is said to have occurred on the date stated above, at 11.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular Disease	
Other contributory causes of importance: Senility	

Was an operation performed? None Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.

(Address) 307 S Wolfe St

55607

HEALTH DEPARTMENT—CITY OF BALTIMORE

55607

CERTIFICATE OF DEATH

160-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St., 4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Stalney

If U. S. Veteran specify WAR

(a) Residence: No. 305 W. Hudson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) February 17 1939

7. AGE Years	Months	Days	If LESS than 1 day 12 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Chalmers Stalney

14. BIRTHPLACE (city or town) (State or country) Marion South Carolina

MOTHER

15. MAIDEN NAME Mabel Louise Bryant

16. BIRTHPLACE (city or town) (State or country) Muddlebolough Kentucky

17. INFORMANT ...
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Med. Gen. Hosp. Date 2/18/39 19...

19. UNDERTAKER ...
(Address) Huntington Williams, Md.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 18. 1939

22. I HEREBY CERTIFY, That I attended deceased from February 17 1939 to February 18 1939

I last saw h[illegible] alive on February 18 1939 Death is said to have occurred on the date stated above, at 7:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumatosis	
Subarachnoid Hemorrhage	
Congenital Obliteration	

Other contributory causes of importance:

(Spontaneous Delivery)

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) J. P. Klemkowski M. D.

(Address) Maryland General Hospital

V8 5

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 55608

55608

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 13-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edward Ball (also known as (40092) Louis Edward Ball)

(a) Residence: No. 2629 Flora St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 29, 1920

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Ossie

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mattie Carrington (D)

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Pl. Courtland Va. Feb. 27 19 39

19. UNDERTAKER Robert E. Lowe
(Address) 804 N. Caroline St

20. FILED 19 E. L. Fox Williams Registrar

FEB 27 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 19, 1938 to February 23, 1939

I last saw him alive on February 23, 1939. Death is said to have occurred on the date stated above, at 5:25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	Oct 1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

John T Garaty

5609 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 55609

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 904 E. Chase St., 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John T. Garaty

If U. S. Veteran specify WAR .....

(a) Residence: No. 904 E. Chase St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrical

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Worker

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Garaty

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Ragan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary Garaty
(Address) 904 E. Chase St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Mar. 1 1939

19. UNDERTAKER Rita Wendefeld
(Address) 917 Greenmount Ave

20. FILED Huntington Williams Registrar.

FEB 27 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1939 to Feb 26, 1939

I last saw him alive on Feb. 24, 1939. Death is said to have occurred on the date stated above, at 11 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2
Other contributory causes of importance:	
Bronchial Asthma	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Dr. Smith, M. D.

(Address) 1213 E. North Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

55610

CERTIFICATE OF DEATH

× 49-a F 55610

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residenre in city or town where death occurred 8 yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Loyal (Corinne) Thompson

If U. S. Veteran specify WAR

(a) Residence: No. 2578 Dwight St. San Diego Cal. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dr. Loyal Thompson

6. DATE OF BIRTH (month, day, year) Sept 9, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	6 5	10 18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 39

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Little Rock (State or country) Arkansas

FATHER

13. NAME Samuel C. Scull

14. BIRTHPLACE (city or town) Arkansas (State or country)

MOTHER

15. MAIDEN NAME Clara Smith

16. BIRTHPLACE (city or town) Arkansas (State or country)

17. INFORMANT Husband

(Address) same

18. [illegible], CREMATION, [illegible] Place Loudon Park Date Feb 27, 1939

19. UNDERTAKER John O. Mitchell Sons

(Address) Funeral Directors

FILED FEB 27 1939, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1939 to Feb 27, 1939

I last saw her alive on Feb 27, 1939 Death is said to have occurred on the date stated above, at 2.25 1m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Left ovary	5-25-38 ?
Involved Carcinomatosis	
Respiratory failure	2-27-39

Other contributory causes of importance:

Hypertensive Cardiovascular disease	2

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Benjamin H. Lawler M. D.

(Address) Union Memorial Hospital

FEB 27 1939

H. E. Williams, M.D.

8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55611

CERTIFICATE OF DEATH

53-E F 55611

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 19-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Millard Perkins

(a) Residence: No. 1317 W. Fayette St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/10/1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Nicholas

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Annie webster

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date FEB 27 1939

19. UNDERTAKER Coroner of Health

(Address) Per W. J. Mohr

20. FILED FEB 27 1939 19 Huntington Undertaking Co. Registrar

4622

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/19/39, 19

22. I HEREBY CERTIFY, That I attended deceased from 10 3, 19 38 to 2-19, 1939

I last saw h[illegible] alive on 2-19, 1939 Death is said to have occurred on the date stated above, at 9 40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Right Hand with metastasis	?
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

none If so, specify

(Signed) L. Woodward Jr. M. D.

(Address) Balto City Hosp.

VS 9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55612

CERTIFICATE OF DEATH

23 F 55612

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 26-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William R. Fox (41288)

If U. S. Veteran specify WAR

(a) Residence: No. No Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Separated

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Leona

6. DATE OF BIRTH (month, day, year) May 18, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William Sr.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lula Brown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL FEB 27 1939
Place Date of Burial, 19

19. UNDERTAKER
(Address) Per H. A. Moore

20. FILED FEB 27 1939 Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 24, 19 39

22. I HEREBY CERTIFY, That I attended deceased from January 25, 19 39 to February 24, 19 39

I last saw him alive on February 24, 19 39. Death is said to have occurred on the date stated above, at 9:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	2 yrs ?
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. M. Curtis, M. D.

(Address) Balto. City Hospitals

4623

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55613

CERTIFICATE OF DEATH

F 55613

92-6

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 Woolford Road 27-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Eva Pope

If U. S. Veteran specify WAR

(a) Residence: No. 407 Woolford Road St. ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 27 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George A Pope

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Hannah Betts

16. BIRTHPLACE (city or town) (State or country) Anne Ar

17. INFORMANT Mrs J Stuart Jones Jr

(Address) 407 Woolford Road

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Feb 28 1939

19. UNDERTAKER Henry H Jenkins & Bro

(Address) Oakland Ave & Caltabel St

20. FILED FEB 27 1939 19... Huntington Pittman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26 1939

22. I HEREBY CERTIFY, That I attended deceased from March 1927 to Feby 26 1939

I last saw her alive on Feby 20 1939 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia - left	Feby 22 39

Other contributory causes of importance:

Chronic Endocarditis -
Terminal Insufficiency -

Was an operation performed? No — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No — If so, specify —

(Signed) Chas. W. Lawrence M. D.

(Address) 132 Park Ave

F 55614 HEALTH DEPARTMENT—CITY OF BALTIMORE F 55614

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 213 N. Monroe St. 20-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. 1 mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Sigwart

If U. S. Veteran specify WAR

(a) Residence: No. 213 N. Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 2, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	1	23.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Theodore Sigwart

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Wiseman

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs G Mallmoker
(Address) 1231 Cleveland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 3/1, 1939

19. UNDERTAKER John F. Cowan & Co
(Address) 601 Eastern Ave.

20. FILED 19 Registrar

FEB 27 1939 Huntingdon Williams, M.D.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/25, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	2/25.
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) W. H. Garnett M. D.

(Address) 1828 W. Baltimore St.

5615 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 55615

CERTIFICATE OF DEATH

131 83788

1. PLACE OF DEATH St. Agnes Hospital
Registered No.
CITY OF BALTIMORE: (No. Caton & Wilkens Ave. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? 35 yrs. mos. da.
If U. S. Veteran specify WAR
2. FULL NAME Mrs. Francis Fouty
(a) Residence: No. 2528 W. Belvedere St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced RUSBAND of (or) WIFE of Chas. J. Fouty

6. DATE OF BIRTH (month, day, year) 3/31/18[illegible]

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	10	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER
13. NAME Patrick Doherty
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Margaret McCool
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Chas. J. Fouty
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Catholic Cem. Date 2/28 1939

19. UNDERTAKER Bryce & Sterling
(Address)

20. FILED 19 Registrar.

FEB 27 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/26/39, 19

22. I HEREBY CERTIFY, That I attended deceased from 2/18, 1939, to 2/26, 1939.
I last saw her alive on 2/25, 1939. Death is said to have occurred on the date stated above, at 11:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio vascular	
Renal disease	

Other contributory causes of importance:

Pericarditis	

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Robert Sheppard, M. D.
(Address) St. Agnes Hospital

55616

HEALTH DEPARTMENT—CITY OF BALTIMORE

55616

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH Church Home - Infirmary 1-5

CITY OF BALTIMORE: (No. ..... St. 6 ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. 10 mos. — da. How long in U. S. If of foreign birth? — yrs. — mos. — da.

2. FULL NAME William H. Webster

If U. S. Veteran specify WAR .....

(a) Residence: No. Trappe Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Webster

6. DATE OF BIRTH (month, day, year) Aug 23, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M.E.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Hudson, Mich
(State or country)

FATHER

13. NAME J. T. Webster

14. BIRTHPLACE (city or town) Ohio, Penna
(State or country)

MOTHER

15. MAIDEN NAME Julia Barret

16. BIRTHPLACE (city or town) Dublin, Ireland
(State or country)

17. INFORMANT Rev. Dr. Arthur C. Powell
(Address) Glenwood Penn Ave & University Pl. Balto

18. BURIAL, CREMATION, OR REMOVAL
Place Dayton Ohio Date 2/27 1939

19. UNDERTAKER Hawley H. Meaks & Son
(Address) 503 N. Calvert St.

20. FILED ..... 19 ..... Registrar.
FEB 27 1939

Via American Railway Express

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1938 to Feb 26, 1939

I last saw him alive on Feb 25, 1939. Death is said to have occurred on the date stated above, at 8:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart disease	2 years
Carcinoma of lung x	1 year

Other contributory causes of importance:

Old Rheumatic Valve Lesion	
Arteriosclerosis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Yes

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Wesley J. Keig. M. D.

(Address) Church Home - Inf.

55617 ✓ F 55617

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

155

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. CAMBRIDGE ARMS APT 2-2 St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. 9 mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME CORA TALL

If U. S. Veteran specify WAR .....

(a) Residence: No. CAMBRIDGE ARMS APT St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEM.	WHITE	SINGLE

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) MAY 26, 1859.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
79	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MARYLAND

FATHER

13. NAME WASHINGTON TALL

14. BIRTHPLACE (city or town) (State or country) CAMBRIDGE MARYLAND.

MOTHER

15. MAIDEN NAME SARAH ELIZABETH HUMPHREYS

16. BIRTHPLACE (city or town) (State or country) BALTIMORE MARYLAND

17. INFORMANT LIDA LEE TALL.
(Address)

18. BURIAL, CREMATION, OR REMOVAL.
Place Loudon Park Date 2/28 1939

19. UNDERTAKER Henry H. Myers & Son
(Address) 802 W. Lanvale St.

20. FILED ..... 19.... Registrar.

2 27 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB. 26 1939

22. I HEREBY CERTIFY, That I attended deceased from SEP. 10, 1938 to FEB. 26 1939

I last saw HER alive on FEB. 26 1939 Death is said to have occurred on the date stated above, at 3.40 P m.

The principal cause of death and related causes of importance were as follows:

PAGETS DISEASE OF THE BONE.

Date of onset JUNE 1928

Other contributory causes of importance:

Was an operation performed NO Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) John R. Hargrove Jr M. D.
(Address) 3524 Greenmount Ave

5618 HEALTH DEPARTMENT—CITY OF BALTIMORE B 55618

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH Franklin Sq. Hosp. 20-2 Registered No.

CITY OF BALTIMORE: (No. St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. xx da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Annie Hodges (Annie Hodges) If U. S. Veteran specify WAR

(a) Residence: No. 2230 2330 W. Baltimore St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) ? 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57 56 60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) Feb. 10, 1939 | 11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME John P. Hodges

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anne Purcell

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr. Joseph H. Hodges
(Address) 1813 E. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date Feb. 28, 19 39

19. UNDERTAKER E. F. Lawrence
(Address) 1003 E. Baltimore Ave. Hyattsville, Md.

20. FILED FEB 27 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1939, to Feb. 25, 1939
I last saw h.. alive on Feb. 25, 1939 Death is said to have occurred on the date stated above, at 11:55 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Other contributory causes of importance: Cerebral Hemorrhage.	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. H. Friedman M. D.
(Address) Franklin Sq. Hosp.

55619

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 45-a

F 55619

Registered No.

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. 12-6 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 5 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Allen Patterson

(a) Residence: No. St., Ward. Ruxton, Maryland

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
WIFE of Charlotte Smeade

6. DATE OF BIRTH (month, day, year) Dec. 14, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Agricultural

10. Date deceased last worked at this occupation (month and year) Sept. 15, 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Littleton, N. C.
(State or country) North Carolina

FATHER

13. NAME John L. Patterson

14. BIRTHPLACE (city or town) Littleton,
(State or country) North Carolina

MOTHER

15. MAIDEN NAME Susan Allen

16. BIRTHPLACE (city or town) Petersburg
(State or country) Virginia

17. INFORMANT Records U. S. Marine Hospital,
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Norlina N. C. Date 2/28- 1937

19. UNDERTAKER Rofat Brooks & Son
(Address) Calhoun & Hollins sts

20. FILED FEB 27 1937 Winston Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 27, 1937.

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1936 to February 27, 1937.

I last saw him alive on February 27, 1937. Death is said to have occurred on the date stated above, at 12.00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, lower lip, Grade IV	1931
Ulcer, rodent lower lip	1931
Other contributory causes of importance:	

Was an operation performed? Yes Date of 2/23/37

For what disease or injury? Resection of lower lip

Name of operation Resection of lower lip by cauterization

What test confirmed diagnosis? Clinical Was there an autopsy? No

(Over)

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) I. B. N. Andrews, M. D.

(Address) U. S. Marine Hospital, Baltimore, Md.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55620

CERTIFICATE OF DEATH

93-C F 55620

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3810 Overlea Ave 27-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Noah Watts

(a) Residence: No. 3810 Overlea Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Suzanna Watts

6. DATE OF BIRTH (month, day, year) May 14-1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brick Layer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Robert W. Watts

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Lucinda Taylor

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT Daisy Dwight

(Address) 3810 Overlea Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Co. Date Feb. 28-39

19. UNDERTAKER John G. Miller

(Address) 2334 Jefferson St.

20. FILED FEB 27 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 26th. 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1939 to Feb 26 1939

Last saw h... alive on Feb 25 21 1939. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatitis	Jan 15 1938

Other contributory causes of importance: Cystitis Jan 1939

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elliott Benson M. D.

(Address) 1 W. Overlea Ave.

A4Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55621

CERTIFICATE OF DEATH

131 F 55621

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1219 Cook Hunt Place St., 16-7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Austin Smith

(a) Residence: No. 1219 Cook Hunt Place St., ... Ward. .....
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-12-1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C. D. Kenny

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto md

MOTHER FATHER

13. NAME John Smith

14. BIRTHPLACE (city or town) (State or country) Balto md

15. MAIDEN NAME Rose Moyton

16. BIRTHPLACE (city or town) (State or country) Cork Ireland

17. INFORMANT Mrs. Lee Fallon
(Address) 1219 Cook Hunt Place

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 3/1 1939

19. UNDERTAKER Robt C. B. McWALTERS & Sons
(Address) Pratt St. Extended

20. FILED FEB 27 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 26th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15th, 1939 to Feb. 26, 1939

I last saw him alive on Feb. 25th, 1939 death is said to have occurred on the date stated above, at 7.15A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	11/1/38
Chronic Myocarditis	
Other contributory causes of importance: Coronary Occlusion	2/26/39

Name of operation examination Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) M. J. McDermott, M. D.

(Address) 1136 Poplar Grove St Balto.

HEALTH DEPARTMENT—CITY OF BALTIMORE

55622

CERTIFICATE OF DEATH

106-B F 55622

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 812 S Decker Ave 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William B. Klingler

If U. S. Veteran specify WAR

(a) Residence: No. 812 S. Decker Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Georgeanna Klingler

6. DATE OF BIRTH (month, day, year) Aug 4, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William Klingler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Ann Krouse

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Ruth Armstrong (Address) 812 S. Decker Ave

18. BURIAL, CREMATION, OR REMOVAL Place Trinity Cem Date Mar 1 1939

19. UNDERTAKER Edward D. Covington (Address) 21 W. 25th St. Huntingtown Williams, M.D.

20. FILED FEB 27 1939 1939 Huntingtown Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 31, 1938 to February 25 1939

I last saw him alive on February 25 1939 Death is said to have occurred on the date stated above, at 6:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	2-24-39
Other contributory causes of importance:	
Chronic Bronchitis and arterio-sclerosis	yrs ago

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical signs of death Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state how

(Signed) I. B. Branushas, M. D.

(Address) 3037 O'Donnell St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-a

CERTIFICATE OF DEATH

F 55623 — Registered No. F 55623

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2255 Sidney Ave (Westport) St., 25 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Wilhelmina Horney

(a) Residence: No. 2255 Sidney Ave (Westport) St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced (or) WIFE of: Peter J. Horney

6. DATE OF BIRTH (month, day, year): April 24, 1865

7. AGE — Years: 73 — Months: 10 — Days: 4 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Winchester Md

FATHER

13. NAME: Wesley Thomas

14. BIRTHPLACE (city or town) (State or country): Flower Hill

MOTHER

15. MAIDEN NAME: Annie Higgins

16. BIRTHPLACE (city or town) (State or country): Grantsville Md

17. INFORMANT (Address): Mary Bradley 2109 Sidney Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Cedar Hill Cem. Date: 2/28, 1939

19. UNDERTAKER (Address): Edward L. Cameron 21 W. 25th St.

20. FILED: FEB 27 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1939 to Feb. 25, 1939

I last saw her alive on Feb. 25, 1939. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/11/39
Other contributory causes of importance: Exhaustion	2/24/39

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) K & L Campbell M.D.

2/27/39 (Address) 1647 Hanover St.

55624

HEALTH DEPARTMENT—CITY OF BALTIMORE

55624

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 24-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Katherine Miskew

If U. S. Veteran specify WAR

(a) Residence: No. 1339 E Clement St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Peter Miskew

6. DATE OF BIRTH (month, day, year): Nov 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ukraine

FATHER

13. NAME: John Cyndoryla

14. BIRTHPLACE (city or town) (State or country): Ukraine

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Ukraine

17. INFORMANT: Peter Miskew

(Address): 1339 Clement Street

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Cross Date: Feb 28 1939

19. UNDERTAKER: Frank Groch & Son

(Address): 1906 Ashland Avenue

20. FILED ..... 19.....

Registrar.

FEB 28 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2-24-39. 19

22. I HEREBY CERTIFY, That I attended deceased from 2-14-39, 19..... to 2-24-39, 19.....

I last saw her alive on 2-24-39 19..... Death is said to have occurred on the date stated above, at 3:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Edema of Glottis	2-24-39

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. R. Truxal, M. D.

(Address) St. Joseph's Hosp.

55625

HEALTH DEPARTMENT—CITY OF BALTIMORE 55625

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St. 11-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margie B. Northen

If U. S. Veteran ..... specify WAR .....

(a) Residence: No. Frederick, Md. (Route 2) St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith Northen

6. DATE OF BIRTH (month, day, year) 4-17-1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tourist Camp Owner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Feb 1939

11. Total time (years) spent in this occupation 3 yrs

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Peter Holman

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Margaret Barker

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Edith Northen

(Address) Route 2 - Frederick, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Ruid Ridge Date Mar 1st 1939

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED FEB 28 1939 Harding for Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-26, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-17, 1939 to 2-26, 1939

I last saw him alive on 2-26, 1939 Death is said to have occurred on the date stated above, at 4:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis Face - (Rt.)	
Osteomyelitis Mandible (Rt.)	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 2/18-2/25

For what disease or injury? (about).

Name of operation Excision of Mandible

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) C. Scarborough Jr M. D.

(Address) Univ Gen'l Hosp Balto Md

55626

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 55626

CERTIFICATE OF DEATH

X √ 11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2655 Harlem Ave St. 16-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Helen Ireland

If U. S. Veteran specify WAR .....

(a) Residence: No. 2655 Harlem Ave St., ... Ward. Fort Salonga N.Y.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of .....
(or) WIFE of .....

6. DATE OF BIRTH (month, day, year) June 18th 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Feb 1939

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) Calvert Co (State or country) Md

FATHER

13. NAME St. John F. Ireland

14. BIRTHPLACE (city or town) Calvert Co (State or country) Md

MOTHER

15. MAIDEN NAME Margaret Kent

16. BIRTHPLACE (city or town) Calvert Co (State or country) Md

17. INFORMANT Margaret G. Krieger

(Address) 929 St. Paul St

18. BURIAL, CREMATION, OR REMOVAL
Saint Lunch Cem. Sunderland
Place Calvert Co Md. Date Feb 28th 1939

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED FEB 28 1939 Wilson Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26th 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 22 1939 to Feb 26 1939

I last saw h. alive on Feb 26 1939 Death is said to have occurred on the date stated above, at 2:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2/19/39
Embolism	2/14/39

Other contributory causes of importance

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Homer L. Todd M. D.

(Address) 735 N. Fulton Ave

e s

55627 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 55627

CERTIFICATE OF DEATH 40536 (M) 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Annie Kerr

(a) Residence: No. 2813 E. Chase St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Dick (d)

6. DATE OF BIRTH (month, day, year) 8/21/1863

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Addison Ingram

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Nancy Jane

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Woodlawn
Date 3/1 1939

19. UNDERTAKER [illegible]
(Address) 1211 E. Fayette St

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-26-1939

22. I HEREBY CERTIFY, That I attended deceased from 1-3-1939 to 2-26-1939

I last saw her alive on 2-26-1939 Death is said to have occurred on the date stated above, at 8:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Breast	?
Hypertensive Cardiovascular disease	?

Other contributory causes of importance

Was an operation performed? Yes Date of 1-13-39

For what disease or injury? Carcinoma Breast

Name of operation mastectomy

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Nursing If so, specify .....

(Signed) L. K. Woodward Jr. M. D.

(Address) Beth City Hosp.

55628

HEALTH DEPARTMENT—CITY OF BALTIMORE

55628

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1322 N Chester St. 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Florence A Cockey

(a) Residence: No. 1322 N Chester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 16 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept Store

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles E Cockey

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Catherine Slater

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Catherine Cockey
(Address) 1322 N Chester St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 2/11/39

19. UNDERTAKER Wm Cook
(Address) 1214 E Pratt St

20. FILED FEB 28 1939, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9 1939 to Feb. 27 1939

I last saw h.. alive on Feb. 27, 1939. Death is said to have occurred on the date stated above, at 1:45 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation	Feb 9, 39.
Chronic Endocarditis + Myocarditis	Several Years duration

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. L. Williamson M. D.

(Address) 5713 Belair Rd.

55629 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 55629

CERTIFICATE OF DEATH

57

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2231 Barkley St. 12-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. 1 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Louis M Grifto (Montegriffo) If U. S. Veteran specify WAR

(a) Residence: No. 2231 Barkley St. St., 12th Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lydia Griffo

6. DATE OF BIRTH (month, day, year) Jan 1. 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Coal Yard

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Torrington Conn

FATHER

13. NAME Pisone Griffo

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Annie (Unknown)

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Lydia Griffo

(Address) 2231 Carlton St

18. BURIAL, CREMATION, OR REMOVAL Holy Sepulchre Date 3/1 1939

19. UNDERTAKER J. Mc Colgan

(Address) 1217 E. Fayette

20. FILED , 19 Registrar.

FEB 28 1939 Huntington Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 10, 1938 to February 27, 1939

I last saw him alive on February 25, 1939 Death is said to have occurred on the date stated above, at 7:30 A m.

The principal cause of death and related causes of importance were as follows:

Chronic Arthritis — Date of onset about 4 years

Other contributory causes of importance:

Heart failure

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Reginald J Tovey M. D.

(Address) 414 E. North Ave

55630

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55630

CERTIFICATE OF DEATH

✓ 100

1. PLACE OF DEATH

Registered No. 27-18

CITY OF BALTIMORE: (No. 5253 St. Charles Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara Belle McDonell

If U. S. Veteran specify WAR

(a) Residence: No. 5253 St. Charles Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Frank E. McDonell

6. DATE OF BIRTH (month, day, year) Sept. 16, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co., Md.

FATHER

13. NAME S. Merryman Anderson

14. BIRTHPLACE (city or town) (State or country) Phoenix, Md.

MOTHER

15. MAIDEN NAME S. Anna Bosley

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Frank E. McDonell
(Address) 5253 St. Charles Ave.,

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Park Date Feb. 28, 1939

19. UNDERTAKER J. Howard Strong
(Address) 715 Light St.

20. FILED FEB 28 1939 by Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2/11, 1939, to 2/25, 1939

I last saw h[illegible] alive on 2/25 1939, 4.30 p.m. Death is said to have occurred on the date stated above, at p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Thrombosis - Embolism or Infarct following? Phlebitis ?	4 days - duration
Other contributory causes of importance:	over

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard Russell Cole, M. D.
(Address) 3902 Greenland Ave

L 3136

F 55631 HEALTH DEPARTMENT—CITY OF BALTIMORE F 55631

CERTIFICATE OF DEATH

+ 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ Hospital St. 4-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Viola Matthews

If U. S. Veteran specify WAR

(a) Residence: No. Harmons A.A. Co Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Saml Matthews

6. DATE OF BIRTH (month, day, year) April 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A.A. Co Md

FATHER

13. NAME John Sewell

14. BIRTHPLACE (city or town) (State or country) Charles Co Md

MOTHER

15. MAIDEN NAME Mary Watts

16. BIRTHPLACE (city or town) (State or country) Charles Co Md

17. INFORMANT Saml Matthews

(Address) Harmons A.A. Co. Md

18. BURIAL, CREMATION, OR REMOVAL

Place Harmons Md Date 2-28 1939

19. UNDERTAKER Mrs Frances A. Hemsley

(Address) 578 W. Biddle St.

20. FILED 1939 [illegible] Registrar.

MAR 28 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1939 to Feb. 25, 1939

I last saw her alive on Feb. 25, 1939. Death is said to have occurred on the date stated above, at 10 40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Appendix c	Feb 6
Generalized Peritonitis	
Subphrenic Abscess	
Bilateral Empyema	
Other contributory causes of importance:	

Was an operation performed? Yes two Date of 2-6-39 2-25-39

For what disease or injury? Ruptured Appendix - Empyema Bil. Subphrenic Abs.

Name of operation Appendectomy Drainage Subphrenic Abscess & Empyema

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry Haas M. D.

(Address) Univ Hospital

55632 HEALTH DEPARTMENT—CITY OF BALTIMORE 55632

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH Provident Hospital Registered No.

CITY OF BALTIMORE: (No. 1514 Pennsylvania Ave St., 16-1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Minerva Hawkins If U. S. Veteran specify WAR

(a) Residence: No. 624 Arlington Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Single

8a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Apr. 2, 1898

7. AGE: Years 40 | Months 10 | Days 25 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Maid
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): P. G. Co. Md

FATHER
13. NAME: Sam'l Hawkins
14. BIRTHPLACE (city or town) (State or country): Md

MOTHER
15. MAIDEN NAME: Mary Chase
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mrs Annie Hawkins
(Address): 624 Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Auburn Date: 3-2 19 39

19. UNDERTAKER: Mrs Francis A. Hemsley
(Address): 528 W. Biddle St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2-27- 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-25- 1939 to 2-27- 1939

I last saw her alive on 2-27-39 19 Death is said to have occurred on the date stated above, at 7.10 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia (Primary)	2.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Cyril Maloney M. D.
(Address) Provident Hospital

Mar 30 1939 Hyattsville, Md.

F 55633

55633 HEALTH DEPARTMENT—CITY OF BALTIMORE

82-a

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1608 Park ave St., 14-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Alice Carter Simpson

(a) Residence: No. 1608 Park ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Simpson

6. DATE OF BIRTH (month, day, year) 2, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
65	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1937

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md.

FATHER

13. NAME Nuttenden

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Thompson

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT No information
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem Date 3-2 1939

19. UNDERTAKER Mrs. Frances A. Hemsley
(Address) 578 N. Biddle St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described hereon and from the evidence above, held an ..... (Inquest, Autopsy or Inquiry) find that said deceased came to death ..... (Inquest, Autopsy or Inquiry) on the day stated above. 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. Harry ..... M. D. Coroner

(Address) 1719 Hanover

V-6 1939

55634 HEALTH DEPARTMENT—CITY OF BALTIMORE E 55634

CERTIFICATE OF DEATH

Registered No. 83843

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Caton & Wilkens St. 25-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. mos. 5 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Peter J. Linn

If U. S. Veteran specify WAR

(a) Residence: No. St. Charles College St. Catonsville Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): ~~married~~ single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 22 1873

7. AGE: Years 65 | Months 4 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Priest

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

FATHER

13. NAME Michael Linn

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary O'Brien

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Rev. John F. Linn St. Charles College, Md.

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date 3/1 1939

19. UNDERTAKER (Address) Frederick A. Cole 220 W Lombard St

20. FILED 2 8 1939 19 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-27 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-22 1939 to 2-27 1939

I last saw him alive on 19 Death is said to have occurred on the date stated above, at 1.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Degenerative Cardiovascular Disease.	2
Myocardial failure	2-26-39.
Other contributory causes of importance: Pulmonary Emphysema. Severe Secondary Anemia	

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Joseph E. Muse Jr. M. D.

(Address) St. Agnes Hospital.

55635

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55635

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5324 Belmont St., Ward 2)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Zuntz

If U. S. Veteran specify WAR

(a) Residence: No. 5324 Belmont St., Ward.

(Usual place of abode) BELMONT (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Mal | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna Zuntz

6. DATE OF BIRTH (month, day, year) Sept 24 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56 55	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Salon Keeper 40 yrs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Czechoslovakia

FATHER

13. NAME John Zuntz

14. BIRTHPLACE (city or town) (State or country) Czechoslovakia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Anna Zuntz

(Address) 5324 Belmont

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Date 2/28 39

19. UNDERTAKER C. E. Schumacher

(Address) 3603 E. Madison St.

20. FILED Huntington Williams M.D. Registrar.

FEB 28 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 1 1938 to Feb 25 1939

I last saw him alive on Feb 25 1939. Death is said to have occurred on the date stated above, at 2 10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	2/23/39
Other contributory causes of importance: Carcinoma of Liver	5/1/38

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If [illegible]

(Signed) William L. Reznek M. D.

(Address) 806 N. Eutaw

55636 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 55636

CERTIFICATE OF DEATH

34-E-59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 2[illegible] Ward)

Length of residence in city or town where death occurred 38 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jennie Snyder

(a) Residence: No. 26 E. High St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Ray Snyder

6. DATE OF BIRTH (month, day, year) 1886

7. AGE: Years 53; Months; Days; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Poland

MOTHER FATHER

13. NAME: Ben Swarber

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: Husband

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Woodlawn Date 2-28-39

19. UNDERTAKER: Jos. Lowe Son

(Address) 1439 E. Pratt St.

20. FILED ..... Hunting Tom Williams, M.D. Registrar.

FEB 28 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1939 to Feb 28, 1939

I last saw her alive on Feb 28, 1939 Death is said to have occurred on the date stated above, at 7.35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - rt. lower lobe	5 days
Other contributory causes of importance:	
Diabetes Mellitus - Controlled	—
C.N.S. SYPHILIS - Taboparesis	2 years

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) [signature] M. D.

(Address) Sinai Hospital.

9 Encl-Sin

5637

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 55637

CERTIFICATE OF DEATH 42241 MB 45-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 6-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jacob Johnson

(a) Residence: No. 302 N. Dallas St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/6/~~1856~~ 1877

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
~~58~~ 61	72	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Roy Johnson (d)

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret Cross (d)

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Sept 29th 1939

19. UNDERTAKER Elroy E Wilson
(Address) 1201 J Brantley Rd

20. FILED FEB 28 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 21, 1939 to February 26, 1939.

I last saw him alive on February 26, 1939. Death is said to have occurred on the date stated above, at 8:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	1937

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. A. De Lautelle M. D.

(Address) Baltimore City Hospitals

55638 HEALTH DEPARTMENT—CITY OF BALTIMORE 55638

CERTIFICATE OF DEATH

V11-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 415 Little George St. 17-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma Davis

If U. S. Veteran specify WAR .....

(a) Residence: No. 415 Little George St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Davis

6. DATE OF BIRTH (month, day, year) Jan 20-1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Wiley Torrence

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Patsy ?

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Isaac Davis

(Address) 415 Little George St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Mar. 1-39

19. UNDERTAKER Adolphus Halstead

(Address) 918 Druid Hill Ave

20. FILED ..... 19 ..... Registrar.

FEB 28 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/24/39, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1939, to Feb 24, 1939

I last saw her alive on Feb 24, 1939 Death is said to have occurred on the date stated above, at 8:55 PM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	12 days
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) H E McCard, M. D.

(Address) 2029 Druid Hill ave

55639

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55639

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 St. Marys St. 17-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Ross

If U. S. Veteran specify WAR

(a) Residence: No. 506 St. Marys St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
59				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) & (State or country) St. Marys Co.

FATHER

13. NAME William Bradson

14. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md.

MOTHER

15. MAIDEN NAME Isabella

16. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md.

17. INFORMANT Anne Johnson

(Address) 506 St. Marys St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Feb 28-39

19. UNDERTAKER Adolphus Hartley

(Address) 98 Edmondson Ave.

20. FILED Huntington Williams M.D. Registrar.

FEB 28 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 24. 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above at 7.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis,	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. Wann, M. D. Coroner

(Address) 215 Wann Av

55640 HEALTH DEPARTMENT—CITY OF BALTIMORE F 55640

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1111 Wilmer ct St., 17-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Alice Virginia Squirrell

(a) Residence: No. 1111 Wilmer Ct St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Dec 2 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

17. INFORMANT Alice Eelpa Squirrell

(Address) 1111 Wilmer Ct.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Feb. 25-39

19. UNDERTAKER Adolphus Ward

(Address) 1128 Edmondson Ave

20. FILED Feb 28 1939 Herbert Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ..... and that said deceased came (Inquest, Autopsy or Inquiry) to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Valvular heart lesion	

Other contributory causes of importance Fainting spells

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) O. Hagner Coroner, M. D.

(Address) 1128 Hanover

V S 6

55641 F 55641

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-D 42014-PS

1. PLACE OF DEATH — Registered No. ____

CITY OF BALTIMORE: (No. ____ St. 21-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) Baltimore City Hospitals

Length of residence in city or town where death occurred ____ yrs. 50 mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Lena Gattuso — If U. S. Veteran specify WAR ____

(a) Residence: No. 1119 Washington Blvd. St., ____ Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles

6. DATE OF BIRTH (month, day, year) 1-27-1851

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
88 88	0	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) B.C.H. Records

18. BURIAL, CREMATION, OR REMOVAL Place St. Mathias Date Feb 28. 1939

19. UNDERTAKER (Address) Wendell Hopper 1406 Lanvale St

20. FILED ____ 19 ____ Registrar. Hortense E. Williams, M.D.

FEB 28 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-26, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-14, 1939 to 2-26, 1939

I last saw her alive on 2-25, 1939 Death is said to have occurred on the date stated above, at 7A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Rectum	?
Other contributory causes of importance:	

Was an operation performed? no Date of ____

For what disease or injury? ____

Name of operation ____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? Nurse If so, specify ____

(Signed) L Kubodwarth, M. D.

(Address) Balto City Hosp

55642

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 55642

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hosp St. [illegible] Ward)

Registered No. 180

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sheridan Stanley

(a) Residence: No. 28 N Spring St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Mar 7 1938~~

6. DATE OF BIRTH (month, day, year) Mar 7-1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	15 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME William McKenna

14. BIRTHPLACE (city or town) (State or country) Ge

MOTHER

15. MAIDEN NAME Myrtle Stanley

16. BIRTHPLACE (city or town) (State or country) Cambridge Md

17. INFORMANT Myrtle Stanley

(Address) 28 N Spring St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Feb 28 1939

19. UNDERTAKER Wendell Jolley & Sons

(Address) 1405 E Eager St

20. FILED [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23 39

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible] thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said [illegible] find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1-2-3rd degree burn of body	Feb 23 39

Other contributory causes of importance: —

Was an operation performed? — Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Hist Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or [illegible] Date of Injury Feb 23 1939.

Where did injury occur? 28 N Spring St Baltimore Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Oil (Kerosene) heater

Nature of injury exploded House afire

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.

(Address) 6 S. Paca St

FEB 28 1939

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

55643

137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital 19-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gerhard Arntz

If U. S. Veteran specify WAR .....

(a) Residence: No. 614 E 35th St (or 35th St.), ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced: HUSBAND of ~~(or) WIFE of~~ Lena Arntz

6. DATE OF BIRTH (month, day, year) Dec 13, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78 ~~78~~	79	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Farmer~~ Superintendent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing ~~Factory~~

10. Date deceased last worked at this occupation (month and year) 15

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Arntz

14. BIRTHPLACE (city or town) (State or country) Holland

MOTHER

15. MAIDEN NAME Gustina Zimmerman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frederick Arntz
(Address) 4107 Elderon Ave

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Baltimore Cem. Date 3/1/39

19. UNDERTAKER Wells Brooks Bradley
(Address) 1922 W. North Ave

20. FILED ..... 19.... Hunter for Williams, M.D.
FEB 28 1939 Dep Reg

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/27/39. 19

22. I HEREBY CERTIFY, That I attended deceased from 2/4/39. 19.... to 2/27/39. 19....

I last saw him alive on 2/27/39. 19.... Death is said to have occurred on the date stated above, at 5:35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic Hypertrophy	2/4/39
~~Arteriosclerosis~~	~~1930~~
Other contributory causes of importance:	
Bronchial Pneumonia	2/25/39
Cardiac Decompensation	2/27/39

Was an operation performed? Yes Date of 2/15/39

For what disease or injury? Prostatic Hypertrophy

Name of operation Transurethral Prostatic Resection

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) L. F. Johnston Jr. M. D.

(Address) Maryland General Hospital

55644

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55644

CERTIFICATE OF DEATH

V 173

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 15-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Robert Lee Holman

If U. S. Veteran specify WAR

(a) Residence: No. 1351 W Stricker St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucille Holman

6. DATE OF BIRTH (month, day, year) Mar 17-1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hod Carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Buckingham Va

FATHER

13. NAME Edgar Holman

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Rachel Johnson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Lucille Holman

(Address) 1351 W Stricker St

18. BURIAL, CREMATION, OR REMOVAL

Place Ship to Bremo Va Date 2/28, 1939

19. UNDERTAKER James M. Skinner

(Address) 927 N. Mount St

Huntington Williams Mgr

19 Registrar.

FEB 28 1939

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Inquest, autopsy or inquiry)

obtained by said autopsy find that said deceased came (Inquest, autopsy or Inquiry)

his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage due to Gunshot wound of Chest	2/25/39
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or Homicide Date of injury 2-25-39

Where did injury occur? 1300 Calhoun St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Was shot during Argument

Nature of injury Gunshot wound

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo E Allen M. D.

(Address) 506 E Baltimore St

55645 HEALTH DEPARTMENT—CITY OF BALTIMORE F 55645

CERTIFICATE OF DEATH

207-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 9-5 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Stanley Robinson If U. S. Veteran specify WAR

(a) Residence: No. 919 Homestead St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) October 8, 1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME Julius Robinson

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Dora Cohen

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Julius Robinson (Address) 919 Homestead St.

18. BURIAL, CREMATION, OR REMOVAL Hebrew Rosedale Date Feb 28, 1939

19. UNDERTAKER Sol Levinson Bros (Address) 1124 W Lombard St Baltimore Md.

Huntington Williams Md.

FEB 28 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 27, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Fractured Thigh	
Third degree burns of body	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 2/27, 1939

Where did injury occur? Baltimore, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Railroad tracks B & O.

Manner of injury Struck by a train

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address)

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55646

CERTIFICATE OF DEATH

98 F 55646

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3816 Belle Ave St. 15-40 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susan H. Letcher

If U. S. Veteran specify WAR

(a) Residence: No. 3816 Belle Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Letcher

6. DATE OF BIRTH (month, day, year) Nov. 16, 1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
90	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shrewsberry Pa.

FATHER

13. NAME Joshua Ludwig

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Sarah Klinefelter

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mrs. Sarah L. Grumbine

(Address) Shrewsberry Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place Shrewsberry Pa. Date Mar. 2, 1939

19. UNDERTAKER John D. Pitzer & Sons Inc

(Address) 1300 Eutaw Place

20. FILED FEB 28 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1939 to Feb 26, 1939

I last saw her alive on Feb 26, 1939 Death is said to have occurred on the date stated above, at 11 00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of face	2/26/39

Other contributory causes of importance: Old age

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) F. C. Pearce, M. D.

(Address) 3301 Garrison Blvd.

5647 | 3784 9

HEALTH DEPARTMENT—CITY OF BALTIMORE

55647

CERTIFICATE OF DEATH

108-1497

12301-F3

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St., 15-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna Koontz

(a) Residence: No. 1623 McKean Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank A.

6. DATE OF BIRTH (month, day, year) 7 - 31 - 1908

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
30	30	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... of 37

10. Date decreased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Michael Dumbrowsky

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Anna

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT B.C.H. Records

(Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Druid Cathedral Cem. Date 3/1. 1939

19. UNDERTAKER Wm A Mitchell Funeral Dir.

(Address) 1900 Eutaw Place

20. FILED FEB 28 1939 19..... Registrar Huntington Hilleary, M.D.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 2-26, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-23, 1939, to 2-26, 1939

I last saw her alive on 2-26, 1939. Death is said to have occurred on the date stated above, at 8:06 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	?
Empyema chest	?
Other contributory causes of importance: Pregnancy, full term	

Was an operation performed? yes Date of 2/25 + 2/26/39

For what disease or injury? 2 Empyema - 1 Pregnancy

Name of operation Thoracostomy - Cesarean Sec.

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. K. Wilson-Lennox, M. D.

(Address) Balto. City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

55648

CERTIFICATE OF DEATH

F 55648

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 249 E. Castle St. St., 2-1 Ward) Registered No. 107-6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Michael Roskoski

If U. S. Veteran specify WAR

(a) Residence: No. 249 E. Castle St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Roskoski

6. DATE OF BIRTH (month, day, year): 1882

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
57	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Poland

MOTHER FATHER

13. NAME: John Roskoski

14. BIRTHPLACE (city or town) (State or country): Poland

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: Frank Roskoski

(Address) 249 E. Castle St

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Rosary Date: March 2, 1939

19. UNDERTAKER: Fred W. Ozozowski

(Address) 1950 Eastern Ave Huntingtown Hotel, M.D.

FEB 28 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1939 to Feb. 27, 1939

I last saw him alive on Feb. 26, 1939 Death is said to have occurred on the date stated above, at 3a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	6 days
Acute Myocard. Dilatation	1 day

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Jose J. Gonzales M. D.

(Address) 1901 E. Baltimore

F 55649 HEALTH DEPARTMENT—CITY OF BALTIMORE F 55649

CERTIFICATE OF DEATH

49-a

1. PLACE OF DEATH 1518 McCulloh St. 14 Ward)

CITY OF BALTIMORE: (No.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. d.

2. FULL NAME Bertha G. Pennington

If U. S. Veteran specify WAR

(a) Residence: No. 1518 McCulloh St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry W. G. Pennington

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher 38

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School 30

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) California

(State or country)

FATHER

13. NAME John R. Young

14. BIRTHPLACE (city or town) Ky

(State or country)

MOTHER

15. MAIDEN NAME Rebecca Lackey

16. BIRTHPLACE (city or town) Ky

(State or country)

17. INFORMANT H. G. Pennington

(Address) 1518 McCulloh

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 2/25/39

19. UNDERTAKER Geo. H. Hollands & Sons

(Address) 1631 Druid Hill Ave

20. FILED FEB 28 1939 by Hunter Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1938 to Feb. 25, 1939

I last saw her alive on Feb. 25, 1939 Death is said to have occurred on the date stated above, at 12:20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Ovary	
Carcinomatosis	Aug 38
Other contributory causes of importance:	

Was an operation performed? Yes Date of Nov 38

For what disease or injury? Ovarian Tumor

Name of operation Laparotomy

What test confirmed diagnosis? Path. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Dorsey Hyde M. D.

(Address) 1 W Mulberry

55650

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 55650

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 1020 Bennett Place

CITY OF BALTIMORE: (No.) St., 18 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Virginia Mitchell

If U. S. Veteran specify WAR

(a) Residence: No. 1020 Bennett Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co., Md.

FATHER

13. NAME Wesley Young

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

MOTHER

15. MAIDEN NAME Maggie Emerson

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

17. INFORMANT Addie Gibson

(Address) 1020 Bennett Place

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date May 1, 1939

19. UNDERTAKER Mrs Kate R. Williams

(Address) Huntingtown, Williams, Md.

20. FILED FEB 28 1939 19 Registrar.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 26 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above at 8 45 pm,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Valvular heart lesion	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Hann, Coroner, M. D.

(Address) Prince Frederick Md

55 1 8 634

HEALTH DEPARTMENT—CITY OF BALTIMORE

55651

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St. 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hattie P. Elliott

If U. S. Veteran specify WAR

(a) Residence: No. 1208 Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-7-08

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER FATHER

13. NAME George Elliott

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Ruth Jernigan

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Feb. 28, 1939

19. UNDERTAKER Mrs Katie R. Williams
(Address) 32[illegible] Schroeder St

20. FILED 19 Hunter or Mrs. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1939 to Feb 24, 1939

I last saw her alive on Feb 24, 1939 Death is said to have occurred on the date stated above, at 11 35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Renal Disease with Renal Insufficiency + Azotemia	3 mo.+
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Ferdinand E. Mustard M. D.

(Address) Johns Hopkins Hospital

55652

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

GK --F 24 55652

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 1-582-a Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Frony Stackowik

If U. S. Veteran specify WAR .....

(a) Residence: No. 420 S. Maderie St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Steve

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Vence Cotton

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: Mary ?

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Rosary Date: 3/1 1939

19. UNDERTAKER: William Fiaszowsky

(Address) 1618 Eastern Ave

FEB 28 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): February 24 1939

22. I HEREBY CERTIFY, That I attended deceased from February 21, 1939 to February 24, 1939

I last saw her alive on February 24, 1939. Death is said to have occurred on the date stated above, at 3:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	2-20-39

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospitals

55653 55653

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-3

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1903 E. 30th St., 9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Bessie Taylor

(a) Residence: No. 1903 E. 30th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 11, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME George Taylor

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Sophia Hanna

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Dr. J. Carey Taylor
(Address) 6112 Smith Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date Feb. 28, 1939

19. UNDERTAKER Wm. J. Tickner & Sons.
(Address) North & Penna Aves.

20. FILED Feb 28 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 13 1939 to Feb 26 1939

I last saw her alive on Feb. 26 1939. Death is said to have occurred on the date stated above, at 7 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	2/13/39
arteriosclerosis	?
Hypertension	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr. Harry Hyde, M. D.

(Address) 1100 .

FEB 28 1939

12

55654 ✓ F 55654

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 305 N 27 St. 12-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Thomas Lee Barton Sr. If U. S. Veteran specify WAR .....

(a) Residence: No. 305 N 27 St ..... St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie E Barton

6. DATE OF BIRTH (month, day, year) April 5-1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman 0089

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. in Apartment House 0089

10. Date deceased last worked at this occupation (month and year) 0089

11. Total time (years) spent in this occupation 0089

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Jacob Barton

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Martha Stone

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Mrs. Fannie E. Barton
(Address) 305 W. 21ch St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Feb 28 1939

19. UNDERTAKER Wm J. Tickner & Sons
(Address) York & Penna Ave

FILED Feb 28 1939 Huntington Williams, M.D. Registrar.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident of injury Feb 7 1939.

Where did injury occur? Charles Apartment
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place Falling down steps (at Industry)

Manner of injury Tripping on top of steps

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) John A Evans M. D.
Coroner

(Address) .....

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55655

CERTIFICATE OF DEATH

F 55655

1. PLACE OF DEATH Balto. City Hospitals 186-0

CITY OF BALTIMORE: (No. Bay View St. 263 Ward)

Registered No. 1872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie Robinson

(a) Residence: No. 719 S. Bond St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Patient and records of (Address) Balto. City Hospital

18. BURIAL, CREMATION, OR REMOVAL Forest Lawn Cemetery 2/25 1939

19. UNDERTAKER John J. Gehegan (Address) 1320 Eutaw St.

Huntington Williams, M.D.

Registrar

FEB 28 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest I find that said deceased came (Inquest, Autopsy or Inquiry) to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	2 days
Fracture Neck left femur	Aug. 25-1938
Other contributory causes of importance: Arterio-Sclerosis general	Some time

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury Aug. 25 1938

Where did injury occur? 719 S. Bond St.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell out of bed

Nature of injury Fracture as above

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood M. D.

Coroner

(Address) 712 N. Bond St.

55656

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 42091 (MB) F 55656

1. PLACE OF DEATH

Registered No. 7-482-a

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Walter Davis, If U. S. Veteran specify WAR

(a) Residence: No. 925 Rutland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ann Davis nee Jones

6. DATE OF BIRTH (month, day, year): 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
52	52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Longshoremen

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: dock

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va.

FATHER

13. NAME: Revis Davis

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Anna

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Calvery Date: Feb 28 1939

19. UNDERTAKER: Mrs R. C. Elliott-Daughty
(Address): 1129 N. Carolina St

20. FILED: Huntington Williams, M.D. Registrar.

FEB 28 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): February 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 17, 1939, to February 23, 1939.
I last saw him alive on February 23, 1939. Death is said to have occurred on the date stated above, at 8.15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	2-16-39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation: Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Santelle, M. D.

(Address) Baltimore City Hospitals

55657 HEALTH DEPARTMENT—CITY OF BALTIMORE 55657

CERTIFICATE OF DEATH

92-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1608 N. Register St., 8-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Louisa Heiger

If U. S. Veteran specify WAR .....

(a) Residence: No. 1608 N. Register St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Gt Jacob Heiger

6. DATE OF BIRTH (month, day, year) Nov. 14 - 1849

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
89	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME George Forsinger

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Martha Ping

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Ida L. Fichler

(Address) 1608 N. Register St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore, Date Mar 1 19 39

19. UNDERTAKER Philip Herwig Sons

(Address) 33 E Lanvale St.

20. FILED ..... 19 ..... Registrar

FEB 28 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 10, 1938 to Feb 26 1939

I last saw him alive on Feb 26, 1939. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1933
Aortic Regurgitation	1937
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Was there an autopsy? No.

What test confirmed diagnosis? Clinical

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert L Simonds M. D.

(Address) 1613 E. Monument St

Spec. 2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55658 — CERTIFICATE OF DEATH — 94 a/ F 55658

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 520 East 39th ST., 9-1 WARD)

2—FULL NAME Julia R. Mallon

(a) RESIDENCE NO. 520 East 39th ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. 8 mos. 27 ds. How long in U. S., if foreign birth? --yrs. --mos. --ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of ---

7 DATE OF BIRTH (month, day, and year) May 31, 1885

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	8	27th	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town) ---
(State or country) Maryland

10 NAME OF FATHER Joseph J. Mallon

11 BIRTHPLACE OF FATHER (city or town) ---
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Susie V. McCaffrey

13 BIRTHPLACE OF MOTHER (city or town) ---
(State or country) Maryland

14 Informant Mrs. Thos. C. Mitchell
(Address) 520 E. 39th Street

15 FEB 28 1939 Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 27 1939

17 I HEREBY CERTIFY, That I attended deceased from Feb 7, 1939, to Feb 27, 1939, that I last saw h R alive on Feb 11, 1939 and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. 1 mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) F. V. D. Wack, M. D.

, 19 (Address) 513 East 39th

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	3/2, 19 39

20 UNDERTAKER Henry A. Meade & Son — ADDRESS 505 N. Calvert

HEALTH DEPARTMENT—CITY OF BALTIMORE

55659

CERTIFICATE OF DEATH

10743 (MB) F 55659

1. PLACE OF DEATH

Registered No. 107-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St. 3-1 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph E. Donohue

If U. S. Veteran specify WAR

(a) Residence: No. 1415 Eastern Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 7/19/1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	7	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Peddler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME George W. Donohue

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Amanda L. Fox

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Sacred Heart Cem. Date 2/28 1939

19. UNDERTAKER John J. Faherty Sons
(Address) 1318 Light St.

20. FEB 28 1939 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 26 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938 to February 26, 1939

I last saw him alive on February 26, 1939. Death is said to have occurred on the date stated above, at 8 50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-19-39
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Lantelle M. D.

(Address) Baltimore City Hospitals

55660 ✓ E 55660

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. 529 Maude Av St., 2 Ward) Brooklyn 2-54

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Harry B Solley — If U. S. Veteran specify WAR .....

(a) Residence: No. 529 Maude Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Annie M Solley

6. DATE OF BIRTH (month, day, year) Feb 21 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	—	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Operator — do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Davidson Chem Co

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Frederick (State or country) md

FATHER

13. NAME James H Solley

14. BIRTHPLACE (city or town) Solley (State or country) md

MOTHER

15. MAIDEN NAME Lillie E Moreland

16. BIRTHPLACE (city or town) Balto (State or country) md

17. INFORMANT Mrs Annie M Solley

(Address) 529 maude ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Mar 2 1939

19. UNDERTAKER William M Marsh

(Address) 715 Light St

20. FILED 3 28 1939 by E Livingston Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1939 to Feb. 27, 1939

I last saw him alive on Feb. 27, 1939. Death is said to have occurred on the date stated above, at 4 20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio vascular disease	?
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? none

Name of operation - - - -

What test confirmed diagnosis? p.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Harry Deibel, M. D.

(Address) 1226 Hanover St.

55661

HEALTH DEPARTMENT—CITY OF BALTIMORE 55661

CERTIFICATE OF DEATH

X 49-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 9-9 Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. 10 da. How long in U. S. If of foreign birth? ...yrs. ...mos. ...da.

If U. S. Veteran specify WAR .....

2. FULL NAME Hazel L. Kirk

(a) Residence: No. 815 E. St. Sparrows Point, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced (or) WIFE of Frank C Kirk

6. DATE OF BIRTH (month, day, year) May 12/1898

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
40	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

BIRTHPLACE AND NATIONALITY OF PARENTS

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

13. NAME George W Paul

14. BIRTHPLACE (city or town) Richmond Va (State or country)

15. MAIDEN NAME Margaret Wise

16. BIRTHPLACE (city or town) Baltimore (State or country) Md

17. INFORMANT Mr Frank C Kirk

(Address) 815 E St Sparrows Point Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Mar 1 1939

19. UNDERTAKER Williams & Maseck

(Address) 715 Light St

20. FILED ... 19... by ... Registrar

FEB 28 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1939 to Feb. 26, 1939

I last saw her alive on Feb. 26, 1939. Death is said to have occurred on the date stated above, at 11 40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
generalized abdominal Carcinomatosis primary in ovary.	7 1
Other contributory causes of importance:	

Was an operation performed? yes. Date of July 35 Aug 35

For what disease or injury?

Name of operation Hysterectomy. Excision of tumor

What test confirmed diagnosis? ...Was there an autopsy? no

28. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ...Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M R Tennent M. D.

(Address) St Josephs Hosp

55662 F 55662

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 93-C

1. PLACE OF DEATH St. Agnes' Hospital
CITY OF BALTIMORE: (No. Wilkens & Caton Aves St. Balto. Md. Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. John W. Stevens.
If U. S. Veteran specify WAR

(a) Residence: No. Elkridge, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma D. Stevens

7. DATE OF BIRTH (month, day, year) Oct. 11, 1859

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	4	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pension Carman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired B. & O. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 27

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John Wesley Stevens

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Beauchamp

16. BIRTHPLACE (city or town) (State or country) Rock Hall Md.

17. INFORMANT (Address) Mrs Corbin N. Hammond Elkridge, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date March 1, 1939

19. UNDERTAKER (Address) E. Leroy Stiffler, Inc. 125 E. North Ave.

20. FILED Huntington Williams, Registrar
FEB 28 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/27/39. 19

22. I HEREBY CERTIFY, That I attended deceased from February 13, 1939. to February 27, 1939.
I last saw him alive on February 27, 1939. Death is said to have occurred on the date stated above, at 9:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 Wks.
Chronic Myocarditis.	3 Mo.
Other contributory causes of importance:	

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) J. E. Muse Jr. M. D.
(Address) St. Agnes Hosp.

663

HEALTH DEPARTMENT—CITY OF BALTIMORE

RE55663

CERTIFICATE OF DEATH

24

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 - Division St., 15-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Rupert Washington

If U. S. Veteran specify WAR .....

(a) Residence: No. 1632 Bruce St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: ed

5. Single, Married, Widowed, or Divorced (write the word):

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: — 4/18/37

6. DATE OF BIRTH (month, day, year): April 18 1938

7. AGE — Years: 1 | Months: 10 | Days: 9 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ppd

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md

13. NAME: Geo. E. Washington

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Alice Simms

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Alice Washington

(Address) 1632 Bruce St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 3/1 39

19. UNDERTAKER: Thomas E. Kelly

(Address) 1303 Eutaw St

20. FILED ..... 19 Huntington Williams

FEB 26 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-27- 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-24-39 19... to 2-27- 1939

I last saw him alive on 2-27-39 19... Death is said to have occurred on the date stated above, at 11.15 m. A M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interscular Pneumonitis	?
(Primary from History of Case)	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place -

Manner of injury -

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) C. E. Mahoney M. D.

(Address) Provident Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

55664

CERTIFICATE OF DEATH

X 108 F 55664

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General St., Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Daniel Sharrer

If U. S. Veteran specify WAR

(a) Residence: No. Westminster Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Estella Mathias

6. DATE OF BIRTH (month, day, year) 4—22—1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	10	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Jacob Shorter

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Estella Mathias

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT John Sharrer

(Address) Westminster

18. BURIAL, CREMATION, OR REMOVAL

Place LEISTERS Date 3/3 1934

19. UNDERTAKER H. Bunkard & Son

(Address) Westminster Md.

20. FILED 1934 Hunting for Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1934 to Feb. 23, 1934

I last saw him alive on Feb. 23, 1934. Death is said to have occurred on the date stated above, at 1:13 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia, rt. lung	2-2-34
Empyema, rt base	2-14-34
Toxemia due to pneumonia	

Other contributory causes of importance:

Chronic myocarditis

Was an operation performed? Yes Date of 2-21-34

For what disease or injury? Empyema, rt base

Name of operation Posterior Thoracotomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Francis T. Iannuzzelli M. D.

(Address) Maryland General Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55665

CERTIFICATE OF DEATH

131 F 55665

1. PLACE OF DEATH Little Sisters of Poor

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1200 Valley St St., 10-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Byrnes

(a) Residence: No. 1200 Valley Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mary Reinert

6. DATE OF BIRTH (month, day, year) June 15, 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	1	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Peter Byrnes

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Little Sisters of the Poor Sr Imelda
(Address) 1200 Valley Street

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Mar 2 1939

19. UNDERTAKER Rita Wiedefeld
(Address) 914 Greenmount Ave

FEB 28 1939 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 27, 1939 5.30 P. 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1938, to Feb 27, 1939.

I last saw him alive on Feb 24, 1939. Death is said to have occurred on the date stated above, at 5.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Nephritis	?
Other contributory causes of importance: Uremia	2 D.

Was an operation performed? No Date of

For what disease or injury?

Name of operation Autop + Lat

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. McCarter M. D.

(Address) 1114 Park Ave

F 55666

55666

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 5316 Plainfield Ave St. 26-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robertine Butt

If U. S. Veteran specify WAR

(a) Residence: No. 5316 Plainfield Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Butt

7. DATE OF BIRTH (month, day, year) 8-19-1853

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	6	6	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sondyshausen

13. NAME OF FATHER George Seele

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Katharine Keller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Jacob Butt
(Address) 5316 Plainfield Ave

18. BURIAL, CREMATION, OR REMOVAL
Place St Joseph's Cemetery Date 3-1-39 19

19. UNDERTAKER Lemmon & Rost
(Address) 3200 Hanford Road

20. FILED MAR 1 - 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-25-39 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1936 to Feb. 25, 1939

I last saw her alive on Feb. 21, 1939 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (Chronic)	1/1/38
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Eugene L. Cerasino, M. D.

(Address) 514 Drury Lane

55667

HEALTH DEPARTMENT—CITY OF BALTIMORE

55667

CERTIFICATE OF DEATH

164-W cc

1. PLACE OF DEATH Balto. City Hospitals Registered No. 877

CITY OF BALTIMORE: (No. Bay View St. 120-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Frank Esposito If U. S. Veteran specify WAR

(a) Residence: No. 224 E. Eager St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Mary Esposito

6. DATE OF BIRTH (month, day, year) July 3-1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Tonic

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Joseph Esposito

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Genevieve Sarsa

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Joseph Esposito (Address) 224 E. Eager St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 2-1-28 19

19. UNDERTAKER Leonard J. Rust (Address) 6300 Harford Road

Filed 1939 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 27, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry) to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock secondary to Lobar pneumonia, Cellulitis face & neck	16 hours, prior Feb 14 1939

Other contributory causes of importance Attempt at suicide by Carbon Monoxide gas.

Was an operation performed? Yes Date of Feb. 27-1939

For what disease or injury? Cellulitis face & neck

Name of operation Incisions Date of Feb. 27-39

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Attempt at suicide Date of injury Feb. 14, 1939

Where did injury occur? 224 E. Eager St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Gas. from gas stove

Nature of injury Carbon Monoxide gas poisoning

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. W. Wood M. D. Coroner

(Address) 1712 N. Broadway

S 6

Lins

55668 F 55668

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

81

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2518 annuk ave St., 16-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Irmy Wilhelmina Lins

(a) Residence: No. 2518 annuk ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) January 23-1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cashier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hutbenbesitzer

10. Date deceased last worked at this occupation (month and year) April 14-1938

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Jacob Lins

14. BIRTHPLACE (city or town) (State or country) Cassel Germany

15. MAIDEN NAME Louisa Lins

16. BIRTHPLACE (city or town) (State or country) Cassel Germany

17. INFORMANT Martha Lins
(Address) 2518 annuk ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date 3/3 1939

19. UNDERTAKER Wm Cook
(Address) 1217-19 Gould
Huntingtown Williams Mgr.

20. FILED RI 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 28. 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 26 - 1936 to February 28- 1939

I last saw her alive on February 27- 1939 Death is said to have occurred on the date stated above, at 7:00 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lateral Sclerosis	unknown

Other contributory causes of importance:

none

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? B.S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Chester Riland, M. D.

(Address) 2532 Edmondson Ave.

55669

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 55669

CERTIFICATE OF DEATH

✓ 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital) 12-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frederick Bucher

If U. S. Veteran specify WAR

(a) Residence: No. 3041 St. Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Roth Bucher

6. DATE OF BIRTH (month, day, year) April 6, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	84	10	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jewler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Jacob Bucher

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Charlotte ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Harry F. Bucher (Son)

(Address) Cambridge Arartments

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date March 1, 39

19. UNDERTAKER Henry Sander & Son, Inc. Per J. Sander

(Address) Baltimore St. & Broadway

20. FILED ... 19... Registrar.

MAR 1 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1939 to Feb 27, 1939

I last saw h.IM alive on Feb. 27, 1939. Death is said to have occurred on the date stated above, at 7 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	2/22/39
Generalized arteriosclerosis	5 yrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S. D. Sunday M.D.

(Address) Union Memorial Hospital

5670

HEALTH DEPARTMENT—CITY OF BALTIMORE

55670

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3727 Kenyon Ave St. 26-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Catherine B Griffith

If U. S. Veteran specify WAR

(a) Residence: No. 3727 Kenyon Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of James B Griffith

6. DATE OF BIRTH (month, day, year) May 1, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	9	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Carl Griffith

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Babetta Kozelka

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT James B Griffith

(Address) 3727 Kenyon

18. BURIAL, CREMATION, OR REMOVAL

Place St Matthews Cemetery March 1, 1933

19. UNDERTAKER Dolan Ellicott

(Address) 2002 Eutaw

20. FILED Heather Williams Registrar.

MAR 1 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/27/33. 19

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 19 to [illegible] 19

I last saw her alive on [illegible] 19. Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	
Uremia	
Other contributory causes of importance:	
Chronic Nephritis	
Myocarditis	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

671 55671

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

Registered No. D 3963

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 33rd & 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mr. Walter A. Walker

If U. S. Veteran specify WAR

(a) Residence: No. 2908 Alameda Blvd. St., Ward. Baltimore Maryland

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harriett Walker

6. DATE OF BIRTH (month, day, year) June 30 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	7	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dr

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
2/28/39	

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

13. NAME Joseph Walker

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Susan Krause

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Harriett Walker

(Address) 2908 Pk Alameda

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date March 3, 19 39

19. UNDERTAKER John Gillrich

(Address) 2922 Pelham Av

20. FILED 19 Registrar.

MAR 1 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 28 . 19 39

22. I HEREBY CERTIFY, That I attended deceased from 2-23-39 19 to 2-28-39 19

I last saw him alive on Feb 28 19 39 Death is said to have occurred on the date stated above, at 10 40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post operative pneumonia ?	2-27-39
Post " pulmonary embolism ?	
Embolism to lung ?	

Other contributory causes of importance:

Was an operation performed? yes Date of 2-23-39

For what disease or injury? Carcinoma of stomach

Name of operation Gastric resection

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W Bordon Dare M. D.

(Address) Union Memorial Hosp

5672 E 55672

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 164a

Registered No. 27-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5918 Edna Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Adrian E. Arvin

If U. S. Veteran specify WAR

(a) Residence: No. 5918 Edna Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Margaret Arvin

6. DATE OF BIRTH (month, day, year) April 22, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
61	62	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanical Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0030

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Langston Arvin

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME ? Chaffin

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Ann C. Fason

(Address) 3100 Glenmore Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date March 2 1939

19. UNDERTAKER John Ullrich & Sons

(Address) Huntington, W. Va.

20. FILED 1939

Registrar

MAR 1 - 1939

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) February 27, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, and that said deceased came his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide Poisoning (Illuminating Gas)	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 2/27/1939

Where did injury occur? Balto., Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury opened gas jets in room

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber Coroner, M. D.

(Address) Coroner

73

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55673

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2518 Greenmount Ave. St. 12-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carroll A Dunn

If U. S. Veteran specify WAR

(a) Residence: No. 2518 Greenmount Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Lillian M Dunn

7. DATE OF BIRTH (month, day, year) June 29 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	8	3 29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0660

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna

13. NAME OF FATHER John H Dunn

14. BIRTHPLACE (city or town) (State or country) Penna

15. MAIDEN NAME OF MOTHER Caroline Humphreys

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Carroll Dunn

(Address) 2518 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 3/2 39

19. UNDERTAKER Geo A Fahey

(Address) Fulton & Fayette

20. FILED MAR 1 1939 Registrar. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 28 1939

22. I HEREBY CERTIFY, That I attended deceased from January 31, 1939 to February 28, 1939

last saw him alive on February 27, 1939 Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb. 24, 1939

Other contributory causes of importance:

Hypertension	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) George Hoyt M.D.

(Address) 401 E. 25th St.

55674

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 55674

94-13

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital St., 6 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? 38 yrs. mos. ds.

2. FULL NAME Sarah Epstein
If U. S. Veteran specify WAR

(a) Residence: No 1833 E. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis Epstein

6. DATE OF BIRTH (month, day, year): 1883

7. AGE: Years 56; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Wife
10. Date deceased last worked at this occupation (month and year): 00
11. Total time (years) spent in this occupation: 37

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER
13. NAME: Saib Smulowitz
14. BIRTHPLACE (city or town) (State or country):

MOTHER
15. MAIDEN NAME: Rusa Smulowitz
16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Husband
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Cemetery Hebrew 3-1-39, 19
Place

19. UNDERTAKER: Harry Lewis Inc.
(Address) 1439 E. Baltimore St

1-1939 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2-28-39, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: —	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) Paul Schmeisser Coroner, M. D.

(Address) Coroner

S 6

55675 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 55675

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4009 Belle Ave St. 15-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. 4 mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Albert Boone

If U. S. Veteran specify WAR .....

(a) Residence: No. 4009 Belle Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 18 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	4	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railway mail clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Go'vt

10. Date deceased last worked at this occupation (month and year) Dec 1938

11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

13. NAME Matthew Boone

14. BIRTHPLACE (city or town) Ellicott City (State or country) Howard Co Md

15. MAIDEN NAME Mary A. Doud

16. BIRTHPLACE (city or town) Lynchburg (State or country) Va

17. INFORMANT Gertrude L. Boone
(Address) 4009 Belle Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date Mar 3 1939

19. UNDERTAKER Harry H. Armacost
(Address) 4204 Ridgewood Ave

20. FILED ..... 19 ..... Registrar.

R 1 [illegible] Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 1938 to Feb 28 1939

I last saw h[illegible] alive on Feb 26 1939 Death is said to have occurred on the date stated above, at 745P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Sudden
Other contributory causes of importance:	
Arterio Sclerosis	5 Yrs
HBP	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Albert Gorsuch M. D.

(Address) 1811 Eutaw Place

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55676

676

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1124 Comet St. 5-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Manuel

(a) Residence: No. 1124 Comet St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susanna Manuel

6. DATE OF BIRTH (month, day, year) Sept. 20/76.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charles Town West Va

MOTHER'S MAIDEN NAME

13. NAME John Manuel

14. BIRTHPLACE (city or town) (State or country) Charles Town West Va

15. MAIDEN NAME Anna

16. BIRTHPLACE (city or town) (State or country) Charles Town West Va

17. INFORMANT Mattie Jones (Virginia)
(Address) 313 Linton St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date March 2-1933

19. UNDERTAKER Peter V. Williams
(Address) 1815 N. Eden St

20. FILED 19 Registrar.

MAR 1-1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-26-1933

22. I HEREBY CERTIFY, That I attended deceased from 2-11-1927 to 2-26-1933

I last saw h— alive on 2-23-1933. Death is said to have occurred on the date stated above, at 11.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvulitis	
Other contributory causes of importance:	
Interstitial Nephritis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Mary E. Carey M. D.

(Address) 611 N. Carolina St.

55677

F 55677

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 830 Sterling St. 10-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara J Allen

U. S. Veteran specify WAR

(a) Residence: No. 830 Sterling St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward Allen

6. DATE OF BIRTH (month, day, year): Jan 1 1896

7. AGE: Years 43 | Months 1 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER

12. BIRTHPLACE (city or town) (State or country): Balto Co Md

FATHER

13. NAME: Steven Fraley

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Susie E Thomas

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: William Fraley

(Address) 1400 McElderry St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date March 1 1939

19. UNDERTAKER: Robert E Williams

(Address) 515 McElderry St

20. FILED 1939 Registrar.

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 24 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence [illegible] by said (Inquest, Autopsy or Inquiry) and that said deceased came [illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	Feb 23 1939

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? (Yes or No) (If so, specify)

(Signed) Susie E. Allen M. D.

(Address) 507 Augusta St

55678 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 55678

CERTIFICATE OF DEATH

√59

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. 630 SOUTH BELNORD AVE. St., 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. LIFE mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME B ARB RA WACK — If U. S. Veteran specify WAR .....

(a) Residence: No. 630 SOUTH B ELNORD AVE St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	WIDOW

a. If married, widowed, or divorced HUSBAND of (or) WIFE of AUGUST WACK

6. DATE OF BIRTH (month, day, year) JAN 1 1881

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	0	26 25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME 60

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) B ALTO. MD.

13. NAME GEORGE BIELDER

14. BIRTHPLACE (city or town) (State or country) GERMANY

15. MAIDEN NAME UNKOWN

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMANT WILLIAM WACK SON
(Address) 630 S. BELNORD AVE.

18. BURIAL, CREMATION, OR REMOVAL
Place PARKWOOD CEM. Date MAR. 1, 1939

19. UNDERTAKER Lilly & Zeiler (NC.
(Address) 403 E. WOLFE ST.

20. FILED Huston Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB. 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 1938, ~~1936~~, to Feb 26, 1939

I last saw her alive on Feb 26, 1939. Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	yrs.
Diabetic Acidosis	3 wks

Other contributory causes of importance:

Myocardial degeneration

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John H Gored, M. D.

(Address) 114 N. East ave.

55679

F 55679

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3311 Oakfield ave St. 5-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret B. Meyer

If U. S. Veteran specify WAR .....

(a) Residence: No. 3311 Oakfield ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed or divorced HUSBAND of (or) WIFE of: Jerome K. Meyer

6. DATE OF BIRTH (month, day, and year): April 18, 1886

7. AGE: Years: 52 Months: 10 Days: 10 If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): Feb 1939

11. Total time (years) spent in this occupatinn: life

12. BIRTHPLACE (city or town) (State or country): Alabama

13. NAME: Samuel K. Behrend

14. BIRTHPLACE (city or town) (State or country): ?

15. MAIDEN NAME: Sue May Kristalea

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT: Mrs Howard Strouse

(Address): 3311 Oakfield Ave.

18. BURIAL, CREMATION, OR REMOVAL: Glenwood Wash Co. Date March 2 1939

19. UNDERTAKER: Kelly & Ecker & Son

(Address): North & Pinna. Ave

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1939 to Feb. 28, 1939

I last saw h[illegible] alive on Feb. 28, 1939 Death is said to have occurred on the date stated above, at 12 1 3P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	1 yr.
Diabetic retinitis	1 yr.
Pulmonary edema	4 day

Other contributory causes of importance:

Myocarditis	4 day
Acute glomerulonephritis	4 day

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of No

What test confirmed diagnosis? Clin. data Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jos Schlenger M. D.

(Address) 1600 Liberty Heights Ave Balto. Md

55680 HEALTH DEPARTMENT—CITY OF BALTIMORE

55680

47-B

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 9-E Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mr. Clifford P. Mink

(a) Residence: No. 1021 Bonaparte Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bertie Marie Mink

DATE OF BIRTH (month, day, year) Aug. 27, 1901

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	6	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Construction Foreman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tenn.

13. NAME John Mink

14. BIRTHPLACE (city or town) (State or country) Tenn.

15. MAIDEN NAME Mary Lynch

16. BIRTHPLACE (city or town) (State or country) Tenn.

17. INFORMANT Mrs. Bertie Marie Mink
(Address) 1021 Bonaparte Avenue.

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Memorial Date March 3rd 1939

19. UNDERTAKER Wm. J. Tickner & Sons.
(Address) North & Penna Aves.

20. FILED Mar 1 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-25-39. 19

22. I HEREBY CERTIFY, That I attended deceased from 2-5-39. 19 to 2-25-39. 19

I last saw him alive on 2-25-39, 19. Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung c Metastasis	
Other contributory causes of importance: Intercostal Neuralgia Pulmonary Embolus	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Yes

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. R. Lenigat M. D.

(Address) St. Joseph's Hosp.

55681 HEALTH DEPARTMENT—CITY OF BALTIMORE E 55681

CERTIFICATE OF DEATH VGK-50 VGK-40358

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 12-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Montgomery

If U. S. Veteran specify WAR

(a) Residence: No. 2525 Maryland Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) April 9, 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
61	61	10	18	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 87

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Hugh Montgomery

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Mary Catherine Snell

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date March 1 1939

19. UNDERTAKER Wm. J. Tickner & Sons,

(Address) North & Penna Aves.,

20. FILED MAR 1 - 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-27, 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-28, 1938, to 2-27, 1939

I last saw her alive on 2-27, 1939 Death is said to have occurred on the date stated above, at 11:50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Breast with metastasis	?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. K. Woodward, M. D.

(Address) Balto. City Hosp.

55682

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55682

CERTIFICATE OF DEATH

✓ 111B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Apts. St. 12-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Jane Haller

If U. S. Veteran specify WAR

(a) Residence: No. St. Paul & 31st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucius A. Haller

DATE OF BIRTH (month, day, year) Sept. 13, 1851

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	5	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Frederick, (State or country) Maryland.

13. NAME Geo. Washington Bartgis

14. BIRTHPLACE (city or town) Frederick, (State or country) Md.

15. MAIDEN NAME Sophia E. Ertner,

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Mrs. Marian Grace Price

(Address) Hopkins Apts. St. Paul & 31st

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date Mar. 1, 1939

19. UNDERTAKER Wm. J. Tickner and Sons

(Address) North and Pa. Aves.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1939 to Feb 27, 1939

I last saw her alive on Feb 27, 1939 Death is said to have occurred on the date stated above, at 6:45 A. M.

The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia — Date of onset Feb 20-39

Other contributory causes of importance:

Deformities of age

Was an operation performed? No Date of

For what disease or injury? Nil

Name of operation

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. Russell M. D.

(Address) Woodbourne Apts.

55683 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 55683

CERTIFICATE OF DEATH CGK-29160 ✓ 197-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Charles Frisby

(a) Residence: No. 1139 Brewer St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married (Sep)

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ada (Sep)

DATE OF BIRTH (month, day, year) 3-4-1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	11	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date 3-3 1939

19. UNDERTAKER Jesse W. Reddick
(Address) 1436 W. Biddle St

20. FILED 3-1-1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 17, 1937 to February 27, 1939

I last saw him alive on February 27, 1939. Death is said to have occurred on the date stated above, at 7:35 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-20-39
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. G. DeSautelle M. D.

(Address) Baltimore City Hospitals

F 55684

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55684

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 529 Oxford St. 17-E Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Samuel Williams

If U. S. Veteran specify WAR .....

(a) Residence: No. 529 Oxford St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year): Nov 2, 1899

AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	40	3	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: 20?

12. BIRTHPLACE (city or town) (State or country): C. G. Co Md

13. NAME: Geo Williams

14. BIRTHPLACE (city or town) (State or country): P. G. Co Md

15. MAIDEN NAME: Rosa Hatchett

16. BIRTHPLACE (city or town) (State or country): P G Co Md

INFORMANT: Elizabeth Key

(Address): 529 Oxford St

BURIAL, CREMATION, OR REMOVAL

Place: Mt. Auburn Cem. Date: 3-2- 1939

UNDERTAKER: Mrs Frances A. Hemsley

(Address): 978 W. Baltimore St

FILED ..... 19..... Registrar

MAR 1 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feby 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1938 to Feby 27, 1939

I last saw him alive on Feby 26, 1939. Death is said to have occurred on the date stated above, at 12.40 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis	—
Pulmonary Edema	—

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? Exp Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, (specify)

(Signed) W. F. Howard M. D.

(Address) 6017 Harford Ave

55685

HEALTH DEPARTMENT—CITY OF BALTIMORE F 55685

CERTIFICATE OF DEATH

X 137

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md. Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 12 Ward

Length of residence in city or town where death occurred yrs. 7 mos. 7 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME George Armstrong

(a) Residence: No. St., Ward. Loehurs, N. J.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of / (or) WIFE of Josetta Stevenson

DATE OF BIRTH (month, day, year) January 5, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	1	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seafaring

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Goshen
(State or country) New Jersey

13. NAME Alexander Armstrong

14. BIRTHPLACE (city or town) Goshen
(State or country) New Jersey

15. MAIDEN NAME Johanna Weldon

16. BIRTHPLACE (city or town) Loehurs
(State or country) New Jersey

17. INFORMANT Records-U. S. Marine Hospital,
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Loehurg N. J. Date 3/4 1939

19. UNDERTAKER John A. Mitchell & Son
(Address) 1900 Eden Ave

20. FILED 1939 Hunterstown Pilliagrove

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) March 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from November 21 1938, to March 1, 1939

I last saw him alive on March 1, 1939. Death is said to have occurred on the date stated above, at 6:25a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis, bilateral	6 mo.
Chronic myocarditis	1 yr.

Other contributory causes of importance:

Chronic cystitis	over
Bronchopneumonia, terminal	

Was an operation performed? Yes Date of Nov 28 1938

For what disease or injury? Hypertrophy, prostatic

Name of operation Cystostomy, suprapubic

What test confirmed diagnosis? Clinical. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) T. B. H. Anderson M. D.

(Address) U. S. Marine Hospital, Baltimore, Md.

HEALTH DEPARTMENT—CITY OF BALTIMORE

55686 F 55686

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 15-1 Ward)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Albert McCoy (41510) — If U. S. Veteran specify WAR .....

(a) Residence: No. 1406 Gilmor St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary

DATE OF BIRTH (month, day, year) Dec. 25, 1910

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28	2	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardener

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) N. Car.

13. NAME Jack McCoy

14. BIRTHPLACE (city or town) (State or country) N. Car.

15. MAIDEN NAME Emma

16. BIRTHPLACE (city or town) (State or country) N. Car.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Federal N. C. Date 3/3 19 39

19. UNDERTAKER Thomas E. Kelsan
(Address) 1333 Pennsylvania Ave. Pikesville Williams Md.

20. FILED MAR 1 - 1939 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 31, 1939 to February 27, 1939
I last saw him alive on February 27, 1939 Death is said to have occurred on the date stated above, at 10:28 A. M.

The principal cause of death and related causes of importance were as follows:

	Date at onset
Tuberculosis of Lungs	1937
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) F. M. Curtis, M. D.

(Address) Balto. City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55687

CERTIFICATE OF DEATH

93-E

F 55687

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2329 Eutaw Place St. 13-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Moses Hirsch

If U. S. Veteran specify WAR

(a) Residence: No. 2329 Eutaw Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ---------- Hirsch (W)

6. DATE OF BIRTH (month, day, year) July 4, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	7	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired C.P.A.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York.

13. NAME Isaac Hirsch.

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Rachel Hirsch.

16. BIRTHPLACE (city or town) (State or country) U.S.A.

17. INFORMANT Mrs. N. Rosenbaum,

(Address) 4200 Springdale Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Beth El Cemetery, Long Island, New York Date Mch. 2 1939

19. UNDERTAKER Shiva Sonnenborn & Son

(Address) 1902 Eutaw Place

20. FILED MAR 1 1939 Huntington Williams M.D. Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby. 28, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilation	2/28/39
	over

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) John A. Evans M. D.

Coroner

(Address) 612 N. 40th St.

55688 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

50 F 55688

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bon Secours St. ~~Hospital~~ Ward)

Length of residence in city or town where death occurred ~~Lifetime~~ How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Miss Gertrude Simon

(a) Residence: No. 123 W. Saratoga St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug. 1882

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
56	6		

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

13. NAME Tobias Simon

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Sara Tobias

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mr. B. Symon
(Address) 123 W. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL
Place Ft. Friendship Date Mch. 2 1939

19. UNDERTAKER Laird Sondheim & Son
(Address) 1902 Eutaw Place

MAR 1 - 1939 19. Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/28, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2/20, 1939, to 2/28, 1939.

I last saw h.E.R alive on 2/28/39, 19.... Death is said to have occurred on the date stated above, at 10:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Carcinomatosis	4/37
Other contributory causes of importance:	

Was an operation performed? Yes Date of 4/23/38

For what disease or injury? Ca

Name of operation Amputation of Rt breast

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) George H. Brouillet M.D. M. D.

(Address) Bon Secours Hosp.

689 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 55689

CERTIFICATE OF DEATH

92-6 CC

1. PLACE OF DEATH Balto. City Hospitals — Registered No. 1877

CITY OF BALTIMORE: (No. Bay View St. 26-B Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leonard Defina — If U. S. Veteran specify WAR

(a) Residence: No. 222 S. Eaton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 25-1894

7. AGE: 44 Years | Months 2 | Days 2 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Presser do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Joseph Defina

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Catherine Tennaro

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Frank Grande Brother

(Address) 3918 Claremont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date March 2 1939

19. UNDERTAKER Frank Della Rocca

(Address) 52 N. Morley St.

FILED MAR 1 - 1939 Huntington Williams, M.D.

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 27, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	day
Other contributory causes of importance: Valvular Heart disease	years.

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. W. Wood M. D. Coroner

(Address) 1712 N. Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55690

CERTIFICATE OF DEATH

F 55690

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 Hanford Ave 2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 4 mos. .... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME John Thomas

If U. S. Veteran specify WAR .....

(a) Residence: 708 Hanford Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Thomas

6. DATE OF BIRTH (month, day, year) Oct 25-1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	4	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P&G

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John Thomas

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Fowler

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Sarah Thomas

(Address) 708 Hanford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Pt Cabin Cem Date 3-1- 1939

19. UNDERTAKER Byard Manuel & Wright

(Address) 1 Pine & Eager Sts

Huntington Williams, M.D. Registrar.

FILED MAR 1 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence

(Inquest, Autopsy or Inquiry)

obtained by said ... find that said deceased came

(Inquest, Autopsy or Inquiry)

to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	Feb 24 39
Other contributory causes of importance:	

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Wasserm Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George L. Allen M. D.

(Address) 502 Eutaw St Coroner

S 6

55691 F 55691

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 6-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah Bart

(a) Residence: No. 101 N. Collington av. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Benjamine Bart

6. DATE OF BIRTH (month, day, year) 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 007

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H.W.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

13. NAME UnKnown

14. BIRTHPLACE (city or town) (State or country) Rusia

15. MAIDEN NAME UnKnown

16. BIRTHPLACE (city or town) (State or country) Rusia

17. INFORMANT Benjamine Bart

(Address) 101 N. Collington Av.

18. BURIAL, CREMATION, OR REMOVAL

Workmen's Circle Cemetery Date March 1, 1939

19. UNDERTAKER Sol Levinson & Bros

(Address) 124-26 W. Fayette ave

20. FILED MAR 1 1939 Huntingtown Millwood, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1939.

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest and that said deceased came (Inquest, Autopsy or Inquiry)
to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? Accident Date of injury Feb. 28, 1939

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Crossing Balto. St. in 1000 bl. east

Nature of injury struck by Auto.

24. Was disease or injury in any way related to occupation of deceased?

No/ If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 2757 W. Mosher

55692

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a F 55692

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1835 Ashland Av St., 7-5 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 71 yrs. ..... mos. ..... ds.

2. FULL NAME Emma Hirt

If U. S. Veteran specify WAR .....

(a) Residence: No. 1835 Ashland Av St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Hirt

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Bohemia

13. NAME Joseph Svec

14. BIRTHPLACE (city or town) (State or country) Bohemia

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Sophie Hirt

(Address) 1835 Ashland Av

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date March 2 1939

19. UNDERTAKER Franks Joseph & Son

(Address) 1966 Ashland Ave.

MAR 1 - 1939 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 21 1939 to Feb 27 1939

I last saw her alive on Feb 27 1939 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	1 wk
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Joseph Pokorny M. D.

(Address) 2200 E Madison St

55693

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a F 55693

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 651 W. Lombard St. St., 4-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Peter Johnson

(a) Residence: No. 651 W. Lombard St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	?

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50 (?)				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steamship Industry

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Norway

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date MAR 1 - 1939 19

19. UNDERTAKER .....
(Address) Per H. A. Moore

MAR 1 - 1939 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	2 hrs.
Other contributory causes of importance: Chronic Valvular Disease	?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Clinical History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury ..... 19 ....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Michael A Shrem, M. D.
Coroner

(Address) 2360 Eutaw Place

55694

✓ F 55694

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Edgewood Sanitarium St., 9-W Ward)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Alice Woods

(a) Residence: No. 4102 Westview Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of WILLIAM H. WOODS

6. DATE OF BIRTH (month, day, year) JUNE 17th 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86 85	8	12th	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Winchester Va.
(State or country)

13. NAME Thos. N. Lupton

14. BIRTHPLACE (city or town) Va.
(State or country)

15. MAIDEN NAME Mary Jonny.

16. BIRTHPLACE (city or town) Va.
(State or country)

17. INFORMANT J. L. Woods
(Address) 4102 Westview Ave

18. BURIAL, CREMATION, OR REMOVAL
Winchester Va. Date March 3rd 1939

19. UNDERTAKER Bernard E. Hale
(Address) 121 E 21st St

20. FILED ..... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1st 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15th 1938 to March 1st 1939

I last saw her alive on Feb. 28th 1939. Death is said to have occurred on the date stated above, at 3.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I. Hypertensive Heart Disease	2 yrs?
2. Chronic Interstitial Nephritis	2 yrs?
Other contributory causes of importance:	
1. Bronchio-pneumonia	3 days

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Earl L. Humphreys M. D.

(Address) 4108 Liberty Hts Ave

55695

HEALTH DEPARTMENT—CITY OF BALTIMORE

55695

CERTIFICATE OF DEATH

93-6

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 208 N. Fulton Ave St. 20-1 Ward)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JOHN WILLIAM BERGDALL

If U. S. Veteran specify WAR

(a) Residence: No. 208 N FULTON AVE St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of HANNA S. BERGDOLL

DATE OF BIRTH (month, day, year) Sept. 6th 1858

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	80	5	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) West Va
(State or country)

13. NAME Henry BERGDOLL

14. BIRTHPLACE (city or town) West Va
(State or country)

15. MAIDEN NAME Rebecca Miller

16. BIRTHPLACE (city or town) West Va
(State or country)

17. INFORMANT R. Bergdoll
(Address) 208 N Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL
Woodfield M E Date 3/1- 1939

19. UNDERTAKER Robert Brandt & Son
(Address) Calhoun & Fulton Sts

20. FILED 1- 1939 Harrington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 28 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20 1939 to Feb 28 1939

I last saw h.. alive on Feb 27 1939 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac dilatation	

Other contributory causes of importance:
Chronic Myocarditis
Senility.

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. H. Fielding, M. D.

(Address) H H. Fielding

HEALTH DEPARTMENT—CITY OF BALTIMORE

55696

CERTIFICATE OF DEATH

59 F 55696

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1007 Linden Av St. 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary J. Hare

If U. S. Veteran specify WAR

(a) Residence: No. 1007 Linden Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Female	Colored	Widowed

6. If married, widowed or divorced (or) WIFE of Charles T. Hare

DATE OF BIRTH (month, day, year) March 10, 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	11	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

13. NAME Charles Brown

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME not stated

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Nellie J. Hare, daughter

(Address) 1007 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL

Mt. Auburn Cem. Date Mar. 1 1939

19. UNDERTAKER John M. Johnson

(Address) 1700 Druid Hill Ave

20. FILED MAR 1 - 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 11 1939 to Feb 27 1939

I last saw h alive on July 27 1939. Death is said to have occurred on the date stated above, at 9:08 P a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	2/27/39
Arterio sclerosis	Indefinite
Diabetes mellitus	Indefinite

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Chas. J. Keller M. D.

(Address) 222 W. Monument St.

5697 F 55697

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

158

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Maryland Gen'l Hospital St., 6-3 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Baby Girl Huskey

If U. S. Veteran specify WAR .....

(a) Residence: No. 2316 E. Baltimore St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of?

DATE OF BIRTH (month, day, year) February 26, 1939

AGE	Years	Months	Days	If LESS than 1 day ....hrs. or 43 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Frank Peter Huskey

14. BIRTHPLACE (city or town) Knoxville (State or country) Tennessee

15. MAIDEN NAME Helen Holiday Cliff

16. BIRTHPLACE (city or town) Orange (State or country) Virginia

17. INFORMANT Mrs. Frank Huskey

(Address) 2316 E. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL Cremation

Place Md. Gen'l Hosp. Date Feb. 27, 1939

19. UNDERTAKER .....

(Address) .....

20. FILED ..... Hunter-Lyon Funeral Home

MAR 1 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 26, 1939 to February 26, 1939.

I last saw h.a.r. alive on February 26, 1939. Death is said to have occurred on the date stated above, at 10.25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxemia of Pregnancy (Pre-Eclamptic)	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) James K. Winiarski M. D.

(Address) Maryland Gen'l Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

55698 CERTIFICATE OF DEATH 108 42148 F 55698

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth?....yrs....mos....ds.

If U. S. Veteran specify WAR

2. FULL NAME Leo Lewis

(a) Residence: No. 728 Grindall Court St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	?

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of: ?

DATE OF BIRTH (month, day, year): ?

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
50			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 007

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): ?

13. NAME: ?

14. BIRTHPLACE (city or town) (State or country): ?

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT: B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL.
Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 1 - 1938

19. UNDERTAKER: Commissioner of Health
(Address)

DATED MAR 1 - 1939 19.. By H. A. Moore
Huntington Hollins, M.D. Registrar.
4026

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 18, 1939 to February 22, 1939

I last saw him alive on February 22, 1939. Death is said to have occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	2-15-39
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) F. A. De Sanctis, M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

55699

CERTIFICATE OF DEATH

82-a F 55699

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 811 - Willent's St, 27-10 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles H. Bevans

If U. S. Veteran specify WAR

(a) Residence: No. 811 - Willent's St., ... Ward.
(Usual place of abode) WILBERT AVE (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	col	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen Bevans

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65 -			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Horse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME John Henry Bevans

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Mary Susan Martin

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Fannie Bleup

(Address) 4051 Poppleton St

17. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date March 1, 39

UNDERTAKER Mrs Katie R. Williams

(Address) 3221 Schroeder St

Huntington Williams Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1939, to Feb 25, 1939

I last saw h... alive on Feb 24, 1939 Death is said to have occurred on the date stated above, at 10:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorhage	Feb 14-39

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jane R. Johnson M. D.

(Address) 2329 Eutaw Pl.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55700

CERTIFICATE OF DEATH

92-8 F 55700

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1714 E Larkson St. 23-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. 2 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H. Hartline

If U. S. Veteran specify WAR

(a) Residence: No. 1714 E Larkson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE of~~ Katherine M.

7. DATE OF BIRTH (month, day, year) Dec 19 1879

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	2	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lather National Pipe

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foundry + stamping

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Henry Hartline

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Matilda Vetter

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs. Katherine Hartline

(Address) 1714 E Larkson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Mar 4 1939

19. UNDERTAKER J. Fen McCauley

(Address) 130 E. 1st Ave.

FILED MAR 1 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 24 1938 to Feb 28 1939

I last saw him alive on Feb 1939. Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation Indef.	
Other contributory causes of importance: acute dilatation of head	2/26/39

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

Signed H. H. Hartline M. D.

2/28/39 (Address) 1644 S. Hanover St.

F 55701

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 F 55701

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 S. Fremont Ave. 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Everett

(a) Residence: No. 11 S. Fremont Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown.

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about	70 yrs			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

13. NAME " "

14. BIRTHPLACE (city or town) (State or country) " "

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Mrs Frank Cowgill

(Address) 901 Hollins St

18. BURIAL, CREMATION, OR REMOVAL

Place Pikesville Date 3/2 1939

19. UNDERTAKER Chas. Cowgill & Son

(Address) 901 Hollins St

20. FILED MAR 1 1939 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/28 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	12 hrs
Other contributory causes of importance: Chronic Nephritis & Myocarditis	2 yrs

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation — Date of ...

What test confirmed diagnosis? Clinical history Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Michael S. Abrams, M. D. Coroner

(Address) 2360 Eutaw Place

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 55702

702

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1270 Battery Ave. St. 24-3 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Patrick J. Crines

If U. S. Veteran specify WAR .....

(a) Residence: No. 1270 Battery Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Collins Crines

DATE OF BIRTH (month, day, year) Jan. 1866 (1866)

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
73 (73)	1		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Machinist

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Murty Crines

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine O'Gara

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mrs Mary Crines
(Address) 1270 Battery Ave.

BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 3-4-, 1939

UNDERTAKER Margaret J. Flynn
(Address) 2127 N. Eutaw Street

FILED ....., 19.....

3-2-1939 Thomas J. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 23, 1939 to February 28, 1939

I last saw him alive on February 28, 1939 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	2d.
Uraemia Hypertension	6 d
Arteriosclerosis	6 d
Other contributory causes of importance: Chronic Interstitial Nephritis	6d

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? Wassalyes + Spleen Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Thos F Stevens M. D.

(Address) 2878 Harford Rd

F 55708 HEALTH DEPARTMENT—CITY OF BALTIMORE F 55703

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1803 Eight St., 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine E. Elder

If U. S. Veteran specify WAR

(a) Residence: No. 1803 Eight St., 24 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry C. Elder

DATE OF BIRTH (month, day, year) Sept 8 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
85	87	5	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Virginia McGarvey

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Virginia McGarvey

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Mrs. Catherine Whitty

(Address) 1803 Eight St.

BURIAL, CREMATION, OR REMOVAL Date 3/1 1939

Pine Grove Cem

UNDERTAKER Joseph A. Richardt & Son

(Address) 1913 E. Baltimore St.

FILED 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 27 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1939 to Feb 27 1939

I last saw her alive on Feb 26 1939 Death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Other contributory causes of importance: Acute Bronchial Asthma and Myocarditis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John A. Schenuch M. D.

(Address) 1337 E. Chase St.

55704

HEALTH DEPARTMENT—CITY OF BALTIMORE

55704

CERTIFICATE OF DEATH

48

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1739 Eastern Ave. St. 2-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wanda Koch

If U. S. Veteran specify WAR ...

(a) Residence: No. 1739 Eastern Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Mar. 16, 1884

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	3	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) Poland
(State or country)

13. NAME unknown

14. BIRTHPLACE (city or town) Poland
(State or country)

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) Poland
(State or country)

INFORMANT Louis Koch
(Address) 1739 Eastern Ave

BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem Date 3/3/39 19

UNDERTAKER Stephen J. Fialkowski INC
(Address) 1080 S. Linwood Ave

FILED ... 19 ... Registrar.

3 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28 . 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 39 to Feb 28 39, 19...

I last saw her alive on ... 19... Death is said to have occurred on the date stated above, at 930 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	2/21/39
Other contributory causes of importance Carcinoma of Uterus	5/1/38

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, state ...

(Signed) William J. Brandt, M. D.

(Address) 801 S. Edwards

55705 HEALTH DEPARTMENT—CITY OF BALTIMORE 55705

95-B

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1006 S. Curley St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mr. John G. Krauser

(a) Residence: No. 1006 S. Curley St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) July 5 1867

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	5	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Old age pension

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Balto Md.

INFORMANT Mrs. Alice B. Krauser
(Address) 1006 S. Curley.

BURIAL, CREMATION, OR REMOVAL
Place Stemmers Run Mar 1. 1939

UNDERTAKER Stephan Featherston & Co
(Address) 1000 S. Kenwood Ave

FILED ..... 19... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1939, to Feb 27, 1939

I last saw him alive on Feb. 27, 1939 Death is said to have occurred on the date stated above, at 11.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	1920
Arteriosclerosis	1926
Cardiac Decompensation	Feb. 1939

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Clarence W. LeBoy M. D.

(Address) 1013 S. Ellwood ave.

1939

F 55706

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

5706

20-K 127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 118 Augusta Ave. St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Peter J. Weisengoff, Jr.

If U. S. Veteran specify WAR

(a) Residence: No. 118 Augusta Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 6, 1910

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	8	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tavern 004

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Luke
(State or country) Maryland

13. NAME Peter Weisengoff

14. BIRTHPLACE (city or town) Lithuania
(State or country) Europe

15. MAIDEN NAME Agnes Mazeika

16. BIRTHPLACE (city or town) Lithuania
(State or country) Europe

INFORMANT Leo Weisengoff
(Address) 118 Augusta Ave.

17. BURIAL, CREMATION, OR REMOVAL
Place Mem. Cedral Cem. Date Mar 3, 1939

UNDERTAKER Joseph Hasenkamp Son
(Address) 1st & Washington Sts

FILED Mar 2 - 1939 Hunting for Williams, M.P. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 28, 1939.

22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1939 to Feb. 28, 1939

I last saw him alive on Feb. 27, 1939. Death is said to have occurred on the date stated above, at 6.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis	Feb 25
Acute Myocardial Failure	Feb. 28

Other contributory causes of importance:

Tachycardia	Several hrs.
Jaundice	2 days.

Was an operation performed? no Date of

For what disease or injury?

Name of operation none

What test confirmed diagnosis? Clinical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John A. Buchmeier, M. D.

(Address) 375 S. Stricker St.

707

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55707

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1905 E. Eager St. St., 7-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Wilson

If U. S. Veteran specify WAR

(a) Residence: No. 1905 E. Eager St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Col.
5. Single, Married, Widowed, or Divorced (write the word): Single
6. If married, widowed, or divorced: HUSBAND of (or) WIFE of
DATE OF BIRTH (month, day, year): Dec 25 1896

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	2	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd
10. Date deceased last worked at this occupation (month and year): Feb 24, 1939
11. Total time (years) spent in this occupation: 1½ yrs
12. BIRTHPLACE (city or town) (State or country): Cayamla Habana
13. NAME: Joseph Wilson
14. BIRTHPLACE (city or town) (State or country): Cayamla Habana
15. MAIDEN NAME: Ida ?
16. BIRTHPLACE (city or town) (State or country): Cayamla Habana
17. INFORMANT: Joseph Wilson
(Address) 1905 E. Eager St.
18. BURIAL, CREMATION, OR REMOVAL: Place Montgomery Date 3/2/39 19
19. UNDERTAKER: Robert E. Williams
(Address) 15 15 McElderry St
20. FILED: 3-2-1939 Thomas Stone Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 27, 1939
22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1939 to Feb 27, 1939
I last saw her alive on Feb 27, 1939. Death is said to have occurred on the date stated above, at 11 40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral haemorrhage	2/27/39
Other contributory causes of importance:	
La Grippe	2/25/39

Was an operation performed? No Date of —
For what disease or injury? —
Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Harry B. Lukey M. D.
(Address) 1741 E. Eager St.

55708 F 55708

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balt. Gen'l Hosp. 11-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Hazel Sigwart

If U. S. Veteran specify WAR

(a) Residence: No. 10 Arlington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of — Mrs. Hazel Sigwart

DATE OF BIRTH (month, day, year) 1906

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
32				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Flora McVey

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Lillie Bowersox

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Mrs. Hazel Sigwart

(Address) 10 Arlington St.

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 3/2/39

UNDERTAKER Harry A. Little

(Address) 4601 Edmondson Ave

FILED 3-2-1939 Arlington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 2-27-1939

22. I HEREBY CERTIFY, That I attended deceased from 2-24-1939 to 2-27-1939

I last saw her alive on 2-27-1939. Death is said to have occurred on the date stated above, at 12:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2-20
Other contributory causes of importance: Bronchial Asthma	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) W. 13 St

709

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55709

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hospital (Ward) 4-2
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Isaac Bowser
If U. S. Veteran, specify WAR .....

(a) Residence: 3157 Fremont Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Mal
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Divorced

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Delia Love

6. DATE OF BIRTH (month, day, year): Jan 3-1890

7. AGE — Years: 49 | Months: 1 | Days: 24 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stationary Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do
10. Date deceased last worked at this occupation (month and year): do
11. Total time (years) spent in this occupation: do

12. BIRTHPLACE (city or town) (State or country): Md

13. NAME: do

14. BIRTHPLACE (city or town) (State or country): do

15. MAIDEN NAME: do

16. BIRTHPLACE (city or town) (State or country): do

17. INFORMANT: Miss Lizzie Bowser
(Address) 608 W Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL: 3-2 39
Place Mt. Calvary Date 19

19. UNDERTAKER: William A Jackson
(Address) 716 E Lexington Ave

MAR 2- 1939 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 27 39

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence ... (Inquest, Autopsy or Inquiry) find that said deceased came ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	Feb. 27 39
Other contributory causes of importance:	

Was an operation performed? — Date of .....
For what disease or injury? .....
Name of operation — Date of .....
What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) George L Allen M. D.
Coroner
(Address) 520 Aisquith St

5710 E 55710

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 13-E Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mr. Thomas Jesse Wright

If U. S. Veteran specify WAR

(a) Residence: No. 3537 Buena Vista Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND (or) WIFE of Emma Estella Wright

DATE OF BIRTH (month, day, year) Sept 10 1883

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
55	5	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P R R Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Co. Md

12. NAME Isabella Lee Wright

13. BIRTHPLACE (city or town) (State or country) New York

14. MAIDEN NAME Elizabeth E. Miller

15. BIRTHPLACE (city or town) (State or country) Balto Co Md

16. INFORMANT Miss Emma Hirsch

(Address) 3551 Buena Vista Av.

BURIAL, CREMATION, OR REMOVAL

Place Mt Moriah Cemetery Date 3/4/39

UNDERTAKER A. L. Marshall

(Address) 3537 Gelly Rd

FILED 19 Registrar.

MAR 2-1939 Harlington Maryland

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-1-39, 19

22. I HEREBY CERTIFY, That I attended deceased from 2-24-39, 19, to 3-1-39, 19

I last saw h[illegible] alive on 3-1-39, 19. Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Hypertension	
Other contributory causes of importance: Chronic Nephritis	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. B. Tunnicliff, M. D.

(Address) St. Joseph's Hosp.

5711

HEALTH DEPARTMENT—CITY OF BALTIMORE 55711

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2704 Parkwood Ave St. 13-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Agnes Geise

If U. S. Veteran specify WAR .....

(a) Residence: No. 2704 Parkwood Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

If married, widowed, or divorced HUSBAND (or) WIFE of Quincy Adam Geise

DATE OF BIRTH (month, day, year) July 6-1863

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	7	21	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Pennsylvania

13. NAME ? Lenz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mr Quincy Adam Geise

(Address) 2704 Parkwood Ave

BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date Mar 2nd 1939

UNDERTAKER J. H. Lucas & Sons

(Address) 4 Fa Ave

FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27th 1939

22. I HEREBY CERTIFY, That I attended deceased from May 15 1915 to Feb 27 1939

I last saw her alive on Feb 26 1939. Death is said to have occurred on the date stated above, at 9.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Valvular Insufficiency Cardiac Hypertrophy	
Other contributory causes of importance: Pneumonia Lobular	3 days

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Clarence Clark M. D.

(Address) 811 Hollins Ave

55712 HEALTH DEPARTMENT—CITY OF BALTIMORE 55712

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 25-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Virgil Newton Head (16688)

(a) Residence: No. 2011 Letitia Avenue, Wash. Pk., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) August 2, 1879

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	6	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Const

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) ..... (State or country) Va.

12. NAME Willis (D)

13. BIRTHPLACE (city or town) ..... (State or country) Va.

14. MAIDEN NAME Annie ?? (D)

15. BIRTHPLACE (city or town) ..... (State or country) Va.

16. INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mt. Lawn Cem. Date 3/3/39

17. UNDERTAKER W. H. Coulson
(Address) 1217 Edmondson Ave.

FILED ..... 19 ..... H. E. Williams, M.D. Registrar.
MAR 2 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from August 26, 1936 to February 28, 1939

I last saw him alive on February 28, 1939. Death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	1936
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

55713 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 55713

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 439 East 22nd St. 12-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Elizabeth Morris

If U. S. Veteran specify WAR

(a) Residence: No. 439 East 22nd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry C. Morris

DATE OF BIRTH (month, day, year): June 1-5 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	8	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home 037

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME OF FATHER: King

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME OF MOTHER: Mc Donald

16. BIRTHPLACE (city or town) (State or country): Ireland

INFORMANT: Mrs James H. Morris

(Address) 414 E. Cold Spring Lane

BURIAL, CREMATION, OR REMOVAL: New Cathedral Date 3/4 1939

UNDERTAKER: Decimus Cook

(Address) 1217 St Paul St Balto Md

FILED: Hunting for Williams Registrar.

MAR 2- 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 24th, 1938, to March 1, 1939.

I last saw her alive on Feb. 27th, 1939. Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
11- Arterio-Sclerotic Heart Disease.	3 yrs.
Hypertension	
Other contributory causes of importance: 11- Secondary Anemia.	1 yr.

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Earle L. Chambers, M. D.

(Address) 4108 Liberty Rd

F 55714

55714 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

124-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp St., Belvedere Ward) T-5

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

2. FULL NAME Elizabeth Dennis specify WAR

(a) Residence: No. 2211 E. Boyer St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

If married, ~~widowed, or divorced~~
~~HUSBAND~~ (or) WIFE of John H. Dennis

DATE OF BIRTH (month, day, year) Sept 29th 1888

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	4	29	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

8. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) Balto
(State or country) Md

13. NAME Charles Weidner

14. BIRTHPLACE (city or town) Balto
(State or country) Md.

15. MAIDEN NAME Lena Zelber

16. BIRTHPLACE (city or town) Balto
(State or country) Md

INFORMANT John H. Dennis
(Address) 2211 Boyer St

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Mar 4th 1939

UNDERTAKER Wm Cook
(Address) 1217 E Paul St

FILED Huntington Williams, M.D. Registrar.
1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1939 to Feb 28, 1939

I last saw h[er] alive on Feb 28, 1939 Death is said to have occurred on the date stated above, at 3:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	3 days

Other contributory causes of importance:
Contusion of Liver & Lacerations of Liver & Ruptured appendix over 5 yrs.

Was an operation performed? Yes Date of Feb 24

For what disease or injury? Laceration

Name of operation Abdominal Paracentesis

What test confirmed diagnosis? None Was there an autopsy? Not

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. Elliott Katz M. D.

(Address) Sinai Hospital

F 55715

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 13-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME William L. Brown

(a) Residence: No. 1207 Morling Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mattie

6. DATE OF BIRTH (month, day, year) 3-2-1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
65	65	11	19	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country) Laurel, Md.

12. NAME OF FATHER William

13. BIRTHPLACE (city or town) (State or country) Md.

14. MAIDEN NAME OF MOTHER Margaret

15. BIRTHPLACE (city or town) (State or country) Md.

16. INFORMANT B.C.H. Records

(Address)

17. BURIAL, CREMATION, OR REMOVAL Mays Hampden Date March 4, 1939

18. UNDERTAKER Chenoweth & Son

(Address) 3615-17 Edmondson Ave

19. FILED , 19

Registrar.

Harrington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 1st, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1939 to Mar. 1st, 1939

I last saw him alive on Mar. 1st, 1939 Death is said to have occurred on the date stated above, at 6:30P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
generalized peritonitis	2-21-39
perforation of sigmoid	?
Other contributory causes of importance: Bronchopneumonia	3 days
Hypertension C-V. disease	

Was an operation performed? Yes Date 2-21-39

For what disease or injury? generalized peritonitis

Name of operation exploratory laparotomy

What test confirmed diagnosis? Path. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. Delatelle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 55716

93-C

5716

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1018 N. Monroe St. 16-4 Ward)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Amelia Carey,

(a) Residence: No. 1018 N. Monroe St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of ------

DATE OF BIRTH (month, day, year) July ? 1854

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	7		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore City

13. NAME Thomas K. Carey,

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Riley.

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Thomas E. Carey,

(Address) 1018 N. Monroe St.

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date MAR 3 1939

UNDERTAKER Geo. W. Little

(Address) 2700 Edmondson Ave.

FILED MAR 2 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 28 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1938, to Feb. 28, 1939.

I last saw h[illegible] alive on Feb. 27, 1939. Death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	2 wks.
Other contributory causes of importance:	none

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Sidney D. Yellin M. D.

(Address) 2320 Eutaw Place

17

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55717

CERTIFICATE OF DEATH

186-a Roland Park

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 Oakdale Rd St. 7-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence Carlyle Whiting

If U. S. Veteran specify WAR

(a) Residence: No. 102 Oakdale Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Marion Armistead

DATE OF BIRTH (month, day, year) Aug 31 1844

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	94	6	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Melbourne Loudon Co. Va.

13. NAME Geo W. C. Whiting

14. BIRTHPLACE (city or town) (State or country) Alexandria Va

15. MAIDEN NAME Mary Ann Dulany

16. BIRTHPLACE (city or town) (State or country) Old Melbourne Loudon Co. Va.

17. INFORMANT George A Whiting

(Address) 422 Greenway

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Mar. 3 1939

19. UNDERTAKER Henry W. Jenkins & Bro

(Address) McCulloh & Oakdale Sts

20. FILED ....., 19..... Registrar.

MAR 2 1939

Hamilton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 18 1939 to March 1 1939

I last saw h alive on March 1, 1939 Death is said to have occurred on the date stated above, at 2.45 m.

The principal cause of death and related causes of importance were as follows:

Pneumonia, lobar (Primary?) Interval between onset and death Feb 18 - March 1

Other contributory causes of importance: Old Age

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. B. Crandell M. D.

(Address) 2 W. Saratoga

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

55718 F 55718

112

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 904 E. North Ave: St., 9-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Thomas J. Grover.

If U. S. Veteran specify WAR

(a) Residence: No. 904 E. North Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Alverta E. Grover.

DATE OF BIRTH (month, day, year) Nov 9 / 68

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	3	18	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME William Grover.

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. MAIDEN NAME Carolina Martin

16. BIRTHPLACE (city or town) (State or country) Maryland.

INFORMANT Alverta E. Grover

(Address) 904 E. North Ave.

BURIAL, CREMATION, OR REMOVAL

Place Sandalia Park Date March 2 1939

UNDERTAKER Albert W. Pregany

(Address) 440 East North Ave

FILED 1939 Harry Tom Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 1937 19 to Feb 27, 1939

I last saw h alive on Feb 27, 1939. Death is said to have occurred on the date stated above, at 8.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial asthma	
Emphysema & chronic Bronchitis	

Other contributory causes of importance:

Senility

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Julius H Grossman, M. D.

(Address) 340 E Baltimore St

5719

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 55719

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 643 Gutman Ave St. 9-K 107a Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Louis Walton

If U. S. Veteran specify WAR

(a) Residence: No. 643 Gutman Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Walton

DATE OF BIRTH (month, day, year) August 25-66

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	6	2	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home—

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20?

BIRTHPLACE (city or town) (State or country) Annapolis Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Elizabeth Walton

(Address) 643 Gutman Ave

BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date 2 1939

UNDERTAKER Albert W. Peregoy

(Address) 440 E. North Ave

FILED 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1939 to Feb. 27, 1939

I last saw h.im alive on Feb. 27, 1939. Death is said to have occurred on the date stated above, at 9 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Broncho pneumonia	2/20/39
Other contributory causes of importance:	

Was an operation performed? No. Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Physical there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Thomas E. White, M. D.

(Address) 5214 Harford Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55720

720

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 809-N. Calvert Street St. 11-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...da.

2. FULL NAME Frank A. Cooke

If U. S. Veteran specify WAR .....

(a) Residence: No. 809-N. Calvert Street St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - - - - -

6. DATE OF BIRTH (month, day, year) 2/14/1850

AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	89	--	14 17	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John Cooke

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Mary A. Logan

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Frank A. Cooke

(Address) 809-N. Calvert Street

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date 3/3/39 19

UNDERTAKER George J. Ruth Inc.

(Address) 1735-Harford Ave.

FILED MAR 2 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-1- 1939

22. I HEREBY CERTIFY, That I attended deceased from 1/24 19 39 to 2/28 19 39

I last saw him alive on 2/27 19 39 Death is said to have occurred on the date stated above, at ...m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio Vascular renal disease	Several years.

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph S. Blum M. D.

(Address) 1206 E. Preston St

21

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 55721

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 521 S Sharp St. 27-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Hubbard

If U.S. Veteran specify WAR

(a) Residence: No. 521 S Sharp St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Hubbard

6. DATE OF BIRTH (month, day, year) — 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mary Hubbard

(Address) 1011 W Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 3/6 19 39

19. UNDERTAKER Watts B. Sligh

(Address) 134 W Hoffman St

Interment or Removal, Md.

MAR 2 - 1939

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/26, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2/19, 1939 to 2/26, 1939

I last saw him alive on 2/26/39 and . Death is said to have occurred on the date stated above, at 11:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/19/39

Other contributory causes of importance:

arteriosclerosis

Chronic Myocarditis

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no, If so, specify

(Signed) D. Druckman, M. D.

(Address) 1122 W Lee St

HEALTH DEPARTMENT—CITY OF BALTIMORE

55722

CERTIFICATE OF DEATH F 55722 C

28282-FS

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 15-4 95 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Rebecca Schlictman

If U. S. Veteran specify WAR

(a) Residence: No. 2022 N. Smallwood St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Michael

DATE OF BIRTH (month, day, year) 1866 ?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
73	73			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Meyer Fierman

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Leah

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT B.C.H. Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 3-2-39 19

UNDERTAKER Jack Levin Inc
(Address) 1439 E. Baltimore

FILED MAR 2 1939 19 Huntington Ave Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from November 15, 1937, to March 1, 1939

I last saw her alive on March 1, 1939. Death is said to have occurred on the date stated above, at 2.05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart disease Unknown	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Sautelle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

55723 CERTIFICATE OF DEATH F 55723

1. PLACE OF DEATH Hebrew Home for Aged & Infirm Registered No. 94 B

CITY OF BALTIMORE: (No. Belvedere & Greenspring St. 27-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. if of foreign birth 35 yrs. mos. ds.

2. FULL NAME Morris Cohen If U. S. Veteran specify WAR

(a) Residence: No. Belvedere & Greenspring St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of Fannie

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Photographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

12. NAME

13. BIRTHPLACE (city or town) (State or country)

14. MAIDEN NAME

15. BIRTHPLACE (city or town) (State or country)

INFORMANT Sigmund Fineburg

(Address) Belvedere & Greenspring

BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 3-2-39 19

UNDERTAKER Jack Levin Inc.

(Address) 1439 E. Baltimore St

FILED MAR 2 - 1939 19 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-1-39, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1936, to Mar 1, 1939

I last saw h.. alive on March 1, 1939. Death is said to have occurred on the date stated above, at 1.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Coronary Thrombosis	about 1935
Arterio Sclerosis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Huntington Williams M. D.

(Address) Rosedale.

HEALTH DEPARTMENT—CITY OF BALTIMORE

55724

CERTIFICATE OF DEATH

82-B

F 55724

1. PLACE OF DEATH

Registered No.....

CITY OF BALTIMORE: (No. 221 N. North ave St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? 73 yrs. ..... mos. ..... da.

2. FULL NAME Lena Levine

If U. S. Veteran specify WAR .....

(a) Residence: No. 721 N. North ave St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Ellis

DATE OF BIRTH (month, day, year) 1876

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Russia

13. NAME David Cahzen

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Rubin Cahzen

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Mr. Joseph Hamburger

(Address) 721 N. North ave

BURIAL, CREMATION, OR REMOVAL Woodson Hill Date 8-2-39

UNDERTAKER Jack Levin Inc

(Address) 1427 E. Baltimore St

Filed MAR 2 - 1939 19 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-1-39, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1938, to March 1, 1939

I last saw h.e alive on March 1, 1939. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1934
Other contributory causes of importance: Cerebral Thrombosis	Nov 22 1938

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. G. Jones M. D.

(Address) 281 E. St. Paul St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 55725

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hosp St. 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME George B. Luber

If U. S. Veteran specify WAR

(a) Residence: No. 1029 Russell St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	SINGLE

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) JUNE 15 1908

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	8	14½	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B+O R R Co

10. Date deceased last worked at this occupation (month and year) 2/23/39

11. Total time (years) spent in this occupation 10 yrs

BIRTHPLACE (city or town) (State or country) Balto Md.

12. NAME George T. Luber

13. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Anna M. Luber

16. BIRTHPLACE (city or town) (State or country) Germany.

INFORMANT Anna M. Luber.

(Address) 1029 Russell St.

BURIAL, CREMATION, OR REMOVAL

Pl. Cathedral Cem. 3-3rd. 19 39

UNDERTAKER Bernard C. Harde

(Address) 121 E West St

FILED 19 Registrar.

MAR 2-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-11 1939

22. I HEREBY CERTIFY, That I attended deceased from 2/26 1939 to 3/11 1939

I last saw h[illegible] alive on 3/1 1939. Death is said to have occurred on the date stated above, at 1A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	
Undiagnosed disease of kidney	2 years

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Path. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. R. Turnquist M. D.

(Address) St. Josephs Hosp

55726 F 55726

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 26212 (1937-a)

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 15-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Cornell

If U. S. Veteran specify WAR

(a) Residence: No. 3002 Cold Spring Lane St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Cornell

6. DATE OF BIRTH (month, day, year) 3/6/1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	11	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0067

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country)

13. NAME John Youngs.

14. BIRTHPLACE (city or town) N. Y.
(State or country)

15. MAIDEN NAME Mary Allender

16. BIRTHPLACE (city or town) Md.
(State or country)

INFORMANT City Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 3/3/39, 19

UNDERTAKER Geo. Weber & Son
(Address) 2503 Edmondson Ave.

FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from August 30, 1937, to February 28, 1939

I last saw her alive on February 28, 1939 Death is said to have occurred on the date stated above, at 10 55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-25-39
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Santella M. D.

(Address) Baltimore City Hospitals

Filed 3/4/39 Huntington Williams

55727 HEALTH DEPARTMENT—CITY OF BALTIMORE 55727

CERTIFICATE OF DEATH

161-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St. 8-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Brown

If U. S. Veteran specify WAR

(a) Residence: No. 1628 E. Biddle St. St., Ward. 32
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, year) 2/9/39

AGE	Years	Months	Days	If LESS than 1 day 10 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Robert Brown

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mabel Lee

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 2 - 1939 19

Commissioner of Health

UNDERTAKER

(Address) Per H. A. Moore

FILED Huntington Williams Registrar

46302

2-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-9, 1939, for 10 hours 19

I last saw h[illegible] alive on 2-9, 1939. Death is said to have occurred on the date stated above, at 5 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis	
Other contributory causes of importance:	

Was an operation performed? 0 Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jno. Z. Jackson, Jr. M. D.

(Address) Johns Hopkins Hospital

55728

HEALTH DEPARTMENT—CITY OF BALTIMORE

55728

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5 H. H. St. 11-4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Dameron

(a) Residence: No. 931 N. Eutaw St. St., ... Ward. 32
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

If married, widowed, or divorced. HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) 2/14/39

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	37 hrs.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Daniel Smith

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Beatrice Dameron

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 2 - 1939

19. UNDERTAKER Commissioner of Health
(Address) Per E. L. Moore

FILED 19 Registrar.
- 1939 Huntington Williams, M.D.

4631

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 - 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-20, 1939, to 2-22, 1939.

I last saw h.im alive on 2-22, 1939. Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Other contributory causes of importance:	

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Joseph T. Darling, Jr. M. D.

(Address) Johns Hopkins Hospital

F 55729

5729

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 Melville Ave St. 9-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah P. Paddy

If U. S. Veteran specify WAR

(a) Residence: No. 721 Melville Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Robert B. Paddy

DATE OF BIRTH (month, day, year) Sept 10, 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	5	1821	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) A.A. Co Md.

13. NAME John R. Paddy

14. BIRTHPLACE (city or town) (State or country) A.A. Co. Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Eleanor E. Stable

(Address) 313 N. Pulaski St.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Harmony Md Date Mar 3 1939

UNDERTAKER Mr. Mrs. John W. Teufel & Son

(Address) 801 W. Fayette St.

FILED Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 1 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1 1938 to Mar 28 1939

I last saw h[illegible] alive on Mar 24 1939 Death is said to have occurred on the date stated above, at 12.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of Brain	?
Other contributory causes of importance:	
Arteriosclerosis	

Was an operation performed? yes Date of Nov 15, 1938

For what disease or injury?

Name of operation Exploration - Brain

What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Albert Scagnetti M. D.

(Address) 1729 W Lombard St

- 1939

5730

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55730

CERTIFICATE OF DEATH

X 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. St. 11-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Benjamin Wilson

If U. S. Veteran specify WAR

(a) Residence: No. Putty Hill Ave., Fullerton St., Ward: Fullerton, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: Jennie Y. Wilson

6. DATE OF BIRTH (month, day, year): July 9, 1855

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
83	7	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Truck Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): 1934

11. Total time (years) spent in this occupation: 63

12. BIRTHPLACE (city or town) (State or country): Balto. Co., Md.

13. NAME: Richard Wilson

14. BIRTHPLACE (city or town) (State or country): Unknown, Unknown

15. MAIDEN NAME: Mary Ann Fowler

16. BIRTHPLACE (city or town) (State or country): Balto. Co., Md.

17. INFORMANT: Mr. C. Wilson,

(Address): Fullerton, Md.

BURIAL, CREMATION, OR REMOVAL

Place: Fowler Fam. Cem. Date: March 5, 1939

UNDERTAKER: Frederick Lannehan & Son

(Address): 7401 Belair Road

FILED ... 19... By ... Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year): 3-1, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-23, 1939 to 3-1, 1939

I last saw him alive on 3-1, 1939 Death is said to have occurred on the date stated above, at 6:15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	3-1-39
Arterio Sclerotic Cardio vascular Disease	?
Bilateral Broncho Pneumonia	2-22-39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John M. Gatt, M. D.

(Address) Maryland General Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

55731

CERTIFICATE OF DEATH

108 F 55731

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 602 S. Monroe St. 20-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Andrew Pusty

If U. S. Veteran specify WAR .....

(a) Residence: No. 602 S. Monroe St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Jan. 30, 1881

7. AGE: Years 58 | Months 1 | Days 1 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dipper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel mill

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Hungary

13. NAME ? Zatzka

14. BIRTHPLACE (city or town) (State or country) Hungary

15. MAIDEN NAME Hilla

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT William Chiswick

(Address) 602 S. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Date Mch 3, 1939

19. UNDERTAKER D C Covington

(Address) 2117 25th St. Balto.

20. DATE RECEIVED MAR 2- 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1939.

22. I HEREBY CERTIFY, That I attended deceased from February 24, 1939. to March 1, 1939.

I last saw him alive on March 1, 1939. Death is said to have occurred on the date stated above, at 3 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Myocarditis	
Other contributory causes of importance: Pulmonary Oedema	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Herbert C Natelson M. D.

(Address) 2151 Wilkens Ave.

OR Malberx & Mitsel 2155 Wilkens Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

55732

CERTIFICATE OF DEATH

119 F 55732

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 939 W. Mulberry St (Ward) 1

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. 6 mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Burnett

If U. S. Veteran specify WAR

(a) Residence: No. 939 W. Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 5th 1938.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME OF FATHER John Burnett

14. BIRTHPLACE (city or town) (State or country) Chapell Ky.

15. MAIDEN NAME OF MOTHER Maggie Harrow

16. BIRTHPLACE (city or town) (State or country) Piper N. Y.

17. NAME OF INFORMANT Maggie Burnett

(Address) 939 W. Mulberry

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Mar 4th 39

19. UNDERTAKER Mr Kate R. Williams

(Address) 322 N Schroeder St

20. FILED MAR 2 1939 Huntington Williams REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/4 39

22. I HEREBY CERTIFY, That I attended deceased from Feb. 27th 39 to March 1st 39.

I last saw him alive on Mar 1st 39. Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobo-Pneumonia.	2/27/39
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. A. Gregory M. D.

(Address) 622 N. Arlington Ave

55733 HEALTH DEPARTMENT—CITY OF BALTIMORE F 55733

CERTIFICATE OF DEATH

93-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1678 Light St. 23-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Nicholas Murphy

If U. S. Veteran specify WAR

(a) Residence: No. 1678 Light St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Widower

HUSBAND of (or WIFE of) Mary Murphy

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship Yard

10. Date deceased last worked at this occupation (month and year) 1938 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ireland

12. NAME Unknown

13. BIRTHPLACE (city or town) (State or country) Ireland

14. MAIDEN NAME Unknown

15. BIRTHPLACE (city or town) (State or country) Ireland

16. INFORMANT [illegible]

(Address) [illegible]

BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date 3/3 1939

UNDERTAKER [illegible]

(Address) [illegible]

FILED 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 24, 1939 to Feb. 28, 1939

I last saw him alive on Feb. 28, 1939 Death is said to have occurred on the date stated above, at 6.15 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General and cerebral arterio sclerosis, hypertension	?
Other contributory causes of importance: Acute myocarditis	5 days

Was an operation performed? no Date of - - -

For what disease or injury? - - - -

Name of operation - - - -

What test confirmed diagnosis? p.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Henry Deibel M. D.

(Address) 1224-1226 Hanover St.

55734

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181 F 55734

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. St. 19-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lillian Manns Kothe

(a) Residence: No. 1312 W. Lexington St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles F. Kothe

DATE OF BIRTH (month, day, year) November 10, 1880

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	3	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... (no)

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Frederick A. Manns

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

15. MAIDEN NAME Amelia Nemmey

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Mr. Charles F. Kothe

(Address) 1312 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date March 3, 1939

19. UNDERTAKER C. T. Canoreau

(Address) 1303 W. Baltimore St.

20. FILED MAR 2 - 1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1r 2nd degree burns Body	1/26/39
Pulmonary Embolism	3/1/39

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1/26, 1939

Where did injury occur? Baltimore Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home.

Manner of injury struck match ignited clothing.

Nature of injury 1r 2nd degree burns. Fire Apparatus not called

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) A. J. Manna Coroner, M. D.

(Address) 1822 W. Baltimore St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

55735

CERTIFICATE OF DEATH

94-B-55735

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Cambridge Arms St 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eva E. Hall

If U. S. Veteran specify WAR

(a) Residence: Cambridge Arms Charles St., 34 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Edgar R. Hall

DATE OF BIRTH (month, day, year) Aug. 26 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	6	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Georgia

13. NAME Joseph W Edwards

14. BIRTHPLACE (city or town) (State or country) Ga

15. MAIDEN NAME Sarah E Bell

16. BIRTHPLACE (city or town) (State or country) Ga.

INFORMANT Mrs. Lafayette Estabrook

(Address) Cambridge Arms

BURIAL, CREMATION, OR REMOVAL

Place Mt Lebanon Cem Date March 4 1939

UNDERTAKER Ray Mitchell & Sons

(Address) 1950 Eutaw Place

FILED March 4 1939 Huntington Williams, M.D. Registrar.

R 2-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1939, to March 2, 1939.

I last saw her alive on March 2, 1939. Death is said to have occurred on the date stated above, at 4.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	2/16/39
Other contributory causes of importance: Arteriosclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hermichael Tilghman, M. D.

(Address) 16 East Biddle St.

HAINES

HEALTH DEPARTMENT—CITY OF BALTIMORE

55736 — CERTIFICATE OF DEATH — F 55736

50

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 616 S. Longwood St. Ward 13) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gertrude Haines — If U.S. Veteran specify WAR ...

(a) Residence: No. 616 S. Longwood St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of Edward Haines

DATE OF BIRTH (month, day, year) Aug 28 1888

6. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	6	10	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Family

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Casper Unroe

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Benjamin Eberly

(Address) 201 N Ran Sell St

BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date March 1 1939

UNDERTAKER Kendall & Hopp

(Address) 1205 Light St

MAR 2 - 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1939 to February 28 1939

I last saw h[illegible] alive on February 27 1939 Death is said to have occurred on the date stated above, at 12 25 a.m.

The principal cause of death and related causes of importance were as follows:

Metastatic Carcinoma Left Lung — Date of onset ...

Myocardial Insufficiency

Other contributory causes of importance:

Was an operation performed? Amp. Breast Date of Aug. 1938

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Gustave Klauschenie M. D.

(Address) 2529 Eastern Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

55737

CERTIFICATE OF DEATH

93-C F 55737

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4730 Philadelphia Ave

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 86 yrs. mos. ds. How long in U. S. If of foreign birth? 86 yrs. mos. ds.

2. FULL NAME Christina Trabandt

If U. S. Veteran specify WAR

(a) Residence: No. 4730 Philadelphia Ave

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

If married, widowed or divorced HUSBAND of (or) WIFE of Adam

DATE OF BIRTH (month, day, year) Oct 7 1837

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
101	4	24	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Hatenberg Germany

13. NAME Unborn

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unborn.

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Catherine Stolstetter

(Address) 33 S. Arund St.

BURIAL, CREMATION, OR REMOVAL

Place Balto Cem. Date March 4 1939

UNDERTAKER Martin E. Zepp

(Address) 37 S. Carey St.

FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 16, 1939, to March 1, 1939

I last saw h[illegible] alive on March 1, 1939. Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	
Other contributory causes (secondary): Senile Arteriosclerosis	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm D Schmidt M. D.

(Address) 701 N. Kenwood Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55738

CERTIFICATE OF DEATH

94-B F 55738

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5916 Greenhill Ave 26-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. da. How long in U. S. If of foreign birth yrs. mos. da.

2. FULL NAME Frederick W. Kinslow

If U. S. Veteran specify WAR

(a) Residence: No. 5916 Greenhill Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed or divorced HUSBAND of (or) WIFE of Ella S.

6. DATE OF BIRTH (month, day, year) Jan 12 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	1	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Kinslow

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Jackson

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Ella S. Kinslow

(Address) 5916 Greenhill ave

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date March 3, 1939

UNDERTAKER Martin W. E. & Doppel

(Address) 5110 Belair Rd

Filed Mar 3 1939, 19 J. Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1938 to Dec 3, 1938

I last saw him alive on Feb 1, 1939. Death is said to have occurred on the date stated above, at 8 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2/28/39
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert J. Hinkelfarb M. D.

(Address) 5444 Belair Rd

HEALTH DEPARTMENT—CITY OF BALTIMORE

5739 55739

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 632 N Augusta St. 16-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lillian J Satterfield

If U. S. Veteran specify WAR

(a) Residence: No. 632 N Augusta St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Walter J

6. DATE OF BIRTH (month, day, year) Apr 9 1867

7. AGE Years 71 Months 10 Days 23 If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Titus Maslin

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Walter J Satterfield

(Address) 632 N Augusta St

18. BURIAL, CREMATION, OR REMOVAL Date 3/4/39

Place Loudon Park

19. UNDERTAKER Joyce & Shipley

(Address) Fulton & Williams Sts

FILED ... 19 ... Registrar.

MAR 3 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1938, to March 1, 1939

I last saw her alive on Feb 28, 1939 Death is said to have occurred on the date stated above, at 8:45 A.m.

The principal cause of death and related causes of importance were as follows:

Adenosclerosis - Chronic — Date of onset ?

Myocarditis - Senility

Other contributory causes of importance

Hypostatic Pneumonia — 1 day

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D Walter Spencer M.D. M. D.

(Address) 3603 Edmondson Ave

5740 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 55740

CERTIFICATE OF DEATH 42485 (43) 108

PLACE OF DEATH

Registered No.

TY OF BALTIMORE: (No. Baltimore City Hospitals St. 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. de.

FULL NAME Ernest William Mitchell

If U. S. Veteran specify WAR World War

(a) Residence: No. 1131 Park ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

ATE OF BIRTH (month, day, year) 11-18-1888

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
50	50	3	14	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel worker
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) N. C.
(State or country)

13. NAME Mack Mitchell

14. BIRTHPLACE (city or town) N. C.
(State or country)

15. MAIDEN NAME Minnie Stubbifield

16. BIRTHPLACE (city or town) N. C.
(State or country)

INFORMANT City Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Reedsville N.C Date Mar 3 1939

UNDERTAKER Adolphus Halstead
(Address) 918 N Mildred ave

FILED Mar 4 1939 Huntington Williams Registrar

3-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 28 1939 to March 2 1939.

I last saw him alive on March 2 1939. Death is said to have occurred on the date stated above, at 2:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	2-24-39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospitals

741

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55741

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6402 Eastern Ave. St., 26-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? 55 yrs. mos. da.

2. FULL NAME Barbara Waldmann

If U. S. Veteran specify WAR

(a) Residence: No. 6402 Eastern Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of George Waldmann

DATE OF BIRTH (month, day, year) Oct. 17, 1845

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
93	4	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Andrew Wich

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) not known

INFORMANT Mr. H. Schumacher

(Address) 6402 Eastern Ave

BURIAL, CREMATION, OR REMOVAL

Place Pat. Evang. Cem. Date Mch. 4, 1939

UNDERTAKER George W. Zinkan

(Address) 1737 E. Baltimore St. Huntington Station, N.Y.

FILED Huntington Station, N.Y. Registrar.

MAR 3- 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1939 to Mar 1, 1939

I last saw h[illegible] alive on Feb 28, 1939. Death is said to have occurred on the date stated above, at 8 20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	
Chr. Myocarditis	
Myocardial Failure	Feb 21 1939

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? None.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. H. Schumacher, M. D.

(Address) 6402 Eastern Ave

42 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 55742

CERTIFICATE OF DEATH

1-2 87-a 42437 JS

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Wilhelima Or Minnie Kahlert

If U. S. Veteran specify WAR .....

(a) Residence: No. 505 S. Decker Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward

6. DATE OF BIRTH (month, day, year) 12-25-1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	2	2 3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (0 37

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

13. NAME Elijn S. King

14. BIRTHPLACE (city or town) ?
(State or country)

15. MAIDEN NAME Catherine Kestner

16. BIRTHPLACE (city or town) ?
(State or country)

INFORMANT B. C. H. Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date March 4, 1939

UNDERTAKER George W. Zinkler
(Address) 1737 E. Eager St.

FILED MAR 3 - 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 27, 1939 to February 28, 1939

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	2-26-39

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. De Santelle, M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55743

CERTIFICATE OF DEATH

CGK--42380 95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Randolph

(a) Residence: No. 1632 E. Monument St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Alice

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
75	75			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Harriet Johnson

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Frostburg Md Date 3-3 1939

19. UNDERTAKER Mrs Chas G. Bailey

(Address) 1121 Jefferson St

20. FILED MAR 3 - 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 25, 1939, to March 1, 1939

I last saw him alive on March 1, 1939. Death is said to have occurred on the date stated above, at 9:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Disease	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospitals

744

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55744

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hospital Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Russell Waller

(a) Residence: No. 1823 E Eager St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	S

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb 15-1921

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	0	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Middlesex Co Va
13. NAME William R Waller
14. BIRTHPLACE (city or town) (State or country) Va
15. MAIDEN NAME Susie B Curtis
16. BIRTHPLACE (city or town) (State or country) Va
17. INFORMANT Preston Waller
(Address) 1823 E Eager
18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date Mar-3 19 39
19. UNDERTAKER Mrs R E Elliott-Daughter
(Address) 1125 N Caroline St
20. FILED MAR 3 1939 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute dylatation of Heart — Date of onset Feb 27 39

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Autopsy — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Jorge L Allen, M. D.
Coroner

(Address) 50 Lexington St

15

F 55745

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 CC

1. PLACE OF DEATH Balto. City Hospitals — Registered No. 1877

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bay View St., [illegible] Ward)

Length of residence in city or town where death occurred [illegible] yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles Alfonso Holland — If U. S. Veteran specify WAR

(a) Residence: No. 621 Faith Lane St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 30-1926

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
12	3	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Charles Holland

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Carrie Young

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Carrie E. Williams mother
(Address) 621 Faith Lane

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 2-3- 1939

19. UNDERTAKER Mrs. R. C. Elliott-Daughter
(Address) 1129 N. Caroline St

Rec'd 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 27, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	June
Other contributory causes of importance: Acidosis Marked	June 1939

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. W. Wood M. D.
Coroner

(Address) 112 N. Bond St.

5746 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 55746

CERTIFICATE OF DEATH

54-D

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St. 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Thomas Harris If U. S. Veteran specify WAR

(a) Residence: No. 1354 N. Calhoun St., Ward. Hal-2
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 2/24/15

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24		07	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept Store

8. Date deceased last worked at this occupation (month and year)

9. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Alfred Harris

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Rosella Rollins

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Records -
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL.
Place St. Marks a.a. Co. Date 3/4, 1939

UNDERTAKER Frank W. Stone & Son
(Address) 632 N. Eutaw St.

FILED 1939 19 Huston Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 14 - 1939 to Mar 1 1939

I last saw h alive on March 1, 1939 Death is said to have occurred on the date stated above, at 820 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor - Meningeas	
Other contributory causes of importance:	

Was an operation performed? yes Date of Feb 15 1939

For what disease or injury? Brain tumor

Name of operation Craniotomy

What test confirmed diagnosis? Removal Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Kenneth L. Pinkerton, M. D.

(Address) J. H. H.

5747 HEALTH DEPARTMENT—CITY OF BALTIMORE F 55747

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3038 Dillon St., 1-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Karol Gaja

(a) Residence: No. 3038 Dillon St., Ward.
(Usual place of abode) Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Widower

If married, widowed, or divorced
HUSBAND of (or) WIFE of Marjanna Gaja

DATE OF BIRTH (month, day, year) 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Life
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Poland
(State or country)

13. NAME Not known
14. BIRTHPLACE (city or town) —
(State or country)
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) —
(State or country)

INFORMANT Frank Gaja
(Address) 3038 Dillon St

BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Date 3/6/39

UNDERTAKER John Duda
(Address) 2829 Hudson St

FILED Mar 9 1939 Huntington Williams, Registrar.

MAR 3-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1939 to March 2, 1939
I last saw him alive on March 1, 1939. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Tolerosis	
Chronic Nephritis.	
Myocardial Insufficiency	
Other contributory causes of importance:	

Was an operation performed? No Date of —
For what disease or injury? —
Name of operation —
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Teodor Kwiatkowski, M. D.
(Address) 1879 Eastern Ave.

F 55748

HEALTH DEPARTMENT—CITY OF BALTIMORE

5748

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3506 Glenn Ave. 27-20 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Gundersheimer

If U. S. Veteran specify WAR

(a) Residence: No. 3506 Glenn Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Philip W. 1866

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 00 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Joseph Bergman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Philip W. Gundersheimer

(Address) 3506 Glenn Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Hebrew Date 3-3-39. 19

19. UNDERTAKER Jacob Levy, Inc.

(Address) 1437 E. Balto St

FILED MAR 3 - 1939 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-2-39. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paronary Thrombosis	2/24/39

Other contributory causes of importance: Hemiplegia for past 3 hr

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Evans M. D.

Coroner

(Address)

F 55749

55749 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital) 15-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? 1 yrs. mos. ds.

2. FULL NAME Harry Bigger

If U. S. Veteran specify WAR

(a) Residence: No. 1949 W. Watson St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Samuel Bigger

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Anna Reiner

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Father

(Address)

BURIAL, CREMATION, OR REMOVAL Date 3-3-39

Levering Rm

UNDERTAKER Jackson's Inc

(Address) 1437 E Balto St

FILED Huntington Williams M.D. Registrar

3-3-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-2-39, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Agonia Interstitial Nephritis	
Hypertension	

Other contributory causes of importance:

Cerebral Apoplexy

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber Coroner, M. D.

(Address) Coroner

5750

✓ F 55750 39102
ahe/cec

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 129 W. Randall St. St. 23-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles A. Miller

If U. S. Veteran specify WAR

(a) Residence: No. 129 W. Randall St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Lottie Miller

DATE OF BIRTH (month, day, year) Sept. 5, 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	5	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist at The

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Consolidated Gas & Electric Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

13. NAME Michail T. Miller

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Jennie Hartman

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT (Address) Mrs. Lottie Miller (Wife) 129 W. Randall St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Cem. Date March 4th, 1939

19. UNDERTAKER (Address) J. Bernard Flynn 1490-92 S. Charles St.

20. FILED 3-3-1939 Hartzler Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebal Hemorrhage	
Arterio Sclarosis	
Hypertension	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) I. Littman, M. D. Coroner

(Address) 1304 E. Chase Street

55751

HEALTH DEPARTMENT—CITY OF BALTIMORE

55751

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2043 Wilkens ave St. 20-3 Ward)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Isaac Silverman

(a) Residence: No. 2043 Wilkens ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Rachael

6. DATE OF BIRTH (month, day, year) 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. store

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Meyer Silverman

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Charles Silverman

(Address) 2126 W Balto St

18. BURIAL, CREMATION, OR REMOVAL

Date March 3, 1939

UNDERTAKER Wolf Kuyman & Bros

(Address) 1124-26 W. Baltimore

FILED 16 Registrar.

MAR 3 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1939 to Mar 2, 1939

I last saw him alive on Mar 2, 1939. Death is said to have occurred on the date stated above, at 11 15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	3 days ago

Other contributory causes of importance:

Myocardial infarction	10 days ago

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Benjamin Miller, M. D.

(Address) 2030 W Cold Spring ave

752

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55752

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Vicinity of Howard & Saratoga Sts 12-5 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Esther Russell

If U. S. Veteran specify WAR

(a) Residence: No. 1709 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) —

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59 (?)			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Eau Claire, Wisconsin

13. NAME — Russell

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT James E Schaffer

(Address) 1010 E Edger St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Mar 3rd, 1939

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St.

20. FILED 19 Huntington Wilkinson, Registrar

MAR 3 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	
	Intermittent

Other contributory causes of importance:

Chr. Myocarditis	Prob

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A Abrams, M. D. Coroner

(Address) 2360 Eutaw place

HEALTH DEPARTMENT—CITY OF BALTIMORE

9753 — F 55753

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1231 N. Bentalou St., 16-3 Ward) — 82d

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rosia Jane Evans

If U. S. Veteran specify WAR .....

(a) Residence: No. 1231 Bentalou St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, year) Oct. 3, 1857

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	4	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

12. NAME James Evans

13. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

14. MAIDEN NAME Susan

15. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

16. INFORMANT Mrs. Willie N. Colbert

(Address) 1231 N. Bentalou St.

17. BURIAL, CREMATION, OR REMOVAL

Place Forest Park Date Mar 3 1939

18. UNDERTAKER Wm. J. Beckner Sons.

(Address) North & Pa Aves.

19. FILED ..... 19.....

..... Registrar.

MAR 3 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1939, to Mar 1, 1939

Last saw her alive on Feb 28, 1939. Death is said to have occurred on the date stated above, at 1.30 P m.

The principal cause of death and related causes of Importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance: Arterio-Sclerosis	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Bernard P. Francis M. D.

(Address) 4229 Armond Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

751 F 55754

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Balto. Gen'l. Hosp. 16-6 121 Registered No.

CITY OF BALTIMORE: (No.) St. 16-6 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Harry L. Fink If U. S. Veteran specify WAR

(a) Residence: No. 1002 Dukeland St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Georgie E. Fink

6. DATE OF BIRTH (month, day, year) June 4, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	8	27 28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coiler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Charles Brown & Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Henry Fink

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Nellie I. Love

16. BIRTHPLACE (city or town) (State or country) Richmond, Virginia.

INFORMANT Mrs. Georgie Fink

(Address) 1002 Dukeland St.

BURIAL, CREMATION, OR REMOVAL

Place Prospect, Mt. Airy Date Mar. 3, 1939

UNDERTAKER Wm. J. Tickner & Sons,

(Address) North & Penna Aves., Baltimore

FILED , 19 Registrar.

MAR 3 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 24, 1939 to March 1, 1939

I last saw him alive on March 1, 1939. Death is said to have occurred on the date stated above, at 1357 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Hypertension	
Hypertensive Heart Disease	
Uremia	
Other contributory causes of importance:	
Uremia	

Was an operation performed? Yes Date of 1927

For what disease or injury? Appendicitis

Name of operation Appendectomy

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. D.

(Address) W. Bleau

F 55755

5755

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X √ 49-a

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Women's Hospital St., Ward)

gth of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Nellie Elbourn

If U.S. Veteran specify WAR .....

(a) Residence: No. 6 South Conley St., ... Ward. Weems Va

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

If married, widowed, or divorced
(or) WIFE of John W. Elbourn

ATE OF BIRTH (month, day, year) June 15-1875

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	8	14/16	

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

IRTHPLACE (city or town) (State or country) Rock Hall Md.

. NAME John Burch

4. BIRTHPLACE (city or town) (State or country) Rock Hall Md

5. MAIDEN NAME Elizabeth Warner

6. BIRTHPLACE (city or town) (State or country) Kent Co. Md

NFORMANT John W. Elbourn

(Address) Weems Va

URIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 3-4 19 9

NDERTAKER Kendall E. Humphreys

(Address) 1501 N. Broadway

ILED 3-1939 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-1 , 19 39

22. I HEREBY CERTIFY, That I attended deceased from Feb 8 , 19 39 to March 1 , 19 39

I last saw h alive on March 1 19 39 Death is said to have occurred on the date stated above at 2 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis (cause)	

Other contributory causes of importance:

Was an operation performed? Yes Date of 2-12-1939

For what disease or injury? Malignancy

Disease of Genital Tract

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury ..... 19 .....

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of Injury X

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify It was not.

(Signed) M. Sellers , M. D.

(Address) Women's Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

5756 RE 55756

CERTIFICATE OF DEATH

J 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. St., 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Cramer

If U. S. Veteran specify WAR

(a) Residence: No. Chambersburg Pa St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of A. J. Cramer

DATE OF BIRTH (month, day, year) Aug 5-1897

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	6	26	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Franklin Co Pa

12. NAME Joseph H. Gipe

14. BIRTHPLACE (city or town) (State or country) Franklin Co Pa

15. MAIDEN NAME Sylvia Gross

16. BIRTHPLACE (city or town) (State or country) Franklin Co Pa

INFORMANT A. J. Cramer

(Address) Chambersburg Pa R.D.

BURIAL, CREMATION, OR REMOVAL

Place Grindstone Hill Date 3-6 1939

UNDERTAKER H. H. Cramer

Address Chambersburg Pa

Filed 19 Hunting for Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1939, to Mar. 3, 1939

I last saw her alive on Mar. 3 1939. Death is said to have occurred on the date stated above, at 1:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma of duodenum with perforation Carcinoma of pituitary gland Chronic stomach	Year

Other contributory causes of importance:

Gastro-intestinal hemorrhage

Was an operation performed? Yes Date of Feb. 28, 1939

For what disease or injury? Abdominal fluid

Name of operation Abdominal paracentesis

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Henry Haus M. D.

(Address) Univ. Hosp.

3-1939 12

F 55757

5757 STATE OF MARYLAND—CERTIFICATE OF DEATH

46-D

1. PLACE OF DEATH

County Baltimore Registration Dist. No.

Village or City Dundalk No 6506 St. Helena Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Sophia Marie Hartman If U. S. Veteran, specify WAR

(a) Residence: No. 6506 St. Helena Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Henry C. Hartman

DATE OF BIRTH (month, day and year) June 15, 1893

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	8	17 15	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore, Md

(State or country)

13. NAME Frank Yeager

14. BIRTHPLACE (city or town) Germany

(State or country)

15. MAIDEN NAME Pauline Wolinski

16. BIRTHPLACE (city or town) Balto Md

(State or country)

INFORMANT Husband

(Address)

BURIAL, CREMATION, OR REMOVAL Place Sacred Heart Date Mar 6, 1939

UNDERTAKER Lilly & Zeilenhofer

(Address)

FILED 3-1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 2 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1938, to March 2, 1939

I last saw her alive on Feb 25, 1939; death is said to have occurred on the date stated above, at 8.35 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	appx April 1936
Other Contributory Causes of importance:	

Name of operation Colostomy Date of Oct 18, 1937

What test confirmed diagnosis? Pathologist Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Helen G. Evans M. D.

(Address) 55 Dundalk Ave, Dundalk, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

55758 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 55758

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2019 Bank St. 2-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Fredrick W. Myers

If U. S. Veteran specify WAR .....

(a) Residence: No. 2019 Bank St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Myers

6. DATE OF BIRTH (month, day, year) Oct 1/1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	5	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Doorman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Movie Theater

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto (State or country) Md.

13. NAME John Myers

14. BIRTHPLACE (city or town) ..... (State or country) Penn.

15. MAIDEN NAME Elizabeth Effel

16. BIRTHPLACE (city or town) ..... (State or country) Penn.

17. INFORMANT Annie Myers Wife

(Address) 2019 Bank St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar. 6, 1939

19. UNDERTAKER Feilly & Feilly Inc

(Address) 405 N. Howard St.

20. FILED ..... 19.. Huntington Tolliver, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan ....., 1939, to March 2, 1939.

I last saw him alive on 2/28, 1939. Death is said to have occurred on the date stated above, at 6/15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aplastic anemia	
Pulmonary Embolism	3/1/39
Other contributory causes of importance:	
Chronic nephritis	?
Gout	1938

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert F. Silbert, M. D.

(Address) 2939 Eastern Ave

3-1939 L

5759

F 55759

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-BT 444 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 26-11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Charles B. Seuter

If U. S. Veteran specify WAR .....

(a) Residence: No. 608 S. Bouldin St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 1-9-1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	1	22 23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Henry Seuter

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Margaret Rider

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Mar 6 38

19. UNDERTAKER Lilly & Zellerbach

(Address) 403 So Monr

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from September 27, 1938, to March 2, 1939

I last saw him alive on March 2 1939. Death is said to have occurred on the date stated above, at 5.52 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lung	1938

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. A. De Santolla M. D.

(Address) Baltimore City Hospitals

55760 E 55760

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1736 E. FAYETTE ST. St., 6-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME NORA L. PURNER

If U. S. Veteran specify WAR .....

(a) Residence: No. 1736 E. FAYETTE ST. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEM ALE	WHITE	WIDOW

6. If married, widowed, or divorced HUSBAND of (or) WIFE of WILLIAM PURNER

7. DATE OF BIRTH (month, day, year) JUNE 17-1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	8	14 10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) B ALTIMORE M D.

13. NAME THOMAS NOONAN

14. BIRTHPLACE (city or town) (State or country) IRELAND

15. MAIDEN NAME M ARYANN SPRI[illegible]

16. BIRTHPLACE (city or town) (State or country) IRELAND

17. INFORMANT WILLIAM NOONAN (BROTHER)

(Address) 604 S. BOND ST

18. BURIAL, CREMATION, OR REMOVAL

Place HOLY CROSS Date MAR. 4. 1939

19. UNDERTAKER Lilly & Zeiler INC.

(Address) 403 S. WOLFE ST.

3 Mar 1939 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR. 1 , 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schenker Coroner , M. D.

(Address) Coroner

6

5761 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 55761

CERTIFICATE OF DEATH

93-C

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3244 Keswick Rd St. 13 Ward)

Length of residence in city or town where death occurred 33 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Caresse Crowley

(a) Residence: No. 3244 Keswick Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles Crowley

6. DATE OF BIRTH (month, day, year) Jan 19-1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	1	11?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia

12. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

INFORMANT Mrs Bertha Danner

(Address) 3242 Keswick Rd

BURIAL, CREMATION, OR REMOVAL

Place Mary Hampden Date March 4 1939

UNDERTAKER Frank W Selz

(Address) 814 W 36 St

FILED Mar 4 1939 Registrar.

3-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 2, 1939.

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1939 to Mar 2, 1939

I last saw her alive on Mar 1, 1939 Death is said to have occurred on the date stated above, at 10.45A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis Cerebral Myocarditis (chronic)	5 yrs. ago.
Other contributory causes of importance: Pneumonia	2 days.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Adam Stauffer M. D.

(Address) 846 W 36 St. Balto.

55762

HEALTH DEPARTMENT—CITY OF BALTIMORE

55762

CERTIFICATE OF DEATH

95B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 709 Granby St. 16-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 50 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Vincent Jelinek

(a) Residence: No. 709 Granby St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Antonia Stolla Jelinek

6. DATE OF BIRTH (month, day, and year) Apr. 15 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	10	14 16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Mfr 45 yrs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Night Watchman

10. Date deceased last worked at this occupation (month and year) Feb 39

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Albina Pregaey

(Address) 709 Granby St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Cem Date Mar 4 1939

19. UNDERTAKER Easton Sons

(Address) Ellicott City

20. FILED ..... 19 ..... Registrar.

Mar 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 1 1939

22. I HEREBY CERTIFY, That I attended deceased from March 1 1939 to Mar 1 1939

I last saw him alive on Mar 1 38 Death is said to have occurred on the date stated above, at 4P m.

The principal cause of death and related causes of importance were as follows:

Cardio arterio sclerosis Complications myocardial insufficiency with edema and accumulation Edema of lungs

Date of onset 2 Mo 39

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ? Date of Injury ..... 19.....

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Virden Coll M. D.

(Address) 220 N Karrow Blvd

55763 F 55763

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave. St. 27-25 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

FULL NAME Henry William Meurer

If U. S. Veteran specify WAR .....

(a) Residence: No. 3403 Southern Ave. St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced: HUSBAND of (or WIFE of) Katharine A. Meurer

DATE OF BIRTH (month, day, year) Dec 2, 1880

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	58	2	26	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk, Mfg

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wagner Bros

9. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

10. BIRTHPLACE (city or town) (State or country) Baltimore Md

12. NAME Wm. Meurer

13. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Catherine Bausch

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Katharine Meurer

(Address) 3403 Southern Ave

BURIAL, CREMATION, OR REMOVAL

Place Emmanuel Date 3/1/ 1939

UNDERTAKER J. Tennant & Son

(Address) 32 S. Broadway

FILED ..... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1939 to Feb 28, 1939.

I last saw him alive on Feb 28, 1939. Death is said to have occurred on the date stated above, at 3:35 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia, Terminal	Feb 28, 39
Diabetes Mellitus	Nov 1938

Other contributory causes of importance:

Gangrene of Right Foot

Was an operation performed? Yes Date of Feb 27, 1939

For what disease or injury? Gangrene of Rt. Foot

Name of operation Amputation Rt. Leg, Midthigh

What test confirmed diagnosis? Blood Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Charles V. Levitt M. D.

(Address) St. Agnes Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

55764

CERTIFICATE OF DEATH

23 F 55764

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hosp. St. 17-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. .... mos. 23 ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James Richardson

(a) Residence: No. 410 Myrtle Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Negro.	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1-7-1936

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	1	24 23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Earl Richardson

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Gladys Gamyard

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Gladys Richardson

(Address) 410 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL. 3/4 39

Place Mt Olivet Date 19

19. UNDERTAKER William A Jackson

(Address) 916 Pennsylvania Ave

MAR 3 - 1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 1 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2/28.
Other contributory causes of importance:	none

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) M Warren Coroner, M. D.

(Address) 822 W Baltimore St

5765 F 55765

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X √ 149B-95-B

1. PLACE OF DEATH
CITY OF BALTIMORE (No.) Provident Hospital (Maternity Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 1 yrs. 7 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lota Kirby Williams
(a) Residence: Hopewell Avenue Hammerville Md St. Maternity Ward.
(If non-resident give city or town and State)
If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female
4. Color or Race: Ed
5. Single, Married, Widowed, or Divorced (write the word): Married
If married, widowed, or divorced (or) WIFE of: Henry Williams
DATE OF BIRTH (month, day, year): Nov 18-1921
AGE: Years 17 | Months 3 | Days 10 | If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own Home
10. Date deceased last worked at this occupation (month, day, year): Jan 21, 1439
11. Total time (years) spent in this occupation: 2
BIRTHPLACE (city or town) (State or country): Stemmers Run Maryland
13. NAME: Roswelt Russell
14. BIRTHPLACE (city or town) (State or country): Stemers Run md
15. MAIDEN NAME: Alice Jenefer
16. BIRTHPLACE (city or town) (State or country): Washington D.C.
INFORMANT (Address): Henry Williams Stemmers Run md
BURIAL, CREMATION, OR REMOVAL: Place St Stephen Balto Md Date Mar 4, 39
UNDERTAKER (Address): Robert Wilkerson 15-15 McElderry St
FILED: 3-1939 By Hunting of Middle River, Md. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2/28/39. 19
22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1939 to Febr 28, 1939
I last saw her alive on Febr 28, 1939 Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	
Other contributory causes of importance: (Gon.)	

Was an operation performed? NO Date of
For what disease or injury?
What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. B. Butler M. D.
(Address) Provident Hospital

56 # HEALTH DEPARTMENT—CITY OF BALTIMORE 55766

CERTIFICATE OF DEATH

92-a cc

1. PLACE OF DEATH Balto. City Hospitals — Registered No. 1872

CITY OF BALTIMORE: (No. Bay View St. 24 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Laura Meredith

(a) Residence: No. 405 Riviside St., Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 28 1862

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	10	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME August Meredith

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Harriet Coleman

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospitals Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date Mar 7 1939

19. UNDERTAKER William M Marsch
(Address) 715 Light St

Huntington Williams, Md.
Registrar

20. FILED MAR 3 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1 hour
Other contributory causes of importance: Valvular heart disease	1 year

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Chas. W. Wood M. D.
Coroner

(Address) 1712 N. Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE 55767

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Provident Hospital.
CITY OF BALTIMORE: (No. 1514 Eutaw St. Ward)
Length of residence in city or town where death occurred ... yrs. 4 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Williams
If U. S. Veteran specify WAR .....

(a) Residence: No. Druid Hill Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed or divorced HUSBAND of (or) WIFE of Annie Williams

DATE OF BIRTH (month, day, year) 1870

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	68			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Ala

13. NAME
14. BIRTHPLACE (city or town) (State or country) Not known
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country) .....

INFORMANT Annie Williams
(Address) Trenton, N. J.

BURIAL, CREMATION, OR REMOVAL
Place Trenton N. J. Date 3-4 1939

UNDERTAKER Wm. Francis A Stansbury
(Address) 470 W. Biddle St. Balto.

FILED ... 19... Registrar.
MAR 3 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-2-1939

22. I HEREBY CERTIFY, That I attended deceased from 2-25-39, 19... to 3-2-39
I last saw him alive on 3-2-39, 19... Death is said to have occurred on the date stated above, at 2.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Chr Interstitial Nephritis	?

Other contributory causes of importance: None

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ...
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Est Maloney M. D.
(Address) Provident Hospital

768

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 55768

CERTIFICATE OF DEATH

OCK--42240 50

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Gertrude Crawford

If U. S. Veteran specify WAR

(a) Residence: No. 1225 Mosher St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel (Sep)

6. DATE OF BIRTH (month, day, year) July 3, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	7	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

13. NAME George Dennis

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Henrietta Green

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Arlington Mem. Park Date 3-4-39, 19

19. UNDERTAKER Mrs Frances A Hemsley
(Address) 578 N. Biddle St.

20. FILED Huntington Williams, Mgr
Registrar.

3-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-1, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-21, 1939 to 3-1, 1939

I last saw her alive on 2-28, 1939 Death is said to have occurred on the date stated above, at 7:15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast with metastasis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L Kurtzworth Jr. M. D.

(Address) Balto City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

55769 **CERTIFICATE OF DEATH** 92-6 F 55769

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2105 St Paul St. 12-4 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Louisa Stowell Carter

If U. S. Veteran specify WAR

(a) Residence: No. 2105 St Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 8 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	4	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

13. NAME Samuel H Carter

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Annie Field

16. BIRTHPLACE (city or town) (State or country) England

INFORMANT Mr John A Honywell

(Address) 2105 St Paul St

BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date March 4 1939

UNDERTAKER Milligan & Dickens

(Address) North & Pa Ave

FILED MAR 3 - 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1939, to March 2, 1939

I last saw her alive on Feb. 18, 1939. Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dilatation of heart or decompensation	
Other contributory causes of importance: Mitral regurgitation arteriosclerosis	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elizabeth T. Bouchelle, M. D.

(Address) 2104 St. Paul St

70 F 55770

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1201 Feldon Ave St. 13 Ward)

Length of residence in city or town where death occurred 90 yrs. 6 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Stallings

If U. S. Veteran specify WAR

(a) Residence: No. 1201 Feldon Ave St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of John C. Stallings

DATE OF BIRTH (month, day, year) Aug 26-1848

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	6	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Carl Reinhardt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Marie Von Eden

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs May Hutt

(Address) 1321 Feldon Ave.

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date March 4- 1939

UNDERTAKER Horace F. Burgee

(Address) 2631 Falls Road

FILED Mar 3 1939 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2. 1939.

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1930 to March 2, 1939.

I last saw her alive on March 1, 1939. Death is said to have occurred on the date stated above, at 2-40 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	Acute
Cardio Vascular Decompensation	
Other contributory causes of importance: Myocarditis Mutual Regurgitation	9 yrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Martin M. D.

(Address) 4037 Falls Road

55771

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

4163-WJS 55771

91-a

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Mary Hill

(a) Residence: No. 1631 Presbury St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Separated

If married, widowed, or divorced HUSBAND of (or) WIFE of Reuben

DATE OF BIRTH (month, day, year) ?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Wash. D. C.

13. NAME Thomas Hall

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Annie ?

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT B. C. H. Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 3-6 1939

UNDERTAKER Geo. T. A. Lubon
(Address) 1736 Druid Hill Ave

FILED MAR 3 — 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-2-1939

22. I HEREBY CERTIFY, That I attended deceased from 2-3 1939 to 3-2 1939.

I last saw her alive on 3-2 1939. Death is said to have occurred on the date stated above, at 7.48 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacutel bacterial endocarditis	1939

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Sautelle M. D.

(Address) Baltimore City Hospitals

55772

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 F 55772

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 16-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? life ..yrs..mos..ds.

2. FULL NAME Hattie Brown
If U. S. Veteran specify WAR

(a) Residence: No. 1138 N. Carey St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of John

DATE OF BIRTH (month, day, year) Oct. 20, 1893 ?

AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
45	45	5	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME William Garrett

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Sophie Richardson

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT B.C.H. Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Mar. 4, 1939

UNDERTAKER Mrs. Katy R. Williams
(Address) 3228 Edmondson Ave

FILED MR 3 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 24, 1939 to March 1, 1939

I last saw her alive on March 1, 1939. Death is said to have occurred on the date stated above, at 2:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-23-39
Other contributory causes of importance: Diabetes mellitus	1935

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. De Santella M. D.
(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

5773

CERTIFICATE OF DEATH

168 F 55773

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital St., 9-8 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Bernard G. Westphal

(a) Residence: No. 1917 Oak Hill Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 31, 1899

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	7		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 0000

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.,
(State or country) Md.

13. NAME William H. Westphal

14. BIRTHPLACE (city or town) Balto.,
(State or country) Md.

15. MAIDEN NAME Carrie M. Fabeling

16. BIRTHPLACE (city or town) Balto.,
(State or country) Md.

INFORMANT William H. Westphal
(Address) 1917 Oak Hill Ave.

17. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Mar 3. 1939

18. UNDERTAKER Albert W Berryman
(Address) 440 E. Monument

Huntington Williams M.D.
Registrar.

FILED
MAR 8 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Laceration of wrists & neck	

Other contributory causes of importance:
Hemorrhage

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Suicide Date of injury 2/28/ 1939

Where did injury occur? Balto., Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Cut self with razor

Nature of injury Blade

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify ...

(Signed) Paul Schumacher M. D.
Coroner

(Address) Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

55774

CERTIFICATE OF DEATH

93 CF 55774

Registered No. 7

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Matilda Hyneman

(a) Residence: No. 617 N. Calvert St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3. If married, widowed, or divorced HUSBAND of (or) WIFE of David Hyneman

DATE OF BIRTH (month, day, year) Jan 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	7		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mrs Martha Ballentyne

(Address) 617 N Calvert St

6. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 3-4- 1939

7. UNDERTAKER John C. Miller, Inc.

(Address) 2435 E. Eliza St.

Huntington Williams, M.D.

FILED MAR 3- 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-1- , 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel B Wolfe, M. D.

(Address) 1331 S. Ann St.

6

55775

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 56 F 55775

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Lemming Hospital St. 4-W Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Wesula M. Veit

(a) Residence: No. 7808 Old Harford Rd St., Ward. Balto. Co. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) March 5, 1922

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
16	11	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Hanover, Germany

13. NAME Herman E Veit

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Lily Rangow

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Herman Veit

(Address) 7808 Old Harford Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date March 6 1939

19. UNDERTAKER Fred Lazenby Son

(Address) 7401 Belair Rd

MAR 4 - 1939 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	2 days
Pneumonia Lobar	1 week

Other contributory causes of importance:

Rheumatic Fever, Endocarditis	1 Month

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A Shamo, M. D.

Coroner

(Address) 2360 Eastern Place

HEALTH DEPARTMENT—CITY OF BALTIMORE

55776

CERTIFICATE OF DEATH

94-B F 55776
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Marine Hospital Ward) 20-S

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Charles Norman Wannemmetach — If U. S. Veteran specify WAR Wrld

(a) Residence: No. 442 Millington Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed or divorced — HUSBAND of (or) WIFE of Leona Wannemmetach

7. DATE OF BIRTH (month, day, year) June 8 1889

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	1	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W.P.A.

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Jefferson Wannemmetach

14. BIRTHPLACE (city or town) (State or country) Balt md

15. MAIDEN NAME Mary Leffler

16. BIRTHPLACE (city or town) (State or country) Balt md

17. INFORMANT Mrs. Leona Wannemmetach
(Address) 442 Millington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem Date 3/4/39 19

19. UNDERTAKER J. B. Gilbert & Sons
(Address) 300 Eutaw Place

20. FILED Huntington Williams, M.D. Registrar
MAR 4 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	3/1/39

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John A Evans M. D.
Coroner

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

55777

CERTIFICATE OF DEATH

93-T 55777

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 410 Lyndhurst Street St. 20-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ANNA C. STUMP

If U. S. Veteran specify WAR

(a) Residence: No. 410 Lyndhurst Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of William Stump

DATE OF BIRTH (month, day, year) June 16, 1855

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	8	15 12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " "

10. Date deceased last worked at this occupation (month and year) "

11. Total time (years) spent in this occupation "

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME John D. Hahn

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Grrmany
(State or country)

INFORMANT Mr. Eugene C. Stump
(Address) 410 Lyndhurst Street

BURIAL, CREMATION, OR REMOVAL
Place Western Date 3-4-39 19

UNDERTAKER F. B. Wippert & Son
(Address) 1300 EUTAW PLACE ?C

FILED 1939 Huntington Williams, M.D.
Registrar.

MAR 4-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1-39 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1939 to March 1, 1939

I last saw her alive on March 1, 1939. Death is said to have occurred on the date stated above, at 11:15 A. M. P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arterio sclerosis	?
Cardiac failure due to	
arterio sclerotic myocarditis	2-27-39

Other contributory causes of importance:
None

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) Morris B. Schreiber, M. D.

(Address) 541 Fulton Ave

5778 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 55778

CERTIFICATE OF DEATH

82W

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1300 Sargeant St., 21-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Herman E. O. Fuchs

If U. S. Veteran specify WAR

(a) Residence: No. 1300 Sargeant St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Fuchs

DATE OF BIRTH (month, day, year) Sept 26 - 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	5	7	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Nathaniel Fuchs

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Laura Truschel

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Martha Fuchs

(Address) 1300 Sargeant St

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date March 6 1939

UNDERTAKER John Ellis & Sons

(Address) 22 E. Pleasant

FILED MAR 4 - 1939 19 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from FEB 16, 1939, to MAR 3, 1939

I last saw him alive on MAR 3, 1939 Death is said to have occurred on the date stated above, at 3:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROSIS	1937
CEREBRAL HEMORRHAGE	2-27-39

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Exam. Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Edward F. Milan M. D.

(Address) 68 W. Washington Blvd

5779

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 55779

CERTIFICATE OF DEATH

93c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth ... yrs. ... mos. ... ds.

2. FULL NAME Edward P Gibson If U. S. Vet. specify War Spanish American War

(a) Residence: No. 2225 Druid Hill Ave Ward 14-3

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Marie L. Gibson

6b. DATE OF BIRTH (month, day, year): May 22-1876

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	9	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Whitford Pa

13. NAME: Harrison Gibson

14. BIRTHPLACE (city or town) (State or country): Salem Va

15. MAIDEN NAME: Rhoda Gibson

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Mrs Marie L Gibson

(Address) 2329 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: National Cemetery Date: Mch 4, 1939

19. UNDERTAKER: Archibald & Geddes

(Address) 2201 N E Baltimore St

20. FILED: MAR 4 - 1939 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 1, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of ...
Chronic Myocarditis	1939

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Jere L. Allen M. D.

Coroner

(Address) 550 Augusta St

5780 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 55780

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St., Ward)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carol White

If U. S. Veteran specify WAR

(a) Residence: No. Dementhur Balto Md (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	—

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Jan 2 — 1939.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Kenny White

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Tanor Smith

16. BIRTHPLACE (city or town) (State or country) Balto md.

17. INFORMANT Kenny White

(Address) Dementhur Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 3/4 19 39

19. UNDERTAKER Edward Toulson

(Address) 2-35 Eutaw Place Blvd

FILED MAR 4 1939, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MARCH 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from FEB 27, 1939, to MARCH 3, 1939

I last saw her alive on MARCH 2, 1939. Death is said to have occurred on the date stated above, at 7:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
RHINOPHARYNGITIS	2-26-39
LOBULAR PNEUMONIA	3-2-39

Other contributory causes of importance:

Was an operation performed? NO Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Exam Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify —

(Signed) Edward F. Milan, M. D.

(Address) 682 WASHINGTON BLVD

GKG

781

HEALTH DEPARTMENT—CITY OF BALTIMORE

B55781

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4921 Eastern ave St., 26-5 Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Antonio Boccuti

If U. S. Veteran specify WAR

(a) Residence: No. 4921 Eastern ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosalia Bellanti Boccuti

DATE OF BIRTH (month, day, year) May 25 1862

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	9	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hardware Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Giuseppe

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Rosina Servini

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Oscar Boccuti

(Address) 4921 Eastern ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 3/6/39

19. UNDERTAKER Frank V. Pistone

(Address) 241 E. Balto St.

20. FILED Huntington Hilliard Registrar

MAR 4 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1/20, 1939, to 2/3, 1939

last saw h. alive on 2/3, 1939. Death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	July 1938
Other contributory causes of importance: Acute Heart Failure (anginal)	12 hrs

Was an operation performed? Yes Date of 1/24/39

For what disease or injury? Carcinoma Stomach

Name of operation Laparotomy Exploratory

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lucius E. Lisle M. D.

(Address) 924 N. Charles St

HEALTH DEPARTMENT—CITY OF BALTIMORE

55782

782

CERTIFICATE OF DEATH

11-a

Registered No.

. PLACE OF DEATH

TY OF BALTIMORE: (No. 630 N Arlington Ave Ward) 16-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

. FULL NAME Carrie L. Brown

(a) Residence: No. 630 N Arlington Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

If married, widowed, or divorced: HUSBAND (or) WIFE of George Brown

DATE OF BIRTH (month, day, year) Dec 23 1878

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	2	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) DD 37

11. Total time (years) spent in this occupation.

BIRTHPLACE (city or town) (State or country) Hartford Co Md

13. NAME John Lee

14. BIRTHPLACE (city or town) (State or country) Hartford Co Md

15. MAIDEN NAME Catherine Gurney

16. BIRTHPLACE (city or town) (State or country) Hartford Co Md

INFORMANT Elizabeth Leighman

(Address) 630 N Arlington Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date May 4 19 39

UNDERTAKER Mrs Katie R. Williams

(Address) 322 S Schroeder St.

MAR 4 - 1939 19 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2 1939

22. I HEREBY CERTIFY, That I attended deceased from Feby 10 1939 to March 2 1939

that I saw h[illegible] alive on March 10 1939 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Influenza

Broncho Pneumonia

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? Exp Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) W. F. Howell M. D.

(Address) 601 N Carrollton Ave

D. P. 1268-9

✓ F 55783

783

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 34-23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 227 N. Amity St., 18-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elliott Canty Leavy

(a) Residence: No. 227 N. Amity St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) Laura Jones Leavy

DATE OF BIRTH (month, day, year) August 5, 1896

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	6	2326	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. fertilizer Plant

10. Date deceased last worked at this occupation (month and year) Feb. 1939

11. Total time (years) spent in this occupation 5

BIRTHPLACE (city or town) (State or country) Camden So. Carolina

13. NAME Ephraim Leavy

14. BIRTHPLACE (city or town) (State or country) Camden So. Carolina

15. MAIDEN NAME Martha Sykes

16. BIRTHPLACE (city or town) (State or country) Camden So. Carolina

INFORMANT Laura Jones Leavy

(Address) 227 N. Amity

17. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date March 4, 1939

UNDERTAKER Mrs Katie R. Williams

(Address) 324 E. Schroeder St

MAR 4 - 1939

Filed 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 3.1.39 . 19

22. I HEREBY CERTIFY, That I attended deceased from 2.17.39. 19 . to 3.1.39 . 19

I last saw him alive on 2.28.39. 19 . Death is said to have occurred on the date stated above, at 3a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pleural Effusion	about 2.1.39
over	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO ? If so, specify Inhalation of Dust ?

(Signed) James M. Faik M. D.

(Address) 400 N. Carrollton ave

Mary L Heinrich

HEALTH DEPARTMENT—CITY OF BALTIMORE

55784

CERTIFICATE OF DEATH

186-4 F 55784

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. 19-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary L. Heinrich

If U. S. Veteran specify WAR .....

(a) Residence: No. 404 S. Fulton St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	Wh.	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm G. Heinrich

7. DATE OF BIRTH (month, day, year) Apr 13. 1863.

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	10	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

13. NAME Charles Kaiser

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME not known.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Wm. Heinrich

(Address) 6001 Bellona Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Mar. 4 1939

19. UNDERTAKER Henry H Wilke

(Address) 410 Edmondson Ave

FILED MAR 4-1939 Huntington Williams M.D. Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28. 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) detailed by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull.	2/27.
(Cerebral Hemorrhage)	
Other contributory causes of importance:	

Was an operation performed? no. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Feb 27. 1939

Where did injury occur? Baltimore Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home.

Manner of injury Fell down stair steps.

Nature of injury Fracture skull.

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W J Hanna Coroner M. D.

(Address) 1822 W Baltimore St.

DRUCINDA SCOTT

HEALTH DEPARTMENT—CITY OF BALTIMORE

55785

CERTIFICATE OF DEATH

131 F 55785

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 910 ~~Somerset~~ Sterling St. 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Drucinda Scott

If U. S. Veteran specify WAR

(a) Residence: No. 910 Sterling St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	W

If married, widowed, or divorced HUSBAND of (or) WIFE of James Scott

DATE OF BIRTH (month, day, year) Apr. 3, 1890

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	10	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME James Jones

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME Julia M. Cook

16. BIRTHPLACE (city or town) (State or country) Providence R.I.

INFORMANT Hilda Howard (Daughter)

(Address) 909 Somerset

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Mar 4 1939

UNDERTAKER Mrs R. E. Elliott-Daughter

(Address) 1129 N. Edmondson Ave

FILED 19 Registrar.

3-4-1939 Hunting for Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 28. 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1939, to Feb. 28, 1939

I last saw her alive on Feb 28, 1939 Death is said to have occurred on the date stated above, at 1 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	Feb 16
Cyanosis	
	over
Other contributory causes of importance:	
Uremia	Feb 27
Acute Myocarditis	Feb 28

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. H. Berry, M. D.

(Address) 1420 E. Chase

786

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55786

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. 2 mos. 3 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME William Butterfield

(a) Residence: No. Parkville Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mabel

DATE OF BIRTH (month, day, year) June 5 1898

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	8	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0054

10. Date deceased last worked at this occupation (month and year) Dec. 1938

11. Total time (years) spent in this occupation life

BIRTHPLACE (city or town) (State or country) Mass.

12. NAME William N. Butterfield

13. BIRTHPLACE (city or town) (State or country) Mass.

14. MAIDEN NAME Lottie

15. BIRTHPLACE (city or town) (State or country) Mass.

INFORMANT Mrs. Mabel Butterfield

(Address) Parkville Md.

BURIAL, CREMATION, OR REMOVAL

Place Woodlands Park Date Mar 4th 1939

UNDERTAKER Leo G. Leppo

(Address) 1701 N. Patterson Park Ave.

FILED ..., 19.. Huntington Hilliard Registrar

MAR 4 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1938 to March 2, 1939

I last saw him alive on March 1, 1939. Death is said to have occurred on the date stated above, at 6:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis	1 day
Empyema	2 days
Pneumonia	2 mo.
	prior

Other contributory causes of importance: Malnutrition

Was an operation performed? yes Date of Jan 26 1939

For what disease or injury? Empyema

Name of operation Thoracotomy

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Walter L. Brooks M. D.

(Address) Mercy Hospital

37 ✓ F 55787

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-W

1. PLACE OF DEATH — Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 925 Brooks Lane St. 14 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha J. Raisin — If U. S. Veteran specify WAR _____

(a) Residence: No. 1526 McCulloh St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of John R. Raisin

DATE OF BIRTH (month, day, year) 1892

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) Up to time of death
11. Total time (years) spent in this occupation Life

BIRTHPLACE (city or town) (State or country) Wilmington N. C.

13. NAME Shaw

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Rev. Volley Stokes

(Address) 1526 McCulloh St.

BURIAL, CREMATION, OR REMOVAL

Place M. E. Auburn Ave. Date Mar. 5 19 39

UNDERTAKER Thos. Geo. Holland

(Address) 1631 Druid Hill Ave.

FILED Mar 6 1939 — Huntington Nollisons M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 4 1939 to Mar 1 1939

I last saw her alive on Mar 1 1939. Death is said to have occurred on the date stated above, at 7.50 P.m.

The principal cause of death and related causes of importance were as follows:

Aortic insufficiency — Date of onset Feb 4 39

Other contributory causes of importance:

None

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) H. C. Pelletiaine M. D.

(Address) 817 Hamilton Ter

HEALTH DEPARTMENT—CITY OF BALTIMORE

55788

55788

CERTIFICATE OF DEATH

53-E

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 819 Newington Ave. St. 13-25 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sophie White Rosenthal

(a) Residence: No. 819 Newington Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of George Rosenthal

DATE OF BIRTH (month, day, year) July 27, 1865

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	7	4 6	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

8. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) Cumberland, Md.
(State or country)

13. NAME Isaac White,

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Esther Bergman,

16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

INFORMANT Mrs. Sackerman, (Sister)
(Address) 819 Newington Ave.

BURIAL, CREMATION, OR REMOVAL.
Place Oheb Shalom Cem. Date Mch. 5, 1939

UNDERTAKER Hart Sonneborn & Son.
(Address) 1902 Eutaw Place.

FILED MAR 4 - 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch. 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from May, 1925 to March 3, 1939

I last saw h.. alive on March 3, 1939. Death is said to have occurred on the date stated above, at 1.30P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphosarcoma	Jan 39
Other contributory causes of importance:	over

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Simon Sobotkow, M. D.

(Address) 1810 Eutaw Place.

HEALTH DEPARTMENT—CITY OF BALTIMORE

55789

CERTIFICATE OF DEATH

94-3 F 55789

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2562 McCulloh St. 13-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME George W. Simms

If U. S. Veteran specify WAR

(a) Residence: No. 2562 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed or divorced HUSBAND of (or) WIFE of: Mary C. Simms

6. DATE OF BIRTH (month, day, year): Jan 21 1878

7. AGE: Years 61 | Months 1 | Days 5 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Steward

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Rest Room

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 30

BIRTHPLACE (city or town) (State or country): Calvert Co. Md.

13. NAME: John W. Simms

14. BIRTHPLACE (city or town) (State or country): Calvert Co. Md.

15. MAIDEN NAME: Mary E. Gott

16. BIRTHPLACE (city or town) (State or country): Calvert Co. Md.

INFORMANT: Mary C. Simms

(Address): 2562 W. McCulloh

BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cem. Date: 3/6/39

UNDERTAKER: Thomas E. Kelson

(Address): 1303 Pressman St.

FILED 19 Registrar

MAR 4 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 1, 1939 to March 2, 1939

I last saw [illegible] alive on March 2, 1939 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Heart disease	Indefinite
Other contributory causes of importance: Arteriosclerosis	Indefinite

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles J. Wardlow M. D.

(Address) 861 Hollins St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

55790

117 [redacted]

Registered No. F 55790

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Infirmary Ward) 11-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 85 yrs. 5 mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Mr. W. Edwin Chipchase

(a) Residence: No. Preston Apartments St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced
HUSBAND of (or WIFE of) late Fannie B. Chipchase

DATE OF BIRTH (month, day, year) September 28, 1853

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	85	6	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) Baltimore
(State or country) Md.

13. NAME Rev. James Chipchase

14. BIRTHPLACE (city or town) London
(State or country) England

15. MAIDEN NAME Mary Walter

16. BIRTHPLACE (city or town) ...
(State or country) Maryland

INFORMANT Ethel Chipchase
(Address) Boston Apt

BURIAL, CREMATION, OR REMOVAL
Place Rosemont Cem. Date March 6, 1939

UNDERTAKER J. Wenkin & Son Co.
(Address) Charles Pres. Baltimore

MAR 4 - 1939 Huntington Williams Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 28, 1939, to March 3, 1939.

I last saw him alive on March 3, 1939. Death is said to have occurred on the date stated above, at 1.50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric ulcer, bleeding,	yrs.
Arteriosclerotic heart disease,	"
See Autopsy.	"

Other contributory causes of importance:
Myocardial Degeneration? Failure.

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Wesley T. Ketz, M. D.

(Address) The Church Home Infirmary

55791

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-wF 55791

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5700 Rusk Ave. St. 27-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Lillie I. Myers

If U. S. Veteran specify WAR

(a) Residence: No. 5700 Rusk Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Alexander Myers

DATE OF BIRTH (month, day, year) July 30, 1885

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	53	7	3	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

12. NAME Henry Lupers

13. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Lillian

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Alexander Myers

(Address) 5700 Rusk Ave.

BURIAL, CREMATION, OR REMOVAL

Place Louden Park Cemy. Date 3/6/39 19

UNDERTAKER John O. Mitchell Funeral Home

(Address) 1900 Eutaw Place

FILED MAR 4 - 1939 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1938 to Mar 2 1939

I last saw her alive on Mar 2, 1939 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/2/39
Other contributory causes of importance: Arterio-Sclerosis Hypertension	Fracture

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. H. Moody M. D.

(Address) 1403 Park Ave

55792

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 F 55792

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2741 N. Calvert St. 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Frey Stritehoff

(a) Residence: No. 2741 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Nelson H. Stritehoff Sr.

6. DATE OF BIRTH (month, day, year) March 8, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	11	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME Jacob Frey

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

15. MAIDEN NAME Eliza J. Armstrong

16. BIRTHPLACE (city or town) Balto. Md. (State or country)

INFORMANT Nelson H. Stritehoff

(Address) 327 Padington Road

BURIAL, CREMATION, OR REMOVAL

Place Green Mount Cem. Date 3/6/39 19

UNDERTAKER Oliver O'Donnell-Stone Co.

(Address) 1900 Eutaw Place

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 13 1939 to March 3 1939

I last saw her alive on March 3 1939. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial nephritis	1936
Arterio sclerosis.	1936
Myocarditis.	1938

Other contributory causes of importance:

Uraemia	2 days

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Herman F. Stuelpnagel M. D.

(Address) 6 E. Biddle St.

793

F 55793

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Willie Slaton

If U. S. Veteran specify WAR .....

(a) Residence: No. 738 W Lexington St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	?

6. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

7. DATE OF BIRTH (month, day, year) ?

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70 (?)			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) ?

13. NAME .....

14. BIRTHPLACE (city or town) (State or country) .....

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT .....

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Danville Va Date 3-4-, 1939

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Hollins Sts

20. FILED Huntington Williams M.C. 3-5-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 27, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and Autopsy final that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2 days
Other contributory causes of importance: Arteriosclerosis	3 yrs.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? — Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Michael A Schwarz, M. D. Coroner

(Address) 2360 Eutaw Place

Boyland

HEALTH DEPARTMENT—CITY OF BALTIMORE

55794 55794

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH West Balto. Gen. Hospital 15-6 Registered No.

CITY OF BALTIMORE: (No. St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Boyland If U. S. Veteran specify WAR

(a) Residence: No. 1910 Braddish Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If ~~married, widowed, or divorced~~ ~~HUSBAND~~ (or) WIFE of John

DATE OF BIRTH (month, day, year) July 29 - 1858

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	7	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Middletown N Y

12. NAME Geyer

14. BIRTHPLACE (city or town) (State or country) Penn

15. MAIDEN NAME Rust

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Mrs Mary Deacon
(Address) 3433 E. Balto St

BURIAL, CREMATION, OR REMOVAL
Place St. Matthews Date Mar 7 1939

UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED MAR 5 1939 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 4 1939

22. I HEREBY CERTIFY, ~~That~~ I attended deceased from Feb 28 1939 to March 4 1939

I last saw her alive on March 2 1939. Death is said to have occurred on the date stated above, at 6 05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Heart Disease	
Decompensation	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) W B 5th

F 55795 HEALTH DEPARTMENT—CITY OF BALTIMORE F 55795

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3565 Horten Ave. - Brooklyn

Length of residence in city or town where death occurred 75 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Charles Sidney Snow

(a) Residence: No. 3565 Horten Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Frances E. Snow

DATE OF BIRTH (month, day, year) June 7th 1876

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	8	25	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Artist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 2

BIRTHPLACE (city or town) Balto. (State or country) Md.

13. NAME Christopher Snow

14. BIRTHPLACE (city or town) Md (State or country)

15. MAIDEN NAME Augusta Quartman

16. BIRTHPLACE (city or town) Germany (State or country)

INFORMANT Frances E. Snow

(Address) 3565 Horten Ave - Brooklyn

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Mar 6th 1939

UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

FILED MAR 5 1939 H. Lee Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2nd 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 21 1939 to March 2nd 1939

I last saw him alive on March 1st 1939. Death is said to have occurred on the date stated above, at 8 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular	
Pneumonia	1938
Hemaplegia (Rt)	Mar 1 1939
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? not Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? not

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

not If so, specify

(Signed) Chas Lubrow M. D.

(Address) 320 Cathedral Ave

F 55796

55796 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2046 Kennedy Ave 9-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran, specify WAR .....

2. FULL NAME Edward E. Worley

(a) Residence: No. 2046 Kennedy Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Geneva L. Worley

DATE OF BIRTH (month, day, year) Jan 31st 1865

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	1	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Asst Station Master

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna R.R.

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 43

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Alexander Worley

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Jones Hopkins

16. BIRTHPLACE (city or town) (State or country) England

INFORMANT Geneva L. Worley

(Address) 2046 Kennedy Ave

BURIAL, CREMATION, OR REMOVAL

Place Morland Park Date Mar 6th 1939

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 2nd 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 23 1939 to March 2 1939

I last saw h~~im~~ alive on March 2 1939. Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1939
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) James A Wolfe M. D.

(Address) 1331 E. Monument Ave

5797 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 55797

CERTIFICATE OF DEATH

V 82-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 910 E. 30th St., 9-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Anna Wahl

(a) Residence: No. 910 E. 30th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Emil

6. DATE OF BIRTH (month, day, year) Feb. 10 - 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	0	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Bremen
(State or country) Germany

13. NAME John Martin

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Meta

16. BIRTHPLACE (city or town)
(State or country) Germany

INFORMANT Edward Wahl.
(Address) 334 E. 20th St.

BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 3/6/39

UNDERTAKER Williams Cook
(Address) 1217 St Paul St

FILED 19 Registrar.

3-5-1939 ut ei to Williams

MEDICAL CERTIFICATE OF DEATH 2:30 AM

21. DATE OF DEATH (month, day, year) Mar. 4 . 1939

22. I HEREBY CERTIFY, That I attended deceased from Several Yrs. 19 . to Mar 4 - 39 . 19

I last saw her alive on Mar. 3 . 1939 . Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Other contributory causes of importance Paralysis	over

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury — . 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
— If so, specify

(Signed) H. G. Prentiss M. D.

(Address) 634 Forest Ave

98 57587

HEALTH DEPARTMENT—CITY OF BALTIMORE

File 55798

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 19-2 Ward)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran _____ specify WAR .....

2. FULL NAME Carrie Lewis

(a) Residence: No. 1404 W. Lexington St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1-13-63

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	1	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Md

13. NAME John Lewis

14. BIRTHPLACE (city or town) (State or country) N. J.

15. MAIDEN NAME Henrietta Dorritee

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Balto Date Mar 6 1939

UNDERTAKER Wm Cook

(Address) 217 St Paul St

FILED Huntington Holliscette, MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1939, to March 4, 1939

I last saw her alive on March 4, 1939. Death is said to have occurred on the date stated above, at 3.10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
(Over)	
Other contributory causes of importance:	

Was an operation performed? yes Date of .....

For what disease or injury? .....

Name of operation Cataract Extraction

What test confirmed diagnosis? X-Ray Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H Konstantine, M. D.

(Address) Johns Hopkins Hospital

-1939

HEALTH DEPARTMENT—CITY OF BALTIMORE

55799

CERTIFICATE OF DEATH

55799

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital, ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John C. Siegrist

If U. S. Veteran specify WAR .....

(a) Residence: (No. 19 Greenwood ave Roslyn Rd. Ward) Balto Co Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara C. Siegrist

DATE OF BIRTH (month, day, year) April 30th 1883

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
55	10	14	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Transfer Co

10. Date deceased last worked at this occupation (month and year) Feb. 1939

11. Total time (years) spent in this occupation 22

BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Jacob Siegrist

14. BIRTHPLACE (city or town) Unknown (State or country) Germany

15. MAIDEN NAME Margaret Block

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

INFORMANT Mrs Barbara C. Siegrist

(Address) 19 Greenwood Ave Roslyn Rd

BURIAL, CREMATION, OR REMOVAL

Place Rockwood Cemetery Date Feb 8th 1939

UNDERTAKER Frederick Bergdoll Sons

(Address) 7401 Belair Road

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1939 to March 4 1939

I last saw him alive on March 4, 1939 Death is said to have occurred on the date stated above, at 6.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral basal pneumonia	
caused by streptococcus hemolyticus	
with bilateral pleural effusion	
Other contributory causes of importance:	
none	

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward F. Colby M. D.

(Address) University Hospital

3-1939

Cotton

5800 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 55800

CERTIFICATE OF DEATH

X V 210-D

1. PLACE OF DEATH Balto. Harbor — Registered No. ____

CITY OF BALTIMORE: (No. Foot of Broadway St. 2-3 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Francis M. Gerst — U. S. Veteran (specify WAR) ____

(a) Residence: No. Fullerton Md. Box #44 St., ____ Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

a. If married, widowed, or divorced HUSBAND of (or) WIFE of ____

3. DATE OF BIRTH (month, day, year) Feb. 6-1919

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
20		26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) March 5-1939 — 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

13. NAME Charles E. Gerst

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

15. MAIDEN NAME Catherine Kahl

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT Charles E. Gerst

(Address) Fullerton Md. Box #44

18. BURIAL, CREMATION, OR REMOVAL. Place St Josephs Cem. Date March 7 1939

19. UNDERTAKER Fred Lucealon Son

(Address) 741 Belair Rd

FILED MAR 5 - 1939 — Registrar Hattie Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4 1939

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowned	March 4-1939

Other contributory causes of importance: Intoxicated — March 4-1939

Was an operation performed? No Date of ____

For what disease or injury? ____

Name of operation. ____ Date of ____

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury March 4, 1939

Where did injury occur? Harbor foot of Broadway (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Harbor

Manner of injury Ran Auto. overboard

Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Chas. E. W. Wood, M. D. Coroner

(Address) 1712 N. Broadway

5801 E 55801

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1113 Poplar Grove St. 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Louisa Adelaide Dorsey

(a) Residence: No. 1113 Poplar Grove St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced, HUSBAND of (or) ~~WIFE of~~ Winfield Dorsey

7. DATE OF BIRTH (month, day, year) Nov 9 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	3	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None 0097

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) Dont Know

15. MAIDEN NAME Louisa Powers

16. BIRTHPLACE (city or town) (State or country) Dont Know

INFORMANT Mrs Clarence H Frank

(Address) 1113 Poplar Grove St

BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date Mar 6 1939

UNDERTAKER Williams H Mareck

(Address) 715 Light St

FILED Huntington Williams M.D.

5-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 2 1939

22. I HEREBY CERTIFY, That I attended deceased from June 10 1938 to Mar 2 1939

Last saw h alive on Mar 2 1939. Death is said to have occurred on the date stated above, at 7 55 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis with Hypertension	1937

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Sidney H. Streett M. D.

(Address) 421 E Fort Ave

5802 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 55802

CERTIFICATE OF DEATH

1131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1508 E. Oliver St. St. 8-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Arthur F. Jockisch

If U. S. Veteran specify WAR

(a) Residence: No. 1508 E. Oliver St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of the late Marie Jockisch

6. DATE OF BIRTH (month, day, year) Jan.-28-1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54Yrs	1Mo.	5Days	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hardware store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6043

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Constantine Jockisch

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Maria Gassinger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Miss Frances Jockisch 1508 E. Oliver St.

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Cem. March-6-1939

Place Date 19

19. UNDERTAKER (Address) Henry Hoeck & Sons Inc. 1301 E Eager St.

20. FILED 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March-3-1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 24 19 39 to Mar 3 19 39

I last saw h alive on Mar 3 19 39 Death is said to have occurred on the date stated above, at 6.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Renal disease (nephritis)	?
Other contributory causes of importance Coronary Thrombosis	3/3/39

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Xray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C H Reynolds M. D.

(Address) 1508 E. 33rd St

803

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 55803

92-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Little Sisters of Poor St. 10-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Georgiana Cooley

(a) Residence: No. 1200 Valley Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Merryman Cooley

DATE OF BIRTH (month, day, year) Oct 3, 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	5	1	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME John Armstrong

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Nancy Kelley

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Little Sisters of the Poor, St. Imelda
(Address) 1200 Valley Street

BURIAL, CREMATION, OR REMOVAL
Place St Joseph, Texas Md Date 3-7-39, 19

UNDERTAKER Fitz Medefield & Sons Co.
(Address) 914 Eutaw St

Filed 19 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4 1939 9:30 a.m.

22. I HEREBY CERTIFY, That I attended deceased from Dec 17 1936 to March 4 1939

I last saw her alive on March 3 1939 Death is said to have occurred on the date stated above, at 9:30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cor Insufficiency	?
Other contributory causes of importance: Asthenia	2 wks

Was an operation performed? No Date of

For what disease or injury?

Name of operation Autopsy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Earl Parker M. D.

(Address) 1114 Harford Ave

Phy C

55804 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 55804

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH Madison Ave. + Cloverdale Rd. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Temple Gardens Apts. Ward) 13

Length of residence in city or town where death occurred Life time. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... d.

2. FULL NAME Janina Greenwald If U. S. Veteran specify WAR .....

(a) Residence: No. Temple Gardens Apts., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Janina Greenwald

DATE OF BIRTH (month, day, year) Jan 24 1860

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	2	11	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Meat Packer

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Balto. Md.

12. NAME Michael Greenwald

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Cendia

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Mrs. Janina Greenwald

(Address) Temple Gardens Apts.

BURIAL, CREMATION, OR REMOVAL

Place Meb. Friendship Date March 6 1939

UNDERTAKER David Sondheim + Son

(Address) 1902 Eastern Ave.

FILED 1939 By Hunting for Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4 1939

22. I HEREBY CERTIFY That I attended deceased from March 3rd 39 to March 4th 39

I last saw him alive on March 3 1939. Death is said to have occurred on the date stated above, at 12:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3/3
Other contributory causes of importance: Arteriosclerosis	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

(Signed) H. Wm. Primoff M. D.

(Address) Temple Gardens Apts.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

55805

94-B

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 7-5 Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lola Collins

(a) Residence: No. 1615 Millman St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 3/2/88?

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va

13. NAME George Hicks

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Lola Wingfield

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Laurel Md. Date Mar. 6th 1939

UNDERTAKER Edw. G. Wilson

(Address) 1000 Pennsylvania Ave

FILED 3-4-1939 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 2 - 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5 - 1939 to Mar 2 1939

I last saw her alive on Mar. 2. 1939 Death is said to have occurred on the date stated above, at 1:50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	Feb 25
senile psychosis	30 mos

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ferdinand Ehrlich, M. D.

(Address) Johns Hopkins Hosp.

5806 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 55806

CERTIFICATE OF DEATH 42482 (MB) 72-a

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Baltimore City Hospitals St. 13-7 Ward)

th of residence in city or town where death occurred 35 yrs. — mos. — da. How long in U. S. If of foreign birth 35 yrs. — mos. — da.

FULL NAME JOSEF Joseph Stefan.

If U. S. Veteran ..... specify WAR .....

(a) Residence: No. 3624 Paine St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna

DATE OF BIRTH (month, day, year) 3/4/1863

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	75	11	29	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

8. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

9. BIRTHPLACE (city or town) (State or country) Austria

10. NAME Joseph Stefan

12. BIRTHPLACE (city or town) (State or country) Austria

13. MAIDEN NAME Barbara

14. BIRTHPLACE (city or town) (State or country) Austria

15. INFORMANT Mrs. Susanna Stemerka

(Address) 3624 Paine St.

16. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date March 6, 1939

17. UNDERTAKER Horace F. Durgee

(Address) 3631 Falls Road

18. FILED Hunting for William [illegible]

5-1939

5-1926

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 28, 1939, to March 3, 1939

I last saw him alive on March 3, 1939. Death is said to have occurred on the date stated above, at 12.05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute monocytic leukemia	1938

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. De Santella M. D.

(Address) Baltimore City Hospitals

807 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 55807

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH St Agnes Hospital Registered No.
CITY OF BALTIMORE: (No. Wilkens + Catalpa Ave St. 3 Ward) Balto, Md. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Herbert H Freberger If U. S. Veteran specify WAR

(a) Residence: No. 1908 Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 3 - 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	1		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. For self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

13. NAME Soloman H. Freberger

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Mary A. Hogerty

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs Marie Buckley

(Address) 1908 Park Ave

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem. Date 3/6 1939

19. UNDERTAKER John J Foley Home

(Address) 1316 Light St.

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/3 1939

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1939, to March 3rd, 1939

I last saw him alive on March 3, 1939. Death is said to have occurred on the date stated above, at 2:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Degenerative Cardiovascular disease	
Coronary Thrombosis	3-2-39

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? NO.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO. If so, specify.

(Signed) Joseph E Muse Jr. M. D.

(Address) St Agnes Hospital

MAR 5 - 1939 Huntingtor Williams, M.D.

5808 HEALTH DEPARTMENT—CITY OF BALTIMORE 55808

CERTIFICATE OF DEATH

1. PLACE OF DEATH Hebrew Home for Aged & Infirm — Registered No. 59
CITY OF BALTIMORE: (No. Belvedere & Shelbspring Aves. (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Minnie Shulman — If U. S. Veteran specify WAR

(a) Residence: No. Levindale, Baltimore, Md. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of Jacob

DATE OF BIRTH (month, day, year)

6. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) [illegible] FEINBLATT Russia

INFORMANT SUPERINTENDENT (Address) SHELBSPRING & BELVEDERE AVES.

BURIAL, CREMATION, OR REMOVAL
Place Rosedale Date 3-5- 1939

UNDERTAKER Jack Levine Inc (Address) 1433 E. Fayette St.

Number registered [illegible] Registrar.

FILED MAR 5 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-3, 1939

22. I HEREBY CERTIFY, That I attended deceased from 11-21, 1932, to 3-3, 1939.
I last saw her alive on 3-3, 1939. Death is said to have occurred on the date stated above, at 11 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Arteriosclerosis	
Diabetes Mellitus	
Other contributory causes of importance:	

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Edmund Levin, M. D.
(Address) Levindale

5809 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 55809

CERTIFICATE OF DEATH

95B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem Hosp St., 15-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Elliot Earecksor

If U. S. Veteran specify WAR

(a) Residence: No. 2909 Garrison Boulevard St., City Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Lillie Earecksor

DATE OF BIRTH (month, day, year) August 22 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
80	80	6	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Exec. Secy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hutzler Bros.

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Maryland
(State or country) Kent Co

12. NAME Char. T. Earecksor

14. BIRTHPLACE (city or town) Md
(State or country) Kent Co

15. MAIDEN NAME Julia Gibson

16. BIRTHPLACE (city or town) Kent Co.
(State or country) Md

INFORMANT W. J. S.
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date Mar 6 1939

UNDERTAKER Wm. J. Treherne & Sons
(Address) North & Fay aves

FILED 19 Registrar.

Hunting on Philosophy

3-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 - 3 . 1939

22. I HEREBY CERTIFY, That I attended deceased from 3 - 3, 1939, to 3 - 3, 1939

I last saw h[illegible] alive on 3 - 3, 1939 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-28-39
Arteriosclerosis	?
Myocardial degeneration	
Other contributory causes of importance:	

Was autopsy performed? Findings of

For what disease or injury

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hamilton J. Duncan, M. D.

(Address) Union Memorial Hosp

5810

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55810

CERTIFICATE OF DEATH

11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3802 Fairview Ave St., 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Rachel Myers

If U. S. Veteran specify WAR

(a) Residence: No. 3802 Fairview Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed or divorced HUSBAND of (or) WIFE of James H. Myers

DATE OF BIRTH (month, day, year) Mar 12 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	3	20	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Co Md

13. NAME Ella Serena Bond

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

15. MAIDEN NAME Elizabeth Rowe

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

INFORMANT Mrs Harry W Weed

(Address) 3802 Fairview Ave

17. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Mar 6 1939

UNDERTAKER T. J. Gorsuch Sons

(Address) Govans

FILED 19

MAR 5 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 25 1939 to March 3 1939

I last saw h[illegible] alive on March 3 1939. Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Feb 28/39
Other contributory causes of importance: Influenza	Feb 25/39 Week

Was an operation performed? Date of

For what disease or injury?

Name of operation Physician

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury ~~occurred in industry~~, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter E Hewitt M D.

(Address) 2220 Garrison Blvd

55811 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 55811

CERTIFICATE OF DEATH

93-C

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2907 Belmont Ave 16-7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Edith A. Benseler

If U. S. Veteran specify WAR .....

(a) Residence: No. 2907 Belmont St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

DATE OF BIRTH (month, day, year) Dec 10, 1887.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	2	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary & Treas

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gov. Rice

10. Date deceased last worked at this occupation (month and year) Jan 9 1939

11. Total time (years) spent in this occupation 4 yrs.

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Henry Benseler

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Catherine Griesiesen

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Ernest A. Benseler

(Address) 2907 Belmont

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 6, 1939

19. UNDERTAKER Mr. Mrs. John W. Geufel & Son

(Address) 501 W. Fayette St

FILED 3-7-1939 19.....

Registrar.

Thos. J. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from 9/11/37, 19..., to 3/3/39, 19...

I last saw her alive on 3/3/39, 19... Death is said to have occurred on the date stated above, at 8:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asthma	1919

Other contributory causes of importance:

Chronic Myocarditis & Myocardial Degeneration	?

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) Geo. M. Blumberg M. D.

(Address) 2000 Bolton St.

55812 HEALTH DEPARTMENT—CITY OF BALTIMORE E 55812

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Maryland General Hospital St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Madison and Linden
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Kate Pfeifer
If U. S. Veteran specify WAR

(a) Residence: No. 1130 W Cross St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Pfeifer

DATE OF BIRTH (month, day, year) April 17 1870

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	10	18?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME William Boyce

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Kate Bullock

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Minnie Luthicum
(Address) 1130 W. Cross St

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Mar 8th 1939

UNDERTAKER Mrs. John W. Teufel & Son
(Address) 501 W. Fayette St

FILED Director or Assistant Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/5 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/4 1939 to 3/5 1939

I last saw her alive on 3/5 1939 Death is said to have occurred on the date stated above, at 6 15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive, Cardio Vascular Renal Disease	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) C. L. Ewalt M. D.

(Address) Md. Gen'l Hosp

- 1939

F 55813 9103

5813 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ahe/cee

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 420 E. Fort Ave. St. 24-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME James V. Gootee

(a) Residence: No. 420 E. Fort Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Gootee

DATE OF BIRTH (month, day, year) Nov. 6, 1881

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	3	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Chief Engineer—in Public

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School Building

10. Date deceased last worked at this occupation (month and year) March 2, 1939

11. Total time (years) spent in this occupation 18yrs

12. BIRTHPLACE (city or town) (State or country) Preston, Md.

13. NAME John Gootee

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Amanda Marine

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Elizabeth Gootee (Wife)
(Address) 420 E. Fort Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date March 6, 1939

19. UNDERTAKER A. Brand Evans
(Address) 1400-02 S. Charles St.

20. FILED ..... 19..... Registrar

MAR 5 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 39

I HEREBY CERTIFY That I attended deceased from May 10th 38 to March 3 19 39

I last saw h[illegible] alive on March 2 1939. Death is said to have occurred on the date stated above, at 5.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Arteriosclerosis, Hypertension, Mitral Regurgitation	

Was an operation performed? No Date of

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) John C. Schwenck M. D.

(Address) 1337 S. Charles

55814

HEALTH DEPARTMENT—CITY OF BALTIMORE

55814

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1701 St. Paul St. 12-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Formwalt

If U. S. Veteran specify WAR .....

(a) Residence: No. 1701 St. Paul St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced WIFE of (or) HUSBAND of Emma Geiger Formwalt

DATE OF BIRTH (month, day, year) April 17, 1856

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82	10	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1923

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tyrone, Md

13. NAME William Formwalt

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Rebecca Coe

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Paul A Formwalt

(Address) 719 Westwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baust, Date March 8, 1939

19. UNDERTAKER C. O. Fuse & Son

(Address) Towsontown, Md.

FILED 3-5-1939 [illegible] Williamson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1939 to March 5, 1939

I last saw him alive on March 5, 1939 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1938

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Emma B Wolfe M. D.

(Address) 1331 E. North Ave

55815 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 55815

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4805 Belle Ave St., 28-1 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Laura L. Harn

(a) Residence: No. 4805 Belle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Emory L. Harn

DATE OF BIRTH (month, day, year): Jan. 15, 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	1	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: house wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: home

10. Date deceased last worked at this occupation (month and year): 3/3/39

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Frederick Co. Maryland

13. NAME Daniel Snyder

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME Rachael R. Haines

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT Mrs Ruth N Kraker

(Address) 4805 Belle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hampstead Cemetery. Date March 7, 1939

19. UNDERTAKER C. M. Walty

(Address) Winfield Md.

FILED MAR 5 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 3, 1939, to Mar 5, 1939

I last saw her alive on Mar 5, 1939. Death is said to have occurred on the date stated above, at 9:25 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage — Date of onset 3-3-39

Other contributory causes of importance:

Cystic Ovary

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Edward Johnson M. D.

(Address) 2617 Garrison Blvd

55816 HEALTH DEPARTMENT—CITY OF BALTIMORE 55816

CERTIFICATE OF DEATH

Registered No. 96

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 26 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel Carson

If U. S. Veteran specify WAR .....

(a) Residence: No. Pilot Mt, N.C. St., ... Ward. Hal 7

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Sing.

3. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, year) Mar 13, 1925

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
13	11	22	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) N.C.

13. NAME Sam. Carson

14. BIRTHPLACE (city or town) (State or country) N.C.

15. MAIDEN NAME Bertha Simmons

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Pilot Mt N.C. Date 3-6 1939

19. UNDERTAKER John O. Mitchell & Sons (Address) 1900 Eutaw Pl

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 5 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 9 1939 to Mar 5 1939

I last saw him alive on Mar 5 1939 Death is said to have occurred on the date stated above, at 11:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
aneurysm of V Brain	
at Circle of Willis	
Other contributory causes of importance:	

Was an operation performed? Yes Date of Feb 14, 1939

For what disease or injury? Aneurysm V Brain

Name of operation Craniotomy

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Kenneth M. Pickrell M. D.

(Address) Johns Hopkins Hosp.

55817 HEALTH DEPARTMENT—CITY OF BALTIMORE 55817

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 1410 N. Patterson Park Ave St. 8-4 Ward) 6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Maria Frances North

If U. S. Veteran specify WAR .....

(a) Residence: No. 1410 Patterson Park Ave St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of James North

DATE OF BIRTH (month, day, year) Aug. 14, 1855

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
83	7 6	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

13. NAME William Robbins

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Madora Cannon

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Lavivia Dull (Pk.)
(Address) 1410 N. Patterson Ave

BURIAL, CREMATION, OR REMOVAL
Place Greenlawn Cem Cambridge Md. Date Mar. 5, 1939

UNDERTAKER John A Mitchell Funeral Home
(Address) 1900 Eutaw Place.

FILED Mar 6 1939 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/5 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3 1939 to March 5 1939

I last saw her alive on March 4 1939 Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Duration of disease	Date of onset
Pneumonia (Primary)	4 days	Feb 28
Other contributory causes of importance: General debility		

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo A Lanneman M. D.

(Address) 955 E Hargrave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55818

18

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH Franklin Sq. Hosp. 26-2 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Ward)

Length of residence in city or town where death occurred 77 yrs. 6 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Henry C. Miller

If U. S. Veteran specify WAR

(a) Residence: No. 4210 Roland Ave. St., 4210 Ward. Catonsville Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	M.

If married, widowed, or divorced HUSBAND of (or) WIFE of Sara Mary F. Miller

DATE OF BIRTH (month, day, year) Aug 3 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	6	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 014

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

12. NAME Henry Miller

14. BIRTHPLACE (city or town) (State or country) Boston, Mass.

15. MAIDEN NAME Louise Mitchell

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mr. Wm. L. Lammann

(Address) 4210 Oakwood Ave

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 3/7/ 1939

UNDERTAKER John T. Cowan & Son

(Address) 901 Gallows St.

FILED 19 Registrar

6-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-25-, 1939, to 3-4-, 1939

I last saw h in alive on 3-4-, 1939 Death is said to have occurred on the date stated above, at 9:05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Cerebral Hemorrhage.	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) N. I. Friedman M. D.

(Address) Franklin Sq. Hosp.

9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 55819

CERTIFICATE OF DEATH

✓ 408

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2634 Lehman St. 20-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 4 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma May Stokes

If U. S. Veteran specify WAR

(a) Residence: No. 2634 Lehman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe

4. Color or Race: wh.

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 16 1938

7. AGE — Years | Months: 4 | Days: 15 17 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: babe

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town). (State or country) Baltimore

13. NAME George Stokes

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Dorothy Reahe

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT George Stokes

(Address) 2634 Lehman

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 3/6 1939

19. UNDERTAKER Chas F Gowan & Son

(Address) 901 E Baltimore St

19 Huntington Williams, M.D. Registrar.

20. FILED MAR 6 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 3, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest found that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, when?

(Signed) M. J. Hanna M. D.

(Address) 1822 W Baltimore St.

F 55820

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St. 12-6 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR ..... WW

2. FULL NAME Otho Brown

(a) Residence: No. ..... St., ... Ward. ..... Westminster, Md. Pt. 2
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth May Burmaster

DATE OF BIRTH (month, day, year) July 25, 1900

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	7	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 013

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Hagerstown
(State or country) Maryland

13. NAME Otho Brown

14. BIRTHPLACE (city or town) Hagerstown
(State or country) Maryland

15. MAIDEN NAME Martha Combs

16. BIRTHPLACE (city or town) Hagerstown
(State or country) Maryland

17. INFORMANT Records-U. S. Marine Hospital,
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Silver Run, Md. Date March 8 1939

19. UNDERTAKER John W. Little & Son
(Address) Littlestown, Pa.

20. FILED MAR 6 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 15, 1939 to March 5, 1939.

I last saw h... alive on March 5, 1939. Death is said to have occurred on the date stated above, at 7:50p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, meningitis	2/24/39
Tuberculosis, pulmonary, chronic far advanced	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) T. B. N. Anderson, M. D.

(Address) U. S. Marine Hospital, Baltimore, Md.

55821 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 55821

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 548 Monroe St. 17-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Ball Gloss

If U. S. Veteran specify WAR .....

(a) Residence: No. 548 Monroe St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE: Years: 54 yrs | Months: — | Days: 6 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Carolina

13. NAME John Gloss

14. BIRTHPLACE (city or town) (State or country) N. Carolina

15. MAIDEN NAME Elizabeth Harper

16. BIRTHPLACE (city or town) (State or country) N. Carolina

17. INFORMANT [illegible] Bamberger Ave Balto Md.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date Feb 20 1939

19. UNDERTAKER Eugene Mooney Mater 1939

(Address) 1000 Park Ave Baltimore Md.

FEB 18 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry) to ..... death on the day stated above. 2 days

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Tuberculosis, coma	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. Harry, M. D.

Coroner

(Address) 715 Hamburg

S 6

5-70

HEALTH DEPARTMENT—CITY OF BALTIMORE 55822

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. 131

CITY OF BALTIMORE: (No. ..... St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary S. Williams

If U. S. Veteran specify WAR .....

(a) Residence: No. 1247 St Matthews St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Sep

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 5-21-96

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	9	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Va

13. NAME Moses Smith

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Rachael James

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 3/7/39

UNDERTAKER Robt F McGlannon

(Address) 1515 McCulloh St

FILED ..... 19 ..... Registrar.

6-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb-14, 1939 to Mar 2, 1939

I last saw h.wife alive on Mar 2, 1939. Death is said to have occurred on the date stated above, at 7:34 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Hypertension	1932
? renal & cardiac failure	1938
? uremic accident	4 days
	prob

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Ferdinand Chatard M. D.

(Address) Johns Hopkins Hosp

E 55823

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Matthews

If U. S. Veteran specify WAR .....

(a) Residence: No. 1631 E Preston St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	Black	—

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 2-13-39

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) md

13. NAME Eugene Matthews

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME Sarah Ross

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 3/6/39

19. UNDERTAKER Robert F. Williams

(Address) 25-27 Mercedes Ct

20. FILED MAR 6 - 1939 H. Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1939, to Mch 3, 1939

I last saw him alive on Mch 3, 1939 Death is said to have occurred on the date stated above, at 4:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Exfoliative dermatitis	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Ethel Walker M. D.

(Address) Johns Hopkins Hospital

5821

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55824

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH Home

Registered No. 582

CITY OF BALTIMORE: (No. 319 E. Baltimore St. 26-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 6 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Robert Lee Stanley

(a) Residence: No. 319 E. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Laura Elizabeth Stanley

6. DATE OF BIRTH (month, day, year): Feb. 14 1873

7. AGE: Years 66 | Months | Days 18 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Grocery

10. Date deceased last worked at this occupation (month and year): March 4-1939

11. Total time (years) spent in this occupation: 66

12. BIRTHPLACE (city or town) (State or country): Shenadoah Va.

13. NAME: Isaac Stanley

14. BIRTHPLACE (city or town) (State or country): Va.

15. MAIDEN NAME: Sidney Eppard

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Laura E. Stanley

(Address) 319 E. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Oaklawn Cem. Date: March 7 1939

19. UNDERTAKER: J. Melville Jenkins

(Address) 1605 E. Lafayette ave

20. FILED MAR 6 - 1939 Registrar: Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 4 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1 Minute
Other contributory causes of importance: Valvular heart disease	6 Months

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood M. D. Coroner

(Address) 1712 N. Broadway

5

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55825

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 N.Pat.Pk.Ave. St. 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Irving W.Phoebus

If U. S. Veteran specify WAR

(a) Residence: No. 811 N.Pat.Pk.Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret Phoebus

DATE OF BIRTH (month, day, year) Sept.16/1887

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	5	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plasterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME George Phoebus

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Annie Ross

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Margaret Phoebus

(Address) 811 N.Pat.Pk.Ave.

BURIAL, CREMATION, OR REMOVAL. Place Baltimore Cem Date Mar.6/39

UNDERTAKER Philip Henry Lord

(Address) 2016 Orleans St.

FILED Huntington Williams Registrar.

MAR 6 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar.2nd. 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1 1931 to Feb. 1 1939

I last saw h.i.M. alive on Feb. 1 1939 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteris-Sclerosis	
Chronic Myocarditis	
Chronic Nephritis	
Intracerebral Hemorrhage	
Other contributory causes of importance: Chronic Alcoholism	

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter A. Anderson M. D.

(Address) 3001 Eastern Ave

5826 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 55826

CERTIFICATE OF DEATH

157-C

1. PLACE OF DEATH

Registered No. 37-13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 812 Bellemore Rd St., Ward)

Length of residence in city or town where death occurred 0 yrs. 6 mos. 5 ds. How long in U. S. If of foreign birth? 0 yrs. 6 mos. 5 ds.

2. FULL NAME Jane Henley Woodward

If U. S. Veteran specify WAR None

(a) Residence: No. 812 Bellemore Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Single

DATE OF BIRTH (month, day, year) August-31-1938

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	0	6	5 4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. No occupation

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore Md Maryland

13. NAME Hiram W. Woodward

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Letitia McKenrick

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Hiram W. Woodward (Father)

(Address) 812 Bellmore Road

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cemet. Date Mar 6/39 19

19. UNDERTAKER STEWART & BOWEN COMPANY

(Address) (W. F. WOODEN SUC.) 103 W. NORTH AVENUE

20. FILED Mar 8 1939 Huntington Williams Registrar.

8-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 4, 1939 to Mar 5, 1939

I last saw her alive on Mar 5, 1939 Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital heart disease	Birth
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury?

Name of operation —

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Benjamin Tappan M. D.

(Address) 1201 N. Calvert St

F 55827

5827

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2214 Eastern Ave St. 1-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? 40 yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Helen Niedzwiecka

(a) Residence: No. 2214 Eastern Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Szymon

DATE OF BIRTH (month, day, year) Feb 29 1876

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	—	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Tyrpak

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Magdalena

16. BIRTHPLACE (city or town) (State or country) Polanop.6

17. INFORMANT Mary Fialkowski

(Address) 2214 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Date Mar. 7 1939

19. UNDERTAKER Wm. L. Fialkowski

(Address) 2007 Eastern ave

20. FILED Mar 9 1939 Hunting Co. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7, 39 to March 4, 1939

I last saw h[illegible] alive on March 3, 1939 Death is said to have occurred on the date stated above, at 3 9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1 mo
Other contributory causes of importance: Endocarditis	2 yrs.

Was an operation performed? No Date of —

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Chas. A. Neer, M. D.

(Address) 408 S Patterson

828

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 55828

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1625 Eastern Ave St., 1-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Teliza Lisiecki

(a) Residence: No. 507 S. Wolford Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced (or) WIFE of Joseph Lisiecki

DATE OF BIRTH (month, day, year) Not Known

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	0	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Vincent Grotke

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Dorothy Kulisa

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Bacet

(Address) 1625 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date 3/8, 1939

19. UNDERTAKER William Giaramita

(Address) 1641 Eastern Ave

20. FILED ..... Registrar.

3-8-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 16, 1939, to March 3, 1939

I last saw her alive on March 3, 1939 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
- Hypertensive cardio-vascular renal disease	unknown
- Chronic myocarditis	
Other contributory causes of importance:	
- complete heart block,	unknown
- mitral stenosis + incompetency	

Was an operation performed? not Date of .....

For what disease or injury? not

Name of operation .....

What test confirmed diagnosis clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Michael J. Wisniewski M. D.

(Address) 546 S. Bond St

29

HEALTH DEPARTMENT—CITY OF BALTIMORE

File 55829

CERTIFICATE OF DEATH

X 50

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 724 N Fayette St. St. 4-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 7 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Flora Stevenson [Stephenson] If U. S. Veteran specify WAR

(a) Residence: No. 104 Main St Crisfield St., Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of James Stevenson

DATE OF BIRTH (month, day, year) April 12 1880

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	10	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME John Marshall

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Mary Truitt

(Address) 724 N Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Crisfield Md. Date March 8, 1939

19. UNDERTAKER Bradshaw Funeral Home

(Address) Crisfield Md

Hunting or Holland M.P.

20. FILED ..., 19... Registrar.

MAR 6 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1939 to Mar 5, 1939

I last saw h.. alive on Mar 5, 1939 Death is said to have occurred on the date stated above, at 11 09 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast	?
Other contributory causes of importance:	

Was an operation performed? Yes Date of June 1938

For what disease or injury? Carcinoma

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Glassman M. D.

(Address) 75 3 N Fayette St

Robert C Harding

HEALTH DEPARTMENT—CITY OF BALTIMORE

5830 F 55830

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert C. Harding

If U. S. Veteran specify WAR .....

(a) Residence: No. 522 Kanawha St., Charleston W. Va.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

6. If married, widowed, or divorced: HUSBAND of ~~(or WIFE of)~~ Mrs. Effie Harding

DATE OF BIRTH (month, day, year) Sept 19, 1893

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	5	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant asst

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 3 yrs

12. BIRTHPLACE (city or town) (State or country) Kentucky

13. NAME George Harding

14. BIRTHPLACE (city or town) (State or country) Ky.

15. MAIDEN NAME Martha Thomas

16. BIRTHPLACE (city or town) (State or country) Ky.

17. INFORMANT Mrs. Effie Harding

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL Place Bethel Ky. Date Mar 6, 19 39

19. UNDERTAKER Wilson J. Turner & Sons

(Address) Front & Pa. aves.

FILED ..... 19 ..... Funeral to be held from Residence of Williams Mar 6 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5. 1939

22. I HEREBY CERTIFY, That I attended deceased from March 1st, 1939, to March 5th, 1939

I last saw him alive on March 5th 1939 Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Menigo-Encephalitis	Ap. 38
	over

Other contributory causes of importance: .....

Was an operation performed? Yes Date of Feb. 1st

For what disease or injury? Exploratory

Name of operation Left Parietal Craniotomy

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ernest A. Diggs M. D.

(Address) University Hosp.

MAR 6 1939

EAK

55831 E 55831

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2643 Eastern Ave. St. 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. ... mos. ... da. How long in U. S. If of foreign birth? 56 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Josephine Orlikowska

(a) Residence: No. 2643 Eastern Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced WIFE of (or) HUSBAND of Joseph

7. DATE OF BIRTH (month, day, year) July 30 1872

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	7	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Grudziadz West Prussia

13. NAME Rudolph Zyblewski

14. BIRTHPLACE (city or town) (State or country) Grudziadz West Prussia

15. MAIDEN NAME ----- Michalska

16. BIRTHPLACE (city or town) (State or country) Grudziadz West Prussia

17. INFORMANT Mrs. Josephine Krolczyk

(Address) 2643 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date 3/7/39. 19

19. UNDERTAKER M. F. Laskowski & Son

(Address) 1808 Eastern Ave

Huntington Williams, MD

20. FILED ..... Registrar.

1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1939.

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1938 to March 3, 1939.

I last saw h... alive on March 2, 1939. Death is said to have occurred on the date stated above, at 2:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease & Chronic nephritis	2 Yrs
Other contributory causes of importance: Diabetes, hypertension	2 Yrs

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis P.S. & L. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury —, 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If yes, specify .....

(Signed) John J. Cooper M. D.

(Address) 1801 Eastern Ave

832

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55832

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2202 Lynbrook St. 23 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mrs. Ida Goldberg

If U. S. Veteran specify WAR

(a) Residence: No. 2202 Lynbrook St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Wilbur

6. DATE OF BIRTH (month, day, year) 1869

7. AGE: 70 Years | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

FATHER

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME: Samuel Snider

MOTHER

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT (Address) Mrs. Blum 2202 Lynbrook ave

18. BURIAL, CREMATION, OR REMOVAL: 3-6-39

Place Southern ave Date ... 19...

19. UNDERTAKER (Address) Jones Funeral Co 1739 E. Balto St

20. FILED ... Hunter for Williams M.D. Registrar

MAR 6 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1939

22. I HEREBY CERTIFY, That I took charge of the remains deceased above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cardiac Asthma — Date of onset for 8 years

Other contributory causes of importance: Partial Acute dilation

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) John A Evans M. D. Coroner

(Address) ...

833

E 55833

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2+ Jewish Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Allen Chappell

If U. S. Veteran specify WAR

(a) Residence: No. 1412 N Dallas St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): Nov 20-1923

7. AGE: Years 16 | Months 3 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Charles Chappell

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Annie Hayden

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Aunty Chappell

(Address) 1412 N Dallas St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 3/8 1939

19. UNDERTAKER: Cayrus Sanders

(Address) 1413 E Preston St

MAR 6 - 1939 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-5- 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Sheptococci Endocarditis	3/
	3/
Other contributory causes of importance: Otitis Media	3/1/39 39

Was an operation performed? — Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Percy S. Allen M. D.

Coroner

(Address) 607 Lexington St

S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

55834 — 93 C F 55834

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2921 Odonnell St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth 40 yrs. mos. ds.

2. FULL NAME James E. Filton

If U. S. Veteran specify WAR

(a) Residence: No. 2921 Odonnell St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Alfreda

DATE OF BIRTH (month, day, year) Dec 1 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	3	3	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Detroit Mich

13. NAME James E. Filton Sr.

14. BIRTHPLACE (city or town) (State or country) New Hampshire

15. MAIDEN NAME Edel Walker

16. BIRTHPLACE (city or town) (State or country) New Hampshire

17. INFORMANT Alfreda Filton

(Address) 2921 Odonnell St

18. BURIAL, CREMATION, OR REMOVAL

Place St Paul Cem. Date March 7 1939

19. UNDERTAKER Martin W. E. Russell

(Address) 37 S. Amity St

FILED MAR 6 1939 19 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from 10/11, 1938 to 3/4, 1939

I last saw him alive on 3/3, 1939 Death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	2/26/39
Arterio-Sclerosis myocarditis.	

Other contributory causes of importance

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) C. Lothian M. D.

(Address) 130 E. Eager

Willis Lowe

HEALTH DEPARTMENT—CITY OF BALTIMORE

55835

CERTIFICATE OF DEATH

E 55835

Registered No.

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md. 23

CITY OF BALTIMORE: (No. 27 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR World War

2. FULL NAME Willis Lowe

(a) Residence: No. 661 West Conway Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Minnie Lowe

7. DATE OF BIRTH (month, day, year) August 10, 1880

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	6	28	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P&P

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Atlanta
(State or country) Georgia

13. NAME Unknown

14. BIRTHPLACE (city or town) Atlanta
(State or country) Georgia

15. MAIDEN NAME Rose ?

16. BIRTHPLACE (city or town) Atlanta
(State or country) Georgia

17. INFORMANT Records-U. S. Marine Hospital,
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Nat Cemetery Date March 6 1939

19. UNDERTAKER Joseph P. Lively
(Address) 1609 N Mount Street

20. DATE RECEIVED MAR 6 - 1939 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 23, 1939, to March 2, 1939

I last saw h alive on March 2, 1939. Death is said to have occurred on the date stated above, at 3:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, Pulmonary, chronic, far advanced	1936
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. B. H. a dwe M. D.

(Address) U. S. Marine Hospital, Baltimore, Maryland

36

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 55836

CERTIFICATE OF DEATH

206-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. General Hospital 24th)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Doris I. Gaeng

(a) Residence: No. 1430 Reynolds St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Gaeng

7. DATE OF BIRTH (month, day, year) May 18, 1918

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H.W.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William B. Allen

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Catherine E. Seward

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Adrian Allen
(Address) 1260 Battery Av.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Mar 8th 1939

19. UNDERTAKER William Cook
(Address) 1217 St Paul Street

Huntington Williams, M.D. Huntington Williams, M.D.
Registrar

6-6 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)
to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, Suicide or Homicide? Accident March 4, 1939

Where did injury occur? Balto Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury she was riding in struck Auto B. & O. R.R. Freight Train at Key Highway near Fort Av.

24. Was injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. K. Williams, M. D.
Coroner

(Address) 2757 W. Fayette

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55837

CERTIFICATE OF DEATH

82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2462 Greenmount Ave Ward) 12-3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles E Knight

If U. S. Veteran specify WAR

(a) Residence: No. 2462 Greenmount St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 16th 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hardware Carpenter

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation x 25

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME John Wesley Knight

14. BIRTHPLACE (city or town) (State or country) Harford Md

15. MAIDEN NAME Ann Elizabeth Freland

16. BIRTHPLACE (city or town) (State or country) Harford Md

17. INFORMANT Charles Edward Knight

(Address) 2462 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Forbes Burying Grounds Md Date Mar 7th 1939

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 19 Huntington Williams M.D.

MAR 6 - 39

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest, found that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/5
	1/3

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Crain, M. D.

Coroner

(Address)

38

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 55838

CERTIFICATE OF DEATH

✓ 133

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2307 Edmondson Ave Ward)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick B. Herman

If U. S. Veteran specify WAR

(a) Residence: No. 2307 Edmondson Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married,~~ Widowed, ~~or Divorced~~ (write the word)
Male	White	Widowed

6. If ~~married~~ widowed, ~~or divorced~~ HUSBAND of ~~(or WIFE of)~~ Harriet Herman

DATE OF BIRTH (month, day, year) Dec 27th 1854

AGE Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
79	2	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe Business

10. Date deceased last worked at this occupation (month and year) 4/10

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Annapolis Md.

13. NAME C. Christian Herman

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Wilhelmina V. Hill

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs F. X. Gittemuller

(Address) 221 Cambridge Rd

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 7th 1939

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED 19 Registrar.

MAR 5 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 4th 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 9 1939 to March 4 1939

I last saw him alive on March 4 1939. Death is said to have occurred on the date stated above, at 1552 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	Ida.
Bronchial Pneumonia.	
Other contributory causes of importance:	
Nephritis, Kidneys, Bilateral	5 yrs
Hemorrhage Brain	15 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) E. E. Brown M. D. M. D.

(Address) 856 Fulton Ave

55839

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 55839

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2320 Druid Hill (Ward) 14-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Thomas Carbury

(a) Residence: No. 2320 Division St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Widowed

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rosie Carbury

6. DATE OF BIRTH (month, day, year) 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Gen'l

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Mary Co Md

MOTHER FATHER

13. NAME Thomas Carbury

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Magdalen

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Miss Rosie Carbury

(Address) 2320 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Mar 6, 1939

19. UNDERTAKER Thomas E. Kelson

(Address) 1503 Pennsylvania Ave

MAR 6 - 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-3-1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Apoplexy	3/2/39

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George F. Allen Coroner M. D.

(Address) 20 E Eager St

E 55840

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1018 Linden Ave) (St.) (Ward)

Length of residence in city or town where death occurred 39 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME General Thomas

(a) Residence: No. 1018 Linden Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	W

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lizzie Thomas

7. DATE OF BIRTH (month, day, year) 88 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
51	50	?	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) D.C.

13. NAME Dent Thomas

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Alberta Russell
(Address) 1018 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL Mt Calvary Cem. Date Mar 6 1939

19. UNDERTAKER Adolphus Halstead
(Address) 918 Druid Hill Ave

MAR 6 - 1939 Huntington Williams, Inc

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 3 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1939 to March 3 1939

I last saw h[illegible] alive on March 2 1939 Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	9-1-38

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Urinary findings Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J Duncan Lee, M. D.

(Address) 1126 Druid Hill

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55841

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH 1008

CITY OF BALTIMORE: (No. 1008 Poplar Hill Rd St. 27-13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. 1 mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Alexander Dushane Penniman If U. S. Veteran specify WAR World War

(a) Residence: No. 1008 Poplar Hill Rd St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Christine Stuart Brown Penniman

DATE OF BIRTH (month, day, year) 1-21-1892

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	1	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer own

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own business

10. Date deceased last worked at this occupation (month and year) Mar. '39

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME George Dobbin Penniman

14. BIRTHPLACE (city or town) (State or country) Elk Ridge Howard Co. Md.

15. MAIDEN NAME Harriet Wilson Dushane

16. BIRTHPLACE (city or town) (State or country) Baltimore, Co Maryland.

17. INFORMANT Geo Dobbin Penniman
(Address) Poplar Hills Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Date Mar 7 19 39

19. UNDERTAKER Henry M. Fenby & Son
(Address) McCulloh & Orchard Sts

20. FILED Hunting for Williams, M.D.
Registrar.

MAR 6 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5. 1939

22. I HEREBY CERTIFY, That I attended deceased from March 5 19 39 to ... 19 ...

I last saw him alive on March 5 19 39 Death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	Mar. 5/39
Other contributory causes of importance: None	

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Louis Hamman M. D.

(Address) 9 E. Chase St.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

842

RE55842

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 339 S Robinson St St. 1-2 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Marie Koenig

(a) Residence: No. 339 S Robinson St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (~~write the word~~)
Female	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of Charles Koenig

6. DATE OF BIRTH (month, day, year) Aug. 1, 1854.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84 years	7 mo.	2 days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Jacob Leidke

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louise Roerchek

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Hedwig Dreiling

(Address) 339 S Robinson St

18. BURIAL, CREMATION, OR REMOVAL

Place St Matthews Date March 6 1939

19. UNDERTAKER George H Leimbach

(Address) 525 N Lippincott St

20. FILED MAR 6 - 1939 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 3 1939.

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1939 to Mar 3 1939

I last saw h~~e~~r alive on Mar 2 1939. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
arterio-sclerosis	

Other contributory causes of importance:

Pneumonia	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leonard S. French M. D.

(Address) 2329 Arunah Ave

843 ✓ F 55843

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

206-M

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. General Hospital (Street and Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Melvin Loose

(a) Residence: No. 1431 Haubert St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 1, 1917

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. U.S.Coast Guard

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Curtis Bay Md.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20 Yr

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME William Loose

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Mary E.Berry

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT (Address) Mrs. Anna M.Feible 1431 Haubert St.

18. BURIAL, CREMATION, OR REMOVAL Place Lexington Cem VR Date Mar 8 1939

19. UNDERTAKER (Address) Robt C & A M. Walters Funeral Director 22 Huntington Williams, M.D. Registrar.

20. FILED MAR 6 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1939. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following: Accident, Suicide or Homicide? Accident March 4, 1939 19...

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Ridding in Auto struck Fraight Train on Key Highway near Fort Av.

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) F. B. Carlin M. D. Coroner

(Address) 2737 W Mts

55844

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55844

CERTIFICATE OF DEATH

122-B 42512 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 9-8 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Estelle Colne (also known as Stanislawa Bilinska) U.S. Veteran WAR

(a) Residence: No. 1253 E. North Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Ellis

DATE OF BIRTH (month, day, year) 1-14-1900

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	1	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Joseph Bilinska

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Mary Broda

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT B. C. H. Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date March 7th 1939

UNDERTAKER George A. Weber

(Address) 705 S. Ann st

FILED ... 19... Registrar.

S-1099 1939

Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 - 4 . 1939

22. I HEREBY CERTIFY, That I attended deceased from 3 - 1 . 1939 to 3 - 4 . 1939

I last saw her alive on 3 - 4 . 1939 Death is said to have occurred on the date stated above, at 9:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endometriosis	?
Intestinal Obstruction	few days
Secondary Shock	several hours

Other contributory causes of importance:

Was an operation performed? yes Date of 3-2-39

For what disease or injury? Intestinal Obstruction

Name of operation Relase Obstruction - Pelvic Laparotomy

What test confirmed diagnosis? Surgery Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? none If so, specify

(Signed) E. K. Woodward Jr. M. D.

(Address) Balto. City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

5845 F 55845

CERTIFICATE OF DEATH

11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2922 E Pratt St. 1-E Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Anna Margaret Boehrer

If U. S. Veteran specify WAR

(a) Residence: No. 2922 E Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of John C Boehrer

DATE OF BIRTH (month, day, year) July 25 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	7	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bavaria

13. NAME Adam Funk

14. BIRTHPLACE (city or town) (State or country) Bavaria

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Bavaria

17. INFORMANT John C Boehrer

(Address) 2922 E Pratt

18. BURIAL, CREMATION, OR REMOVAL

Place Emmanuel Cem. Date March 8, 1939

19. UNDERTAKER John Ulrich

(Address) 2210 Aliceanna St

MAR 8 1939 Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) March 5 1939

22. I HEREBY CERTIFY, That I attended deceased from Mon Feb. 6 1939 to March 5 1939

I last saw her alive on March 5 1939 Death is said to have occurred on the date stated above, at 1 15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Two
Other contributory causes of importance: Grippe	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation None

What test confirmed diagnosis? Phys. Symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. J. Merr, M. D.

(Address) 408 Stat Park Ave

55846 F 55846

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 Rutland ave. St., 8-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME John C. Gluth

(a) Residence: No. 1615 Rutland ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Magdalene Gluth

6. DATE OF BIRTH (month, day, year) March 9, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT William Gluth

(Address) 437 N. Ellwood ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date March 7, 1939

19. UNDERTAKER John Ulrich

(Address) 2008 Eastern

FILED MAR 6 - 1939 Huntington Williams, M.D.

S 6

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) March 3, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide Poisoning	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3/3/, 1939

Where did injury occur? Baltimore Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Boiler; water turned off

Nature of injury Gas on gas range

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenken Coroner, M. D.

(Address) Coroner

55847

HEALTH DEPARTMENT—CITY OF BALTIMORE

55847

CERTIFICATE OF DEATH

F 33705 JS

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. Dist. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Emma Nicolaus

(a) Residence: No. 1814 Jackson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of George

DATE OF BIRTH (month, day, year) 1-9-1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	1	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W. p37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME James Barnes

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Julie

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date March 7, 1939

19. UNDERTAKER John Wenzel
(Address) 2002 Aisquith

20. FILED Huntington Nottingham M.D.
Registrar.

MAR 6 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1938, to March 3, 1939

I last saw her alive on March 3, 1939. Death is said to have occurred on the date stated above, at 9:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W. A. De Lyttle, M. D.

(Address) Baltimore City Hospitals

55848

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

81

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. St. 25-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Surrance Waters

If U. S. Veteran specify WAR

(a) Residence: No. 3207 Tate Ct St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Sep

3. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 11-17-99

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
39	3	17	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Eli Miller

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Eliz Marbury

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Furnace Branch Date 3/8/39, 19

19. UNDERTAKER Isgrig & Brown Sr

(Address) 1 of N W Montgomery St

20. FILED, 19 Registrar

Huntington Williams

MAR 6 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1939, to March 4, 1939

I last saw h[illegible] alive on March 4, 1939. Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myelitis - Cause undetermined - with involvement of cord to C4 Death due to Respiratory Paralysis	1936.
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ferdinand E. Gustard, M. D.

(Address) Johns Hopkins Hospital

55849 HEALTH DEPARTMENT—CITY OF BALTIMORE E 55849

CERTIFICATE OF DEATH

97

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 715 S. Glover, St., 1st 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie M. Coleman

If U. S. Veteran specify WAR

(a) Residence: No. 715 S Glover St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Jan 1870

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	2	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME J. Vain

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mrs. Matilda Ackerman

(Address) 715 S. Glover St

18. BURIAL, CREMATION, OR REMOVAL Mt Carmel Cem Date March 6 1939

19. UNDERTAKER Stephen D. Leatherbury Inc

(Address) 1000 E. Monument St

20. FILED Mar. 9 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3. 1939

22. I HEREBY CERTIFY That I attended deceased from Nov. 1938, to March 1939

I last saw her alive on March 3 1939 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory (secondary) causes of importance: Arteriosclerosis

Senile Dementia

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. H. Mogan M. D.

(Address) 14 E. Read St

MAR 6 - 1939

Thos. H. Williams, M.D.

Vernon 2689

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

55850

CERTIFICATE OF DEATH

93-6 55850

1. PLACE OF DEATH

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6010 Sefton Ave St., 27-5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Lena Krause

(a) Residence: No. 6010 Sefton Ave St., ... Ward. Baltimore, Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
f	w	married

6a. If married, widowed or divorced HUSBAND of (or) WIFE of Paul Krause

6. DATE OF BIRTH (month, day, year) June 4 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	9		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Wenzel-Auer.

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Paul Krause

(Address) 6010 Sefton Ave

18. BURIAL, CREMATION, OR REMOVAL

Pikesville Date 3-7 1939

19. UNDERTAKER Leonard Funeral Home

(Address) 1305 Park Ave. Baltimore, Md.

MAR 6 - 1939 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 11, 1939, to March 4, 1939

I last saw her alive on March 4 1939 death is said to have occurred on the date stated above, at 9.00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myocarditis	Feb 11, 39

Other contributory causes of importance:

Menopause

Name of operation none Date of

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, state

(Signed) ... M.D.

(Address) 617 Harford Rd.

55851 F 55851

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH University Hospital

Registered No.

CITY OF BALTIMORE: (No. St. 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Norman Saylor

If U. S. Veteran specify WAR

(a) Residence: No. 1710 W Lexington St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): Dec. 25. 1923

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	2	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Dragonville King & Queen Co. Virginia

13. NAME Norman Saylor

14. BIRTHPLACE (city or town) (State or country): King William Co Virginia

15. MAIDEN NAME Laura Blake

16. BIRTHPLACE (city or town) (State or country): King & Queen Co. Virginia.

17. INFORMANT Mark Scott.

(Address) 1710 W Lexington St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion C. Date 3/6, 1939

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED, 19 Registrar.

MAR 6 - 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1939 to March 2, 1939

I last saw h[e] alive on March 2, 1939. Death is said to have occurred on the date stated above, at 5:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Pulmonary Tuberculosis	
Tuberculous Meningitis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wilbur B. Long, M. D.

(Address) University Hospital

✓ F 55852

55852

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1610 N. Fulton Ave. St. 15-K Ward)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Maria A. Peters

(a) Residence: No. 1610 N. Fulton Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Peters

DATE OF BIRTH (month, day, year) Oct. 24, 1869

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	4	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME John Brady

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Brigid Kelley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Thomas Peters

(Address) 1610 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date March 7, 1939

19. UNDERTAKER E. Leroy Stiller, Inc.

(Address) 125 E. North Ave.

20. FILED 1939 Huntington Williams, Registrar.

6-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1938, to March 4, 1939

I last saw her alive on March 4, 1939. Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular disease	9/1936

Other contributory causes of importance:

Chronic Interstitial Nephritis	7/1938
Terminal Progressive pneumonia	3/1939

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical manifestations Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. H. Thurston M. D.

(Address) 1701 N Fulton Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 55853

22001-HS

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... d. 32 yrs.

2. FULL NAME Polly Clark

If U. S. Veteran specify WAR .....

(a) Residence: No. 536 Gold St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, year) Sept. 1867

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	72	6		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

13. NAME Chas. Franklin

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Hannah Johnson

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT B.C.H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place WASH. D.C. Date 3/6/ 39 19

19. UNDERTAKER Knight-Hunt Co Inc. (Address) 1554 Madison Ave

20. FILED MAR 6 - 1939 19 Huntington Williams, M.D.

Charles H. Alexander (Signature)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1939 to March 5, 1939

I last saw her alive on March 5, 1939 Death is said to have occurred on the date stated above, at 7.20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	1939

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. A. De Santelle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

55851

CERTIFICATE OF DEATH

x 157-DH 55851

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins St. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Baby Lane

If U. S. Veteran specify WAR

(a) Residence: No. Johns Hopkins Hospital St., Rocks, Md Ward. Balto, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) 3/5/39

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	—	12 hrs.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

13. NAME Silas Andrew Lane

14. BIRTHPLACE (city or town) No Virginia
(State or country)

15. MAIDEN NAME Mary Anne Alewine

16. BIRTHPLACE (city or town) No. Carolina
(State or country)

17. INFORMANT Silas A Lane
(Address) Rocks, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Lone Tree Cem Date 3-6 39

19. UNDERTAKER E B Kenny Son
(Address) Jarrettsville Md

20. FILED 3-6-1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-5, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/5/39, 19— to 3/6/39, 19—

I last saw h— alive on 3/6/39, 19— Death is said to have occurred on the date stated above, at 3¹⁰ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diaphragmatic hernia complete, Rt.	[illegible]
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19—

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Caroline Jackson M. D.

(Address) Johns Hopkins Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55855

CERTIFICATE OF DEATH

1 59 F 55855

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. 17-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Baby Boy Bond

If U. S. Veteran specify WAR .....

(a) Residence: No. 834 George St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	S

a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 3 39

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) University Hosp. Baltimore, Md.

13. NAME Rose Wilks

14. BIRTHPLACE (city or town) (State or country) Chester, S.C.

15. MAIDEN NAME Rose Lee Peterson

16. BIRTHPLACE (city or town) (State or country) Chester, S.C.

17. INFORMANT Mother

(Address) 834 George St.

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date MAR 6 - 1939 19

19. UNDERTAKER [illegible]

(Address) [illegible]

[illegible] Huntington Williams, M.D.

Filed MAR 6 - 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4 1939.

22. I HEREBY CERTIFY, That I attended deceased from 3/31, 1939, to 3/41, 1939

I last saw h[illegible] alive on 3/41, 1939. Death is said to have occurred on the date stated above, at 10:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	1939
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) D. Hatheider Jr. M. D.

(Address) University Hospital.

4636

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55856

CERTIFICATE OF DEATH

12 F 55856

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 18-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR ...

2. FULL NAME Baby Boy Cobbs

(a) Residence: No. ~~University Hospital~~ 1225 Booth St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

6a. If married, widowed or divorced HUSBAND of (or) WIFE of — Infant

7. DATE OF BIRTH (month, day, year) 2-27-39

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore City

13. NAME Howard Syze

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME Rosie Cobbs

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Howard Syze
(Address) Cobbs, 1026 Booth St

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date MAR 6 - 1939

19. UNDERTAKER ...
(Address) Per A. A. Boone Huntingdon Hollins, Md.

20. FILED MAR 6 1939 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-27-39

22. I HEREBY CERTIFY, That I attended deceased from 2-28- 1939 to 3-3 1939

I last saw him alive on 3-3-39 Death is said to have occurred on the date stated above, at 4 00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis, Syphilis	?
Gangrene & Perforation	?
of Cecum. appendicele	?
Tuberculosis Generalized pneumonia	
Other contributory causes of importance: Premature birth.	

Was an operation performed? No Date of —

For what disease or injury? ...

Name of operation —

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) M. Eulbert M. D.

(Address) ...

4634

857

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 55857

CERTIFICATE OF DEATH

181

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 5-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 9 mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Shirley Harlow

If U. S. Veteran specify WAR

(a) Residence: No. 900 E. Baltimore St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec. 10, 1936.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	1 2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charlottesville Va

FATHER

13. NAME Harvey Harlow

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Lottie Atkins

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Harvey Harlow

(Address) 900 E. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL

Place Charlottesville Va. Date March 7 1939

19. UNDERTAKER H. Sanders Sons Inc

(Address) 1710 Pleasant St.

MAR 6 - 1939

Huntington Williams, Md.

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1939.

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Second + third degree burns of face, body and upper extremities	3-4-39
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury 3-4 1939

Where did injury occur? 900 E. Baltimore St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Clothes ignited by gas stove

Nature of injury Burns

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Samuel B. Wolfe M. D.

(Address) 1331 E. North Ave Corr. Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55858 — CERTIFICATE OF DEATH — 106-a F 55858

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lydenham Hospital 26-10 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 10 mos. 23 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William De Haven (Dehaven)

(a) Residence: No. 3303 Noble St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Infant

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) April 13 - 1938

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		10	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME OF FATHER Robert De Haven

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME OF MOTHER Verna Doyle

16. BIRTHPLACE (city or town) (State or country) St. Louis Illinois

17. INFORMANT Mother
(Address) 3303 Noble St.

18. BURIAL, CREMATION, OR REMOVAL
Place MT. CARMEL CEM. Date MAR. 7, 19 39

19. UNDERTAKER Lilly & Zeiler INC.
(Address) 1015 HOWARD ST.

FILED MAR 6 - 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 13, 1939 to March 5, 1939

I last saw him alive on March 5, 1939 Death is said to have occurred on the date stated above, at 5-30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Infection pneumonia~~ Pneumothorax Empyema - Tracheo-bronchitis	2/25, 2/28
Other contributory causes of importance	

Was an operation performed? Yes Date of 2/20/39

For what disease or injury? Empyema - Tracheo bronchitis

Name of operation Tracheotomy

What test confirmed diagnosis? Xray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry S. Gimbel M. D.

(Address) Lydenham Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

55859

CERTIFICATE OF DEATH

/ 3 / F 55859

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred LIFE yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Barbara Wischer

If U. S. Veteran specify WAR

(a) Residence: No. 518 N. Decker Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of BARBRA WISCHER

6. DATE OF BIRTH (month, day, year) MAY 27 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	9	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. SUPT. FOR

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. CONTRACTORS & BUILDERS

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE

13. NAME JOHN WISCHER

14. BIRTHPLACE (city or town) (State or country) GERMANY

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMANT BARBRA WISCHER WIFE

(Address) 518 NORTH DECKER AVE.

18. BURIAL, CREMATION, OR REMOVAL

Place HOLY REDEEMER Date MAR 7 1939

19. UNDERTAKER Lilly & Geiler INC

(Address) 403 S. WOLFE ST.

20. FILED MAR 8 - 1939 Huntington Pitts Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-3-39, 19

22. I HEREBY CERTIFY, That I attended deceased from 2-28-39, 19 to 3-3-39, 19

I last saw h alive on 3-3-39, 19 Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia, Left	
Arteriosclerosis, cerebral	
with terminal infection	
Other contributory causes of importance:	
Chronic Appendicitis	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. P. Finnegan M. D.

(Address) St. Joseph's Hosp.

Waring

HEALTH DEPARTMENT—CITY OF BALTIMORE

55860

CERTIFICATE OF DEATH

181 F 55860

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem. Hos. St. 12-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. 3 mos. 27 ds. How long in U. S. If of foreign birth --yrs. --mos. --da.

2. FULL NAME Benjamin Warren Waring

If U. S. Veteran specify WAR

(a) Residence: No. E. Highfield Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 8, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Robert K. Waring

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Katherine Mowton Saunders

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Josephine W. Whelan

(Address) 3908 N. Charles Street

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Cemetery Date 3/7 19 39

19. UNDERTAKER Harry G. Meeks & Son

(Address) 805 N. Calvert St.

20. FILED MAR 6 1939 19 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock, from Scalding of water in bath tub	

Other contributory causes of importance: Alcoholism

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide or homicide~~ Accidental injury 3-5, 1939

Where did injury occur? 1 Highfield Rd

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At Home

Manner of injury Scalding & Shock

Nature of injury Hot water in tub

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A. Crain M. D. Coroner

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 55861

CERTIFICATE OF DEATH

E 55861

1. PLACE OF DEATH 3019 E. Monument St. Registered No.
CITY OF BALTIMORE: (No. ~~Baltimore County~~ St.) (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? 74 yrs. mos. ds.

2. FULL NAME John Miller
If U. S. Veteran specify WAR
(a) Residence: No. 3019 E Monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M | 4. Color or Race White | 5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine A. Miller

6. DATE OF BIRTH (month, day, year) Oct 5th 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	5		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cutter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cloak
10. Date deceased last worked at this occupation (month and year) 1932
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME John Miller
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Minnie Miller
(Address) 3019 E Monument St

18. BURIAL, CREMATION, OR REMOVAL
Place Dulaney Valley Date 3-8-, 1930

19. UNDERTAKER Miller & Gallagher
(Address) 24 25 E Oliver St

20. Filed 3-8-, 1930 Registrar.
1880 - 1939
Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/6, 1930

22. I HEREBY CERTIFY, That I attended deceased from 3/2, 1930 to 3/5, 1930
I last saw him alive on 3/4, 1930 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar	3/2
Other contributory causes of importance: old age	

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. C. Beacom M.D.
(Address) 3901 Toronto Rd

HEALTH DEPARTMENT—CITY OF BALTIMORE

55862

CERTIFICATE OF DEATH

84-82 F 55862

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat 19-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William R. Johnson

If U. S. Veteran specify WAR

(a) Residence: No. 467 N. Fulton ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 19-1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	8	15 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto
(State or country) Md.

FATHER

13. NAME Geo Johnson

14. BIRTHPLACE (city or town) Balto
(State or country) Md.

MOTHER

15. MAIDEN NAME Mary Tatum

16. BIRTHPLACE (city or town) Balto
(State or country) Md.

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem 3/7 1939

19. UNDERTAKER George E. Talley
(Address) Fulton & Lafayette

20. FILED 19 Registrar.
MAR 8 1939 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1937 to March 4, 1939

I last saw h[illegible] alive on Mar. 4 1939 Death is said to have occurred on the date stated above, at 1:45 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Manic Depressive Psychosis	2 Yrs
Other contributory causes of importance: Left Cerebral hemiplegia	8 wks.

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Thomas S. Clagett M. D.

(Address) 3326 Frederick Ave

55863

HEALTH DEPARTMENT—CITY OF BALTIMORE

55863

CERTIFICATE OF DEATH

93-e

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1907 Light St. 24-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George F. Gallion

(a) Residence: No. 1907 Light St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice E. Gallion

7. DATE OF BIRTH (month, day, year) Dec. 3, 1878

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	2	24	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Parkton,
(State or country) Balto. Co., Md.

13. NAME Stansbury Gallion

14. BIRTHPLACE (city or town) not known
(State or country)

15. MAIDEN NAME Kate Diffendaffer

16. BIRTHPLACE (city or town) not known
(State or country)

17. INFORMANT Mrs. Alice E. Gallion
(Address) 1907 Light St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk. Cemt. Date March 7, 1939

19. UNDERTAKER Geo. W. Zirkler
(Address) 1737 E. Eager Ste.

20. FILED Mar 10 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1939 to Mar 4, 1939

I last saw him alive on Mar 4, 1939. Death is said to have occurred on the date stated above, at 7:07 a.m.

The principal cause of death and related causes of importance were as follows:

Hypertension — Date of onset 2 mos 39

Other contributory causes (importance): Uremia — Prostatism — 2 mos 39

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

55864

F 55864

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1100 N. Port St. St., 8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sidney Jennings

If U. S. Veteran specify WAR .....

(a) Residence: No. 1100 N. Port St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58		0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Victoria, Va

FATHER

13. NAME Chester Jennings

14. BIRTHPLACE (city or town) (State or country) Victoria, Va

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT William Smith

(Address) 556 St Marys St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore MD Date Mar 8 1939

19. UNDERTAKER Mrs R. C. Elliott & Daughter

(Address) 1129 N. Carrollton Ave

Huntington Hollins, Md.

20. FILED Mar 7 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5. 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1939 to March 5, 1939

I last saw him alive on March 5, 1939. Death is said to have occurred on the date stated above, at 8.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension - Cerebral Embolism	3-5-39
Bronchial Pneumonia	3-3-39
Other contributory causes of importance:	
Hypostatic Anaemia	2 wks
Pulmonary edema	

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 19 ....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Louis C. Hamman, M. D.

(Address) 2340 Madison Ave.

55865 55865

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 601 Winans Way St. 28-A Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Neil Keller Henning

If U. S. Veteran specify WAR

(a) Residence: No. 601 Winans Way St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah F. Henning (nee Campbell)

7. DATE OF BIRTH (month, day, year) Oct. 2, 1880.

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	5	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dr's Office

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Neil Keller Henning

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Pehleiser

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Sarah F. Henning

(Address) 601 Winans Way.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date March 7/39 19

19. UNDERTAKER Harry A. Mintzer

(Address) 4101 Edmondson Ave.

20a. FILED MAR 8 1939 19 Hastings Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 4, 1936 to March 4, 1939

I last saw him alive on March 4, 1939 Death is said to have occurred on the date stated above, at 8:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkin's Disease	1936
Other contributory causes of importance:	
Coronary Disease	1936
Ch. Myocard. & Myocard. Degen.	1936

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joe M. Blumberg M. D.

(Address) 2000 Hollins St.

5866 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 55866

CERTIFICATE OF DEATH

V 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1040 Edmondson Ave. Ward) 21-1

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Winnie Jones

(a) Residence: No. 1040 Edmondson Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND (or) WIFE of Howard Jones

6. DATE OF BIRTH (month, day, year): Sept. 1885

7. AGE: 53 Years | Months 6 | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Cowland Co. Va.

13. NAME of Father: Walter Morris

14. BIRTHPLACE (city or town) (State or country): Va.

15. MAIDEN NAME of Mother: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Howard Jones
(Address) 1040 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date 3-7- 1939

19. UNDERTAKER: Bibb-Williams Co.
(Address) 218 N. Eutaw St.

20. FILED MAR 7 1939 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 5 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1939 to March 5 1939

That I saw her alive on March 5 1939. Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	2mos
Other contributory causes of importance:	

Was an operation performed? Yes Date of Octo, 1938

For what disease or injury? Cancer

Name of operation Exploratory

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles F. Wagley M. D.

(Address) 661 Hunter St

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 55867

CERTIFICATE OF DEATH

94-13

24-2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 Harvey St., Ward)

Length of residence in city or town where death occurred 1 yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James Mattingly

(a) Residence: No. 611 E. Harvey St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary B. Mattingly

6. DATE OF BIRTH (month, day, year): Aug. 27, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 6012

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): St. Mary's Co. Md.

FATHER

13. NAME: Lee Mattingly

14. BIRTHPLACE (city or town) (State or country): St. Mary's Co. Md.

MOTHER

15. MAIDEN NAME: Mary Knot

16. BIRTHPLACE (city or town) (State or country): St. Mary's Co. Md.

17. INFORMANT: Mary B. Mattingly

(Address) 611 Harvey St.,

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Mar 8 1939

19. UNDERTAKER: William M Mareck

(Address) 715 Light St

Huntington Williams Undertaker

20. FILED MAR 7 1939

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 6, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 3/6/39.

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) L. Fiteman Coroner, M. D.

(Address) 1300 E. Lanvale

868

HEALTH DEPARTMENT—CITY OF BALTIMORE

L 55868

CERTIFICATE OF DEATH

51-C

27-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3011 Northern Parkway Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME George B Barrows

(a) Residence: No. 3011 Northern Parkway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~): Lillie M Barrows

6. DATE OF BIRTH (month, day, year): Mar 24 1874

7. AGE: Years 64; Months 3; Days 8; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Marine Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Peter Barrows

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Annie Peterson

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mrs Lillie M Barrows

(Address): 3011 Northern Parkway

18. BURIAL, CREMATION, OR REMOVAL

Place: Cedar Hill Date: Mar 8 1939

19. UNDERTAKER: William M Mareck

(Address): 715 Light St

20. FILED 19 Registrar.

MAR 7-1939

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 1938 to March 4 1939

I last saw him alive on May 4 1938 Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancinoma of Prostate	Nov 1938
Other contributory causes of importance:	

Was an operation performed? Yes Date of Jan 16, 1939

For what disease or injury? Cancinoma

Name of operation Prostatectomy

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard A Kelly M. D.

(Address) 2020 E. Monument

59

F 55869

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. S.B.Gen. Hospital St. 23-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Carlton A. Voigt

(a) Residence: No. 39 E. West St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Myrtle E. Voigt

6. DATE OF BIRTH (month, day, year) May 27, 1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W.P.A.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME August Voigt

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Linda Leight

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Myrtle E. Voigt

(Address) 39 E. West St.,

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date Mar. 7, 1939

19. UNDERTAKER G. Howard Strong

(Address) 715 Light St.

FILED MAR 7 1939

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 4, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3/4/39.
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Lithia Coroner, M. D.

(Address) 1304 E. Oliver

V S 6

5870

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 55870

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2624 E Balto St. (Ward) 6-2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hilda B Anderson

If U. S. Veteran specify WAR ...

(a) Residence: No. 2624 E Balto St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word): Widowed

6a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Frank W Anderson

6. DATE OF BIRTH (month, day, year): Jan 16 1861

7. AGE: Years 78 | Months 1 | Days 19 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stone

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER

13. NAME: Not Known

14. BIRTHPLACE (city or town) (State or country): Sweden

FATHER

15. MAIDEN NAME: Hilda Nelson

16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMANT (Address): Walter A Anderson 3001 Shannon Drive

18. BURIAL, CREMATION, OR REMOVAL: Place Parkwood Date March 7, 19 39

19. UNDERTAKER (Address): Leland Herr 3001 Pentucket Ave

20. FILED ... 19 ... (Registrar)

MAR 7 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1939 to March 4, 1939

I last saw her alive on March 4, 1939. Death is said to have occurred on the date stated above, at 2 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic Interstitial nephritis	
Chronic myocarditis	
Cerebral Hemorrhage	

Other contributory causes of importance:

Hypostension

Diabetes mellitus

Was an operation performed? no Date of

For what disease or injury? none

Name of operation none

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) Walter A Anderson M. D.

(Address) 3001 Shannon Drive

5871

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 55871

CERTIFICATE OF DEATH

✓ 157-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1125 Calhoun St. 16-K Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boyer

If U. S. Veteran specify WAR

(a) Residence: No. 1125 N Calhoun St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-5-39

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Ernest Williams

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Emma Boyer

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Emma Boyer

(Address) 1125 Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Mar 7 1939

19. UNDERTAKER Mrs. Gorsuch and Son

(Address) 1631 Druid Hill Ave

20. FILED MAR 7 - 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-6-, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-5-, 1939, to 3-6-, 1939

I last saw him alive on 3-6-, 1939. Death is said to have occurred on the date stated above, at 3:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	3-5-39

Other contributory causes of importance:

Postmaturity

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank A Saunders M. D.

(Address) 10 29 Stricker St

55872

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 55872

93-C Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth 71 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Bertha Abrams

(a) Residence: No. 2808 Waldorf Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Baer

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 003

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Morris

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Herman Abrams
(Address) 4548 Pimlico Rd.

18. BURIAL, CREMATION, OR REMOVAL Hebrew Southern Ave Date 3-7- 39

19. UNDERTAKER Jack Levin Inc.
(Address) 1439 E. Baltimore St

20. MAR 7 1939 19 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-6-39 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:
Cardiac Failure

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) Paul Schreiber Coroner . M. D.

(Address) Coroner

S 6

55873

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 F 55873

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 5-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 3 yrs. ..... mos. ..... ds.

2. FULL NAME David Schwartz

If U. S. Veteran specify WAR .....

(a) Residence: No. 1004 E. Baltimore St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hollie

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospt. Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 3-7-39

19. UNDERTAKER Jack Levy Inc.

(Address) 1439 E. Baltimore

20. FILED MAR 7 — 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7. 1939

22. I HEREBY CERTIFY, That I attended deceased from December 18, 1938 to March 7, 1939

I last saw h.... alive on March 7, 1939. Death is said to have occurred on the date stated above, at 6:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage, of cerebral origin	
Bronchopneumonia	
Arteriosclerosis Cardio vascular Disease	
Other contributory causes of importance: Diabetes Decompensated	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Willard Cole M. D.

(Address) Sinai Hospital

55874

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 55874

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4009 Cold Spring Lane St., 15-10 Ward)

Length of residence in city or town where death occurred 88 yrs. — mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John A. Miller

If U. S. Veteran specify WAR ...

(a) Residence: No. 4009 Cold Spring Lane St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Elizabeth E Miller

6. DATE OF BIRTH (month, day, year): Feb. 21 - 1851

7. AGE: Years 88 | Months — | Days 12 15 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 1016

10. Date deceased last worked at this occupation (month and year): 1933

11. Total time (years) spent in this occupation: 45-

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER FATHER

13. NAME: John F. Miller

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME: Rebecca Robinson

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mrs Elizabeth Miller

(Address) 4009 Cold Spring Lane

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date Mar 9, 1939

19. UNDERTAKER: Harry N Shumacek

(Address) 4200 Edgewood Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1937 to Mar 6, 1939

I last saw him alive on Mar 5, 1939 Death is said to have occurred on the date stated above, at 10:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Valvular Heart disease	1933
Other contributory causes of importance: Chr. Interstitial nephritis	1933

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation Thyroid Operation no

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify ...

(Signed) Paul Dorsey M. D.

(Address) 1663 W North Ave.

3-1939

55875 **HEALTH DEPARTMENT—CITY OF BALTIMORE** L 55875

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 704 W 36th St. St. 13-7 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR WORLD WAR.

2. FULL NAME Walter DeHaven.

(a) Residence: No. 704 W 36th St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Nov 7 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	4		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist '31

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. G. M. Kemp's

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

13. NAME Wm. DeHaven.

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME Frances Robinson

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Elmer DeHaven.
(Address) 704 W 36th St

18. BURIAL, CREMATION, OR REMOVAL New National Date March 8, 1939

19. UNDERTAKER Chinoweth & Son.
(Address) 3615-17 Chestnut Ave.

MAR 7 - 1939 Huntingtown Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1938, to March 6, 1939

I last saw him alive on Mar. 6, 1939. Death is said to have occurred on the date stated above, at 2 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Oct. 1938

Other contributory causes of importance:

Pt. Wasp Dt. of Marine Hospital Oct. 15 to Dec 18, 38

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Microscopic Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Sherman R. Hunt M. D.

(Address) 2601 Manhattan Ave

55876 HEALTH DEPARTMENT—CITY OF BALTIMORE 55876

CERTIFICATE OF DEATH 95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 W 33rd St. St. B-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth L. Weimeister. If U. S. Veteran specify WAR

(a) Residence: No. 605 W 33rd St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Weimeister

6. DATE OF BIRTH (month, day, year) Sept 19, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

MOTHER'S MAIDEN NAME

13. NAME Ethelbert Jagg.

14. BIRTHPLACE (city or town) (State or country) md.

15. MAIDEN NAME ? Stillings

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Mrs. Evelyn Langrall

(Address) 605 W 33rd St.

18. BURIAL, CREMATION, OR REMOVAL

Forest London Park Date March 9, 1939

19. UNDERTAKER Ehrenzweig & Son

(Address) 1315-17 Eutaw Ave

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7. 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8 1939 to March 7 1939

I last saw h[illegible] alive on March 6. 1939. Death is said to have occurred on the date stated above, at 4:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension + Arteriosclerosis	
Cerebral Arteriosclerosis	
Cerebral hemorrhage	Feb. 5 '39.

Other contributory causes of importance:

Cardiac hypertrophy

Was an operation performed? No Date of

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W. H. Krueger M. D.

(Address) 1402 E Lanvale St.

55877

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55877

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 7-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Foust (41603)

If U. S. Veteran specify WAR

(a) Residence: No. 1722 E. Madison St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian

6. DATE OF BIRTH (month, day, year) Sept. 27, ~~1888~~ 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
50	~~53~~	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. Car.

MOTHER FATHER

13. NAME Albert

14. BIRTHPLACE (city or town) (State or country) S. Car.

15. MAIDEN NAME Alice Leaphart

16. BIRTHPLACE (city or town) (State or country) S. Car.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Com Date March 8 1939

19. UNDERTAKER Robert W. Williams
(Address) 1715 N. Eden St

20. FILED MAR 7 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 2, 1939 to March 5, 1939

I last saw him alive on March 5, 1939. Death is said to have occurred on the date stated above, at 3:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Dec. 1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. M. Curtis, M. D.

(Address) Balto. City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 55878

CERTIFICATE OF DEATH

11-B 55878

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 7-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME George Anderson

If U. S. Veteran specify WAR .....

(a) Residence: No. 1021 E. Lamont Ave St., ... Ward. 11 L+

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Sin

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 10-23-39

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
3 mo.	0	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country)

FATHER

13. NAME Frank Anderson

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Margaret Hill

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT ..... (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 7 - 1939 19

19. UNDERTAKER Commissioner of Health (Address)

20. FILED ..... 19 ..... Per H. A. Moore Registrar.

Mar 7 1939

Thursday 8 a.m.

3 D 55

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1939 to Mar 5, 1939

I last saw him alive on Mar 5, 1939 Death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
B. Influenza Meningitis	2-26-39
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) H C Goldberg M. D.

(Address) Johns Hopkins Hosp.

55879 F 55879

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-a 42538-PS

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St., 19-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. life ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James Wallace

(a) Residence: No. 508 N. Stricker St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Alverta

6. DATE OF BIRTH (month, day, year) 7-13-1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	64	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sign painter & hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 5

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town). Md. (State or country)

FATHER

13. NAME James Wallace

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Mary Allen

16. BIRTHPLACE (city or town) Va. (State or country)

17. INFORMANT B.C.H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Oct 8th 1939

19. UNDERTAKER Edwin C Wilson

(Address) 1018 Pennsylvania Ave

20. FILED Oct 8 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-5, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-2, 1939 to 3-5, 1939

I last saw h[illegible] alive on 3-5, 1939 Death is said to have occurred on the date stated above, at 10 55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Incarcerated Inguinal Hernia	?
Arteria Sclerotic heart disease with Failure	?
Other contributory causes of importance:	

Was an operation performed? Yes Date of 3-2-39

For what disease or injury? Hernia

Name of operation Herniaplasty

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ND ..... If so, specify .....

(Signed) L. L. Woodward Jr. M. D.

(Address) Balto City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

55880

CERTIFICATE OF DEATH

93-F 55880

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1729 Presbury St. 15-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Cousin

If U. S. Veteran specify WAR

(a) Residence: No. 1729 Presbury St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Rebecca Cousin

6. DATE OF BIRTH (month, day, year) Dec 30. 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Construction Work

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER FATHER

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country) Don't Know

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMANT Lennie Cousin

(Address) 1729 Presbury St.

18. BURIAL, CREMATION, OR REMOVAL: Lakeview Memorial Park 3/8 1938

19. UNDERTAKER Robert F. Young

(Address) 804 W. Baltimore St.

MAR 7 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 4 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 28 1938 to Mar. 4 1938

I last saw him alive on Mar 4 1938 Death is said to have occurred on the date stated above, at 11.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrage	12/28/38
Other contributory causes of importance:	
Chr. Myocarditis	1937

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Symptoms & Course Was there an autopsy? No

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) James Dunn M. D.

(Address) 1663 W. North Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55881

CERTIFICATE OF DEATH

131 F 55881

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1837 W. Franklin St. 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Virginia Francis Armiger

(a) Residence: No. 1837 W Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis Armiger

6. DATE OF BIRTH (month, day, year) Oct. 6, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co., Md.

MOTHER FATHER

13. NAME Joseph F. Ward

14. BIRTHPLACE (city or town) (State or country) Calvert Co., Md.

15. MAIDEN NAME Sarah L. Sears

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

17. INFORMANT John Armiger

(Address) 1837 W. Franklin

18. BURIAL, CREMATION, OR REMOVAL

Place Galesville, Md. Date Mch. 8 1939

19. UNDERTAKER Roland L. Terkler

(Address) 612 N Moore St.

20. FILED MAR 7 - 1939 for Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 29 1938 to March 5 1939

I last saw her alive on March 4 1939. Death is said to have occurred on the date stated above, at 2:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal Disease	1939
Hypostatic Pneumonia (Terminal)	March 1, 1939
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

How specify

(Signed) Elliott W. Johnson M. D.

(Address) 343 E Fredrick Ave

55882 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

92-a F 55882

1. PLACE OF DEATH Balto. City Hospitals Registered No. 1817

CITY OF BALTIMORE: (No. Bay View St. 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Columbus Newsome If U. S. Veteran specify WAR

(a) Residence: No. 205 N. Poppleton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 1-1902

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Howell Newsome

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Matilda Adams (d)

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Mrs. Newsome (Address) 403 N. Ann St. Cousin

18. BURIAL, CREMATION, OR REMOVAL [illegible] Date MAR 7- 1939, 19

Place [illegible]

19. UNDERTAKER [illegible] MAR 7- 1939

(Address) [illegible]

Huntington Williams, M.D.
Registrar

FILED MAR 7- 1939

4643

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 27, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	1 yrs
Other contributory causes of importance: Pulmonary Edema	4 mos

Was an operation performed? no Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood M. D.
Coroner

(Address) 172 N. Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55883

CERTIFICATE OF DEATH

50 F 55883

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 301 E. 33d St., 12-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 2 mos. 10 da. How long in U. S. If of foreign birth? — yrs. — mos. — da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Jane McLaughlin

(a) Residence: No. 301 E. 33d St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William D. McLaughli

6. DATE OF BIRTH (month, day, year): Dec. 25, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0057

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

MOTHER FATHER

13. NAME: John Murphy

14. BIRTHPLACE (city or town) (State or country): ------- Ireland

15. MAIDEN NAME: Jane McGuigan

16. BIRTHPLACE (city or town) (State or country): ------- Ireland

17. INFORMANT: Miss Loretta Davis

(Address): 301 E. 33d Street

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cemetery Date: 3/8 19 37

19. UNDERTAKER: Henry G. Meats & Son

(Address): 805 N. Calvert St.

20. FILED: Huntington Williams M.D. Registrar.

MAR 7 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mch 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mch 1, 1937, to Mch 5, 1937

I last saw h[illegible] alive on Mch 0, 1937. Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic Carcinoma (Mammae)	1937
Other contributory causes of importance: Carcinoma Breast	1937

Was an operation performed? Yes Date of 1937

For what disease or injury? .....

Name of operation: Radical Breast

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Alonzo B Lennane M. D.

(Address) 718 N. Patterson Pk Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55884

CERTIFICATE OF DEATH

953 - H 55884

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 918 Fawn St. 3-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Angelo Fusco

If U. S. Veteran specify WAR

(a) Residence: No. 918 Fawn St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Jan 6, 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Fabore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Rocco Fusco

14. BIRTHPLACE (City or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Arcangela Pacita

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Rosa Infusi

(Address) 918 Fawn St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer March 8-38

19. UNDERTAKER Frank V. Pipitone

(Address) 2815 E. Baltimore St

20. FILED MAR 7 - 1938 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 6. 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10. 1938, to Mar. 6 1938

I last saw h[illegible] alive on Mar. 5 1938. Death is said to have occurred on the date stated above, at 5 45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Asthma.	1919
Hypertension - Arteriosclerotic disease.	1937

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify

(Signed) Anthony Fiazza M. D.

(Address) 5217 York Rd

55885

HEALTH DEPARTMENT—CITY OF BALTIMORE

55885

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4425 Forest View Ave St., 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? 30 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Eva Ducsar or Dusor

(a) Residence: No. 4425 Forest View Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Ducsar

6. DATE OF BIRTH (month, day, year) Oct. 23 71

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	4	8 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

MOTHER FATHER

13. NAME John Szyncko

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mrs. Joseph Ducsar

(Address) 4425 Forest View Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date March 8 1939

19. UNDERTAKER Stephen J. Jablonski & Son

(Address) 1200 N. Kenwood Ave

Hunting for Williams, MD

20. FILED MAR 7 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5 1939

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1939, to March 5, 1939

I last saw h[illegible] alive on March 4, 1939. Death is said to have occurred on the date stated above, at 3:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Myocarditis	Sept 1938
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. W. Harkins M. D.

(Address) 4810 Belair Rd

B

HEALTH DEPARTMENT—CITY OF BALTIMORE

358796 55886

CERTIFICATE OF DEATH

× 23 F 55886

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. St. 725 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Williamson

If U. S. Veteran specify WAR

(a) Residence: No. Severna Pk P.O. St., Ward. Jones Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 8-2-37

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1½	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Robert Williamson

14. BIRTHPLACE (city or town) (State or country) Va ?

MOTHER

15. MAIDEN NAME Emma Hunt

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL. Forest Park Date 3/8/39

19. UNDERTAKER E. Johnson & Sons

(Address)

20. FILED MAR 7 - 1939 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1939, to March 5, 1939.

I last saw him alive on March 5, 1939. Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary tuberculosis	1-39
Lobar Pneumonia	2-4-39
Other contributory causes of importance: Pertussis.	1-39

Was an operation performed? No Date of

For what disease or injury?

Name of operation No

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry B. Dalberg, M. D.

(Address) Mens (Hopkins Hosp.)

Huntington Williams

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55887

CERTIFICATE OF DEATH

X 13 F 55887

1. PLACE OF DEATH Union Memorial Hosp.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. S. 12-2 Ward)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 17 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Samuel Lenard Ring

If U. S. Veteran specify WAR

(a) Residence: No. Woodside Ave, Halethorpe Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Ring

6. DATE OF BIRTH (month, day, year) February 25, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	-	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce (Dealer) Self

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) January 1939

11. Total time (years) spent in this occupation 54 yrs

12. BIRTHPLACE (city or town) Halethorpe
(State or country) Maryland

FATHER

13. NAME Edwin Ring

14. BIRTHPLACE (city or town) Baltimore County
(State or country) Maryland

MOTHER

15. MAIDEN NAME Laura Smardon

16. BIRTHPLACE (city or town) Baltimore County
(State or country) Maryland

17. INFORMANT Mrs. Bessie Ring
(Address) Woodside Ave., Halethorpe

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date March 9 1939

19. UNDERTAKER [illegible]
(Address) 1004 N. Baltimore St.

20. FILED MAR 7 - 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/6, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1/19, 1939 to 3/6, 1939

I last saw him alive on 3/6, 1939. Death is said to have occurred on the date stated above, at 10:40 a.m.

The principal cause of death and related causes of Importance were as follows:

	Date of onset
Influenza Bronchitis	
	over
Other contributory causes of importance:	
Hypostatic Pneumonia	
Acute Nephritis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) J. D. Mason Jr. M. D.

(Address) Union Memorial Hosp.

F 3861

55888

HEALTH DEPARTMENT—CITY OF BALTIMORE

55888

CERTIFICATE OF DEATH

175

Registered No. .....

1. PLACE OF DEATH 605 Winans Way

CITY OF BALTIMORE: (No. Hunting Ridge St. 28-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James Joseph Cummings, Jr.

(a) Residence: No. 605 Winans Way, Hunting Ridge St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary V. Cummings

6. DATE OF BIRTH (month, day, year) July 18, 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Florist

10. Date deceased last worked at this occupation (month and year) March 3, 1937

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James Joseph Cummings, Sr.

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Florence V. Conner

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mr. Gilbert Cummings

(Address) 2329 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date March 8th, 1939

19. UNDERTAKER J. W. Amoreau

(Address) 1003 W. Baltimore St.

20. FILED MAR 7 - 1939 Hunter Williams, M.D. Registrar.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence obtained by said ..... (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above. 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3/5/, 1939

Where did injury occur? 605 Winans Way (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Struck by hammer

Nature of injury Crushed skull

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. Ham, Coroner, M. D.

(Address) 1215 Hanover St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55889

CERTIFICATE OF DEATH

23 F 55889

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 2b-d Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Zahner (40131)

If U. S. Veteran specify WAR

(a) Residence: No. 25 S. Kresson St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 8, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	6	29 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Galvanizing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Barbara ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cemetery Date 3/10, 1939

19. UNDERTAKER John C. Mullen Inc.
(Address) 2033 E. Monument St.

20. FILED 19 Registrar.

MAR 7 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 20, 1938 to March 7, 1939

I last saw h im alive on March 7, 1939. Death is said to have occurred on the date stated above, at 8:35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Oct. 1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. M. Curtis, M. D.

(Address) Balto. City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55890

92-a

CERTIFICATE OF DEATH

F 55890

Registered No.

1. PLACE OF DEATH Little Sisters of Poor

CITY OF BALTIMORE: (No.) 1200 Valley St. (Ward) 10-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna Gerhard

(a) Residence: No. 1200 Valley Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Gerhard

6. DATE OF BIRTH (month, day, year) 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Philadelphia

FATHER

13. NAME William Walker

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME Mary Nesbith

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Little Sisters of the Poor & Imelda (Address) 1200 Valley Street

18. BURIAL, CREMATION, OR REMOVAL Place Mouland Mem. Gdns. Date Mar 8, 1939

19. UNDERTAKER Rita Wiedefeld (Address) 914 Greenmount Ave

20. FILED MAR 7 - 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1939 7.30 P.M.

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1938, to March 5, 1939. I last saw her alive on March 5, 1939. Death is said to have occurred on the date stated above, at 7.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cor. Endocarditis	?
Other contributory causes of importance: Asthma	1 mo.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) E. Del Carlson, M. D.

(Address) 1114 Harford Ave

F 55891

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45-C F 55891

Registered No.

1. PLACE OF DEATH Little Sisters of Poor
CITY OF BALTIMORE: (No. 1200 Valley St. 10-1 Ward)
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Thomas Kelly

(a) Residence: No. 1200 Valley Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

8a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary O'Connell

6. DATE OF BIRTH (month, day, year) Sept 27, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74 73	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER
13. NAME Luke Kelly
14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER
15. MAIDEN NAME Margaret Green
16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Little Sisters of the Poor St. Imelda
(Address) 1200 Valley Street

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Mar 9, 1939

19. UNDERTAKER Rita Wiedefeld Grumbacher Inc
(Address) 914 Cumberland St

20. FILED MAR 9 - 1939 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1939 1.30 P.M.

22. I HEREBY CERTIFY, That I attended deceased from May 28, to March 7, 1939.
I last saw him alive on March 4, 1939. Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Cardiac Failure	about 1 week
Senile Marasmus	6 months
Other contributory causes of importance:	
Cystitis	6 weeks

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None Was there an autopsy? No

What test confirmed diagnosis? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. McCarthy M. D.

(Address) 1114 Hartford Ave

83

Clark Wells Wherry

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55892

CERTIFICATE OF DEATH

108 F 55892

Registered No.....

1. PLACE OF DEATH . . . . . (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 2-3 Ward)

Length of residence in city or town where death occurred ..... yrs. 6 mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME .....

(a) Residence: No. ..... St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Separated

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 30, 1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver 2-3

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austin, Pa. Pennsylvania

FATHER

13. NAME James Wherry

14. BIRTHPLACE (city or town) (State or country) Allegany County New York

MOTHER

15. MAIDEN NAME Florence Lamont

16. BIRTHPLACE (city or town) (State or country) Foster County Pennsylvania

17. INFORMANT Records U. S. Marine Hospital, Baltimore, Maryland
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Nat Date 3/8 1939

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Hollins Sts

20. FILED Huntington Williams, Registrar.

MAR 7 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March , 19

22. I HEREBY CERTIFY, That I attended deceased from March 2, 19.., to March 6, 19..

I last saw h.. alive on March 5, 19.. Death is said to have occurred on the date stated above, at .:. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Pneumonia, lobar, right base	3 d.
2. Cardiac disease valvular, combined	1915
3. lesions, aortic mitral	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? .... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....If so, specify.....

(Signed) T. H. Anderson. M. D.

(Address) U. S. Marine Hospital, Baltimore, Maryland

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55893

CERTIFICATE OF DEATH

95-B F 55893

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 13-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Miss Nellie V. Mc Donald

If U. S. Veteran specify WAR

(a) Residence: No. 701 Newington ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 25, 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55 yrs.		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Mc'Donald

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Lynch

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Sister

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Mem'y 3/8 1939

19. UNDERTAKER James A. Stapleton

(Address) Hilton & Stapleton

20. FILED MAR 7 — 1939 Huntington Hilton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 6, 1939 @ 12:30 19... to Mar 6, 1939 @ 2:10 A 19...

I last saw her alive on Mar 6, 1939 19... Death is said to have occurred on the date stated above, at 2:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Hypertn~~ Pneumonia Lobular	Mar 4
Peripheral Vascular Collapse	Mar 6
	acute

Other contributory causes of importance:

Hypertensive, ~~Hypertonic~~; arteriosclerotic heart disease.	2yrs Duration

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) J. A. Thompson M. D.

(Address) Mercy Hospital

55894 **HEALTH DEPARTMENT—CITY OF BALTIMORE** L 55894

CERTIFICATE OF DEATH

✓ 93-C

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3626 Clipper Road 13-8 Ward)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Samuel Bruske

If U. S. Veteran ..... specify WAR .....

(a) Residence: No. 3626 Clipper Road Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

3a. If ~~married, widowed, or divorced~~ HUSBAND of ~~last WIFE of~~ Martha Bruske

6. DATE OF BIRTH (month, day, year) June 13th 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 50

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Painter

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME William Bruske

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Duff

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Florence Smith

(Address) 3626 Clipper Road

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. A. E. Church Cemetery Date Mar 9th 1939

19. UNDERTAKER Wm Cook

(Address) 1217 E Baltimore St

20. FILED ..... 19..... Registrar.

MAR 8 - 1939 Hunting for Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 6th 1939

22. I HEREBY CERTIFY, That I attended deceased from March 5 1939 to March 6 1939

I last saw him alive on March 1939 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	
Other contributory causes of importance: Bronchial Pneumonia	3-4-39

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) N. J. Davidson M. D.

(Address) 3228 Eastern ave

E 55895

HEALTH DEPARTMENT—CITY OF BALTIMORE

55895

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St. 9-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. William Morton

(a) Residence: No. 1119 Gorsuch Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edward E Norton

6. DATE OF BIRTH (month, day, year) July 19 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motorman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balt Transit Co

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Llewlyn Norton

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Ellen Rigby

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Edward E Norton Jr
(Address) 1119 Gorsuch Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 3/10 1939

19. UNDERTAKER Pelham Cook
(Address) 124 St Paul St

20. FILED MAR 8 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-7 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-9 1939 to 3-7 1939

I last saw him alive on 3-9 1939. Death is said to have occurred on the date stated above, at 8 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerotic Hypertensive heart disease	12-15-38
Other contributory causes of importance: Nephritis	over

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. R. Finnegan M. D.

(Address) St. Josephs Hosp.

55896 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 55896

CERTIFICATE OF DEATH

45-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1634 Jackson St., 24th Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William J Bevan

If U. S. Veteran specify WAR

(a) Residence: No. 1634 Jackson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month, day, year) 1934

11. Total time (years) spent in this occupation 12 Yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Thomas Bevan

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Susan Phelps

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT Susan Bevan

(Address) 1634 Jackson St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 3/8 19 39

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

20. FILED ..... 19.... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/6/39 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 20 1938 to Feb 14 1939

I last saw him alive on Feb 14 1939 Death is said to have occurred on the date stated above, at 1400 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lip (Lower)	July 38
General Carcinomatosis	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical & pathological Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. H. Bevano M. D.

(Address) 436 E Fort Ave

55897 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 55897

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 27-16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME LeRoy Williams (42505) If U. S. Veteran specify WAR

(a) Residence: No. 3129 Sumter Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 20, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	8	15 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Balto

10. Date deceased last worked at this occupation (month and year) Feb 1939

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) (State or country) Wicomico Co Md.

FATHER

13. NAME Saumel P. Williams

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Marie Paul

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Mar 10 1939

19. UNDERTAKER Wm Cook
(Address) 217 St Paul st

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1939 to March 7, 1939

I last saw him alive on March 7, 1939 Death is said to have occurred on the date stated above, at 8:35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 tuberculosis of lungs	Nov. 1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

55898 F 55898

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a CC

1. PLACE OF DEATH Balto. City Hospitals Registered No. 877

CITY OF BALTIMORE: (No. Bay View St., 26-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Calvert If U. S. Veteran specify WAR

(a) Residence: No. 6406 Eastern Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Alfred Calvert

6. DATE OF BIRTH (month, day, year) Aug. 6-1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Probst

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Magdelina Davis

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Carrie A. Lindstedt Dau.
(Address) 6406 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Mar. 9 1939

19. UNDERTAKER Riley Herwig Sons.
(Address) 2016 Orleans St

20. FILED 19 Registrar

Investigator Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to ~~her~~ death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	days
Fracture Neck right femur	Feb 24/1939

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Feb. 24. 1939

Where did injury occur? 6406 Eastern Ave.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell getting out of bed

Nature of injury Fracture as above

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. V. Wood M. D.
Coroner

(Address) 1712 N. Broadway

VSB

APR 8 1939

899

F 55899

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1118 Wood Heights Av. 27-4 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Joseph W. Powerson

If U. S. Veteran specify WAR.....

(a) Residence: No. 1118 Wood Heights Avenue Ward.....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary L. Powerson

6. DATE OF BIRTH (month, day, year) December 6-1861

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Superintendent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mt Vernon Mill

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City

FATHER

13. NAME Charles C. Powerson

14. BIRTHPLACE (city or town) (State or country) Baltimore City

MOTHER

15. MAIDEN NAME Mary A. Grant

16. BIRTHPLACE (city or town) (State or country) Baltimore City

17. INFORMANT Mrs. W. Sweeney (Address) 1118 Wood Heights Av

18. BURIAL, CREMATION, OR REMOVAL Mount Calvary Cathedral Date March 9—39

19. UNDERTAKER E. J. Marshall (Address) 3529 Falls Road

20. FILED MAR 8—1939 19. Hunting Ton Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 6 . 1939

22. I HEREBY CERTIFY, That I attended deceased from January . 1939 to Mar 6 . 1939

I last saw him alive on Mar 2 1939 Death is said to have occurred on the date stated above, at 8.00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3 days
Other contributory causes of importance: Advanced arterial sclerosis. Hypostatic congestion. Senility	Years

Was an operation performed? No. Date of.....

For what disease or injury?.....

Name of operation.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) E. J. Fuller M. D.

(Address) 3614 Falls Rd. Baltimore

55900 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 55900

CERTIFICATE OF DEATH

✓131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2921 Rosalie Ave. St. 26-11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 76 yrs. ..... mos. ..... ds.

2. FULL NAME Charles H. Betkey

If U. S. Veteran specify WAR .....

(a) Residence: No. 1005 S. Clinton St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret E. Betkey

6. DATE OF BIRTH (month, day, year) June 4 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	76	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME August Betkey

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Bertha Walters

(Address) 1005 S. Clinton St

18. BURIAL, CREMATION, OR REMOVAL

Place 5th Evang Cem. Date March 8, 1939

19. UNDERTAKER George W. Zickler

(Address) 1737 E. Edger St.

20. FILED 8 1939 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1939, to March 5, 1939

I last saw him alive on March 5, 1939. Death is said to have occurred on the date stated above, at 8:50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	
Chronic Myocarditis	
Chronic Nephritis	
Hypertension, arterial	
Other contributory causes of importance:	
Generalized arteriosclerosis	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Nathan Janney, M. D.

(Address) 7101 Harford Rd.

8 1939 Henry E. Williams M.D. C

55901 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 55901

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 430 S. Bonsal St. 26-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....da. How long in U. S. If of foreign birth? 57 yrs....mos....da.

2. FULL NAME Henrietta Orzech

If U. S. Veteran specify WAR .....

(a) Residence: No. 430 S. Bonsal St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of August Orzech

6. DATE OF BIRTH (month, day, year) March 5, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78	-	- 1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Adam Pickett

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Amelia Avesser,
(Address) 430 S. Bonsal St.

18. BURIAL, CREMATION, OR REMOVAL
Place 1st Evang. Cem. Date March 9. 1939

19. UNDERTAKER George W. Snikler
(Address) 1737 E. Eager St.

20. FILED ..... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 3 1939, to March 6 1939

I last saw her alive on March 6, 1939. Death is said to have occurred on the date stated above, at 5:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Hypostatic Pneumonia	3-1-39
Other contributory causes of importance:	
Senile Degeneration of Brain	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Norman J. Pentenrieder M. D.

(Address) 3508 Bank St. Balto Md

55902 F 55902

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 173

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert E. Turner

(a) Residence: No. 813 McDonough St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 25, 1913

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	25			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Celia Turner

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Celia Turner
(Address) 1023 N. Bond St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date March 7, 1939

19. UNDERTAKER
(Address) 1324 N. Bond St.

20. FILED MAR 8 - 1939 Huntington Williams, M.D. Registrar

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet Wound of heart	
Other contributory causes of importance	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury March 5, 1939

Where did injury occur? Broadway & Miller Sts.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public

Manner of injury Shot by Police - Trying to escape

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) Paul Schenck, M. D.
Coroner

(Address) Coroner

55903 Andrew Jacobson Crockett F 55903

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH . . U. S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St., 4-1 Ward)

Registered No. 107-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Andrew Jackson Crockett

(a) Residence: No. Bennett Hotel, Baltimore, Md. St.; ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Serena Jenkins

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
86			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Customs Inspector
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Government
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Virginia
(State or country) Maryland

FATHER
13. NAME Benton D. Crockett
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Records—U. S. Marine Hospital,
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place Not carried out Date Mch. 9 1939

19. UNDERTAKER George W. Zirkle
(Address) 1759 E. Eager St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) March 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 6, (2:00 P.M.) 1939 to March 6, 1939.

I last saw h... alive on March 6, 1939. Death is said to have occurred on the date stated above, at 5:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobular	3/2/39
Arteriosclerosis, general	Unknown

Other contributory causes of importance

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) T. M. H. Anderson, M. D.

(Address) U. S. Marine Hospital

V 0 3
R 8-1939

55904 F 55904

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2411 Linden Avenue St. 13-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME August Roeder, Sr.

If U. S. Veteran specify WAR

(a) Residence: No. 2411 Linden Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of ~~late Wife of~~ Marie Roeder

6. DATE OF BIRTH (month, day, year) Sept 30th 1843

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	95	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mr. August Roeder, Jr.
(Address) 3721 Harmon Avenue.

18. ~~BURIAL~~, CREMATION, OR REMOVAL

Place Loudon Park Date March 9th 19 39

19. UNDERTAKER Wm. J. Tielmer & Sons.
(Address) North & Penna Aves.

20. FILED MAR 8 1939 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from July, 19 38, to March 6, 1939

I last saw him alive on March 4, 1939. Death is said to have occurred on the date stated above, at 9.25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1925
Other contributory causes of importance: Hypostatic Pneumonia	March 1939

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Edward Stahr M. D.

(Address) 1811 Bolgano Fells Ave

55905

HEALTH DEPARTMENT—CITY OF BALTIMORE

55905

CERTIFICATE OF DEATH

114-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St., (19th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas P. Mulholland

If U. S. Veteran specify WAR

(a) Residence: No. 214 S. Eutaw St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of late Mary E. O'Shea

6. DATE OF BIRTH (month, day, year) June 7th 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. helper

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Tho Mulholland

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Margaret O'Shea

(Address) 214 S. Eutaw St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 3/9/ 1939

19. UNDERTAKER Chas Townsend & Son

(Address) 20 E Madison St

20. FILED ... 19... Huntington Hamilton

MAR 8 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1939, to March 6, 1939

I last saw h. alive on March 6, 1939. Death is said to have occurred on the date stated above, at 9.52 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Silicosis	
Terminal bronchopneumonia	
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Sand-blaster

(Signed) Francis G. Dickey, M. D.

(Address) University Hospital

F 55906

5906

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-a cc

Registered No. 1877

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 701 S. Bouldin St. 26-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME John Lawrence Katsikas

(a) Residence: No. 701 S. Bouldin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Amelia Katsikas

6. DATE OF BIRTH (month, day, year) Feb. 20-1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Box Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Box Factory

10. Date deceased last worked at this occupation (month and year) 2 Weeks part

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Tsago Nicholas

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Caroline Rotsch

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Amelia Katsikas

(Address) 701 S. Bouldin St.

18. BURIAL, CREMATION, OR REMOVAL Place Oakdawn Date Jan. 9, 39

19. UNDERTAKER Samuel W. Magi

(Address) 619 N. Bouldin St.

MAR 8 - 1939

Huntington Williamsport

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) March 7, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia by Carbon Monoxide Gas.	March 7-1939
Other contributory causes of importance: Melancholia Acute	6 Months

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide Date of injury March 7 1939

Where did injury occur? 701 S. Bouldin St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Turned on gas in heater

Nature of injury As. Above

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. E. Wood M. D. Coroner

(Address) 1712 N. Bond St.

V 56

55907 55907

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3591-57 X 12-5-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. .....

CITY OF BALTIMORE: (No. ..... St. 7-5 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dwight Clayton — If U. S. Veteran specify WAR .....

(a) Residence: No. Fairfield Pa. St., ... Ward. Box 94
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-23-38

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. over

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER

13. NAME Warren Clayton

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Hesler Genga

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Holy Cross Cem. Date Mar. 10-39 19

19. UNDERTAKER J. Edgar G. Miller

(Address) 233 E. Jefferson St.

20. FILED MAR 8 - 1939 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1938 to Mar 7, 1939

I last saw him alive on Mar 7, 1939. Death is said to have occurred on the date stated above, at 1305 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infectious Hepatitis	12-38
Pyelonephritis	12-38
Hemoglobinuria	2-21-39
Septicemia - Organism	3-6-39

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No — If so, specify .....

(Signed) Henry P. Solsberg, M. D.

(Address) Johns Hopkins Hosp.

55908

HEALTH DEPARTMENT—CITY OF BALTIMORE

55908

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 762 George St. 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Brosie Brown

If U. S. Veteran specify WAR

(a) Residence: No. 762 George St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	W

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Arthur Brown

6. DATE OF BIRTH (month, day, year) Aug 14 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co. Md

FATHER

13. NAME Cornelius Hall

14. BIRTHPLACE (city or town) (State or country) Howard Co. Md

MOTHER

15. MAIDEN NAME Lindsay

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Arthur Brown

(Address) 762 George

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date May 9, 1939

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Schroeder St

20. FILED APR 8 — 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1939 to May 4 1939.

I last saw her alive on May 4, 1939 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	9-1-38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical Ex. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. Mc Lee M. D.

(Address) 1126 Druid Park

F 55909

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55909

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 774 Vine St., 4-2 Ward)

Length of residence in city or town where death occurred 13 yrs. - mos. - ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Hollaway -

If U.S. Veteran specify WAR .....

(a) Residence: No. 774 Vine - St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Robert Hollaway

6. DATE OF BIRTH (month, day, year) ——— 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lenoir Co. N. Carolina

FATHER

13. NAME William Hardy

14. BIRTHPLACE (city or town) (State or country) Lenoir Co. N Carolina

MOTHER

15. MAIDEN NAME Mary ———

16. BIRTHPLACE (city or town) (State or country) Lenoir Co N. Carolina

17. INFORMANT Oscar Dunn - (Address) 404 N Carey

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Lebanon Date Mar. 9, 1939

19. UNDERTAKER Mrs Katie R Williams (Address) 322 N Schroeder St
Hunting for Williams, M.D.

20. FILED ..... Registrar.

MR - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5 . 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb - 23 . 1939 to Mar 5 . 1939

I last saw h alive on Mar 4 . 1939 Death is said to have occurred on the date stated above, at 7.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Chronic Endocarditis	
Chronic Nephritis	
" ill 5 mo.	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? none + + - Was there an autopsy? Wh —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury [redacted]

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) David Dunn M. D.

(Address) 1 W — ave

55910 F 55910

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1674 cc

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 1308 E. Pratt St. 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eric Leidzen (Lentzen) If U. S. Veteran specify WAR

(a) Residence: No. 1308 E. Pratt St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Do

10. Date deceased last worked at this occupation (month and year) March 1939

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Mrs. K. Peterson Belmont
(Address) 56 Dawnay Rd

18. BURIAL, CREMATION, OR REMOVAL
Place St Mathias Date Mar 9 39

19. UNDERTAKER Lilly & Zerbonia
(Address) 403 S. Wolfe St.

FILED MAR 8 1939 Hunting for Williams M.D. Registrar

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5 1939

22. I HEREBY CERTIFY, That I, last in charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia by Carbon Monoxide gas.	March 5 1939

Other contributory causes of importance: —

Was an operation performed? No Date of —

For what disease or injury?

Name of operation Clinical Date of —

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Suicide Date of Injury March 5 1939

Where did injury occur? 1308 E. Pratt St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of Injury Turned on gas range

Nature of injury Asphyxia

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D.
Coroner

(Address) 612 N. Broadway

O.K. Paul Schenck, M.D.

55911 55911

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 622 N. Milton Ave. 7-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Eckhardt, Sr.

If U.S. Veteran specify WAR .....

(a) Residence: No. 622 N. Milton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of Emilia Eckhardt (deceased)

6. DATE OF BIRTH (month, day, year) Jan. 26, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65 yrs.	1	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ship-Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1915

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Caspar Eckhardt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Susanna Wahl

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT (Address) Annie Klein (Sister) 1716 E. 32nd St.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Mar 9 1939

19. UNDERTAKER (Address) Fully & Sicilian Inc. 403 E. 25th St.

20. FILED ..... 19 ..... Registrar.

MAR 9 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1939 to March 6, 1939

last saw him alive on Jan 6, 1939. Death is said to have occurred on the date stated above, at 4:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Renal Disease	many years
Coronary Thrombosis	

Other contributory causes of importance: —

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? General Exam. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Israel Rosen M. D.

(Address) 2413 E. Monument St

55912

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55912

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2506 JEFFERSON ST. St. 7-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. LIFE mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME LOUISE E. BISCOE

If U. S. Veteran specify WAR .....

(a) Residence: No. 2506 JEFFERSON ST. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ALBERT J. B ISCOE

6. DATE OF BIRTH (month, day, year) FEB. 21 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	0	12 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) B ALTIMORE MD.

FATHER

13. NAME ADAM GREESE

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME UNKOWN

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMANT EDITH B AKER

(Address) 804 N. ROSE ST. DAUGHTER

18. BURIAL, CREMATION, OR REMOVAL

Place BALTIMORE CEM. Date MAR. 8 39

19. UNDERTAKER Lilly & Jeller Inc.

(Address) 403 S. WOLFE ST.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR. 5 1939

22. I HEREBY CERTIFY, That I attended deceased from April - 1934 to March - 4 1939

I last saw her alive on Mar - 4 - 1939. Death is said to have occurred on the date stated above, at 5/30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular-Renal Disease Uremia	Apl 34

Other contributory causes of importance:

Myocardial Insufficiency

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. G. Geyer M.D. M. D.

(Address) 156 N. Mellor Ave.

55913

HEALTH DEPARTMENT—CITY OF BALTIMORE

55913

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1830 Penrose Ave St. 20-1 Ward)

Length of residence in city or town where death occurred 24 yrs. mos. da. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

2. FULL NAME Bridget M. O'Neill

If U. S. Veteran specify WAR

(a) Residence: No. 1830 Penrose Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas J. O'Neill

6. DATE OF BIRTH (month, day, year) Aug 20 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Jas. Fitzpatrick

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Meade

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Thos J. O'Neill
(Address) 1830 Penrose Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cemetery Date 3/9/39

19. UNDERTAKER Geo. L. Fahey
(Address) Fayette & Fremont

20. FILED , 19 , Registrar.

MAR 8 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-7-, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1939 to March 7, 1939

I saw her alive on March 6, 1939. Death is said to have occurred on the date stated above, at 3 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Bronchial Pneumonia	
(2) Myocardial failure	
Other contributory causes of importance: Hypertension	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so specify

(Signed) E. D. Frantz M. D.

(Address) 1123 St Paul St

914

HEALTH DEPARTMENT—CITY OF BALTIMORE

55914

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3620 Gwynn Oak Ave St. 28-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Otto W Waldeck

If U. S. Veteran specify WAR

(a) Residence: No. 3620 Gwynn Oak St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Waldeck

6. DATE OF BIRTH (month, day, year) Sept 7 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale Grain Export

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wm J Waldeck

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Angela Kempkamp

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Wm Wm J Garvin (Address) 1921 N Saratoga

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Cem Date 3/10 1939

19. UNDERTAKER Enge A Fahey (Address) Fulton & Fayette

20. FILED MAR 8 1939 Washington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 7 1939

22. I HEREBY CERTIFY, That I attended deceased from May 1936 to March 7 1939

I last saw him alive on 3 6 1939. Death is said to have occurred on the date stated above, at 4A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Diabetes Mellitus	
Arteriosclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O W Waldeck M. D.

(Address) 4716 Liberty Rd

MAR 8 1939

GHG

15

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55915

CERTIFICATE OF DEATH

94-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1820 E Fayette St. 6-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME John H. Klingenberg

(a) Residence No. 1820 E Fayett St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~) Bertha Klingenberg

6. DATE OF BIRTH (month, day, year) March 16 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	11	23 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paperhanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Carl Klingenberg

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Bittle

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Bertha Klingenberg

(Address) 1305 Patapsco Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date March 9, 1939

19. UNDERTAKER William M Marecks

(Address) 716 Light St Huntington Indiana

MAR 8 1939

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry, find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schreiber Coroner, M. D.

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

55916 55916

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 706 Arlington Ave. St., 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John H. Horton

(a) Residence: No. 706 Arlington Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Widower

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Julia A. Horton

6. DATE OF BIRTH (month, day, year): Apr. 17-1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Stuffing Co.

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 46

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: John H. Horton

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Catherine Lutz

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Julia A. Horton

(Address): 706 Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: 3/9 19 39

19. UNDERTAKER: John A. Hogan

(Address): 3000 E. Baltimore St.

20. FILED 19 Registrar.

Huntington Ave

MP 24 18 - 1939.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 5th, 1939

22. I HEREBY CERTIFY, That I attended deceased from January, 1930 to March 4, 1939

I last saw h[illegible] alive on March 4, 1939. Death is said to have occurred on the date stated above, at 3 00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1924
Other contributory causes of importance:	
Chr. Genital Arteriosclerosis	1926

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank J. Ayd, M. D.

(Address) 2005 E. Monument St.

F 55917 HEALTH DEPARTMENT—CITY OF BALTIMORE F 55917

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 912 S. Linwood Ave. 1-1 Ward)

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Lora Virginia Eckhardt

If U. S. Veteran specify WAR .....

(a) Residence: No. 912 S. Linwood Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry F. Eckhardt

6. DATE OF BIRTH (month, day, year) Feb 15th 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	0	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry McClally

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Sarah Sellers

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Henry F. Eckhardt

(Address) 912 S. Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL. Place Baltimore Cemetery Date 3 | 9 | 39

19. UNDERTAKER Wm. Wilson & Son

(Address) 2503 Edmondson Ave.

20. FILED 8 1939 19 Thomas for William H. Register.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6th 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov - 1938 to March 6 1939

I last saw h alive on March 5 1939 Death is said to have occurred on the date stated above, at 10.20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	May 1938
Other contributory causes of importance: —	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. H. Richard M. D.

(Address) 2211 Eutaw Pl

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55918

CERTIFICATE OF DEATH

93-C F 55918

1. PLACE OF DEATH Edgewood Sanitorium

Registered No.

CITY OF BALTIMORE: (No. 6000 Belona Ave 43-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Miss Katherine Birrane

If U. S. Veteran specify WAR

(a) Residence: No. 2014 Mt. Royal Terrace St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married~~, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown 1844

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	95			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Record
(Address) Edgewood San 6000 Belona Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Bay Cathedral Date Mar 9 1939

19. UNDERTAKER Henry W Dunkin Sons Co
(Address) 5 E Lexington & Paca Sts Baltimore, Md

RECEIVED MAR 8 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 20 1939 to March 6 1939

I last saw her alive on March 6 1939. Death is said to have occurred on the date stated above, at 6.32 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	10 yrs
Other contributory causes of importance: Hypostatic Pneumonia	1 Day

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H W. W Leslon M. D.

(Address) 4309 York Rd

OCCUPATION IS very important. See instructions on back of certificate.

V83

F 55919

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B F 55919

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3401 N Calvert St. 12 - 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Cecil Sidney Slabney

If U. S. Veteran specify WAR

(a) Residence: No. 3401 N. Calvert St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Cole Slabney

6. DATE OF BIRTH (month, day, year) Feb. 22nd 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55 years		12 15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M.D.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charlottesville Va.

FATHER

13. NAME William C. Slabney

14. BIRTHPLACE (city or town) (State or country) Albermarle Co Va

MOTHER

15. MAIDEN NAME Jane Ball Mina

16. BIRTHPLACE (city or town) (State or country) Albemarle Co Va

17. INFORMANT J. C. Slabney

(Address) 3401 N. Calvert St. Balto

18. BURIAL, CREMATION, OR REMOVAL

Place Charlottesville Va Date March 9 1939

19. UNDERTAKER Henry Heuberger & Co

(Address) Cor. Park & McCulloh Sts

20. FILED [illegible] Huntington Hill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 1933 to March 7 1939

I last saw h... alive on Feb 17 1939 Death is said to have occurred on the date stated above, at 1:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	March 7, 1939
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) [illegible] M. D.

(Address) 804 Medical Arts Bldg

V8 2

HEALTH DEPARTMENT—CITY OF BALTIMORE

55920

CERTIFICATE OF DEATH

94 F 55920

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 807 E. Fort Ave. St. 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm. A. Hartlove

If U. S. Veteran specify WAR

(a) Residence: No. 807 E. Fort Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Ida May Fogler

6. DATE OF BIRTH (month, day, year) Oct. 31-1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ft. Chas Shops

10. Date deceased last worked at this occupation (month and year) 28

11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (city or town) (State or country) Dalto. Md.

FATHER

13. NAME James Henry Hartlove

14. BIRTHPLACE (city or town) (State or country) Dalto. Md.

MOTHER

15. MAIDEN NAME Mary Miles Shanklin

16. BIRTHPLACE (city or town) (State or country) Jonesville Bladen Co.

17. INFORMANT (Address) James Henry Hartlove 1536 Bayside

18. BURIAL, CREMATION, OR REMOVAL. Place Mt. Olivet Date Mar 9 1939

19. UNDERTAKER (Address) A. H. Gaynor & Sons 1400 N. Charles St

20. FILED MAR 8 - 1939 Livingston Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/5, 1939.

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3/5
	39.

Other contributory causes of importance:

Was an operation performed? no. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no. Date of injury , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) L. Fiftman, M. D. Coroner

(Address) 1308 E. Chase

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 55921

CERTIFICATE OF DEATH

COK-1627-E 55921

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital life St. 26-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME James Martin Caldwell

(a) Residence: No. 4207 Arizona Ave. Belair Rd. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 21, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Martin Dennis Caldwell

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth Kenny

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 3/9 19 39

19. UNDERTAKER John J. Cahill & Sons
(Address) 512 E. Lexington St.

20. FILED MAR 8 - 1939 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6 . 1939

22. I HEREBY CERTIFY, That I attended deceased from November 22 1938, to March 6, 1939

I last saw him alive on March 6, 1939. Death is said to have occurred on the date stated above, at 8:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-1-39
Other contributory causes of importance: Arteriosclerosis	No Known

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. de Lautalle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

#42242

E 55922

CERTIFICATE OF DEATH

47-E

E 55922

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 25-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 34yrs yrs. ..... mos. ..... ds.

2. FULL NAME Alexander Szymanski

If U. S. Veteran specify WAR .....

(a) Residence: No. 3430 S. Hanover St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie

6. DATE OF BIRTH (month, day, year) 3/14/1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bldg

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Constantine Szymanski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Bertha ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Sepulchre Date 3/11 19 39

19. UNDERTAKER Holy Sepulchre Cem.
(Address) Baltimore, Md.

20. FILED MAR 9 1939 Thurlington Williams, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-7 . 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-21 . 1939 to 3-7 . 1939

I last saw h.. alive on 3-7 . 1939 Death is said to have occurred on the date stated above, at 11.50 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchogenic carcinoma	?

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. K. Woodworth. M. D.

(Address) Balto City Hosp.

F 55923 HEALTH DEPARTMENT—CITY OF BALTIMORE F 55923

CERTIFICATE OF DEATH

5117 - FS

82-a Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 24-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. life ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Charles M. ~~Ellmer~~ (Ellmes) If U. S. Veteran specify WAR

(a) Residence: No. 136 E. Gittings St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret A.

6. DATE OF BIRTH (month, day, year) 11-19-1882

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
56	56	3	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~do~~
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER
13. NAME Joseph
14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER
15. MAIDEN NAME Sarah C. Woodland
16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Nat. Cem. Date 3/9/39 19
19. UNDERTAKER J. H. & C. Lively
(Address) 520 E. Fort Ave.

20. FILED 3-6-1939 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937 to March 6, 1939
I last saw him alive on March 6, 1939. Death is said to have occurred on the date stated above, at 8:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebal Hemorhage	3-6-39
Other contributory causes of importance: Arteriosclerosis Unknown	

Was an operation performed? No Date of
For what disease or injury?
Name of operation Clinical
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Lauteble M. D.
(Address) Baltimore City Hospitals

35924 55924

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-13

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ruth Stevens If U. S. Veteran specify WAR

(a) Residence: No. 2011 Eutaw Pl St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lawrence

6. DATE OF BIRTH (month, day, year) 9-21-94

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
44	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wm H. Hales

14. BIRTHPLACE (city or town) (State or country) U S

MOTHER

15. MAIDEN NAME Ruth Townsend

16. BIRTHPLACE (city or town) (State or country) U S

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date Mar 9th 1939

19. UNDERTAKER Charles P Tyrell
(Address) 2427 Edmondson Ave

20. FILED 19 Registrar.

MAR 8 1939 Huntington Hollins, M.D.

V8 2

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 6 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 13 1939 to Mar. 6 1939

I last saw her alive on Mar. 6 1939 Death is said to have occurred on the date stated above, at 345 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio vascular disease	1935
Arteriolar sclerosis	
Cerebral Hemorrhage, Pulmonary Edema	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Fremont Billingsley M. D.

(Address) Johns Hopkins Hospital

55925

HEALTH DEPARTMENT—CITY OF BALTIMORE

55925

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 11 ds. How long in U. S. If of foreign birth? 24 yrs. 2 mos.) ds.

2. FULL NAME Mrs. Barreda Turner (Maud W.C.) If U. S. Veteran specify WAR None

(a) Residence: No. Highwood Manor Towson Md St., Ward. Towson
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Barreda Turner

6. DATE OF BIRTH (month, day, year): Jan 7, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): None

11. Total time (years) spent in this occupation: None

12. BIRTHPLACE (city or town) (State or country): New York N.Y.

FATHER

13. NAME: Dr. John Caldwell

14. BIRTHPLACE (city or town) (State or country): New York N.Y.

MOTHER

15. MAIDEN NAME: Anna Love

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Daughter. Mrs E R Miller

(Address) 1-219 Roslyn Road Cy-

18. BURIAL, CREMATION, OR REMOVAL

Place: Green Mount Date: Mar 10 39

19. UNDERTAKER: Stewart Mortuary Company

(Address) 108 W Read Ave.

MAR 8 1939

20. FILED ..... 19.....

Registrar

Hunter's Point Cemetery

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar-8-, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1939, to March 8, 1939

I last saw her alive on ....., 19..... Death is said to have occurred on the date stated above, at 12:37 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Respiratory + Circulatory failure	3-8-39
Cerebral hemorrhage	2-28-39
Hypertension C.V. Disease	

Other contributory causes of importance:

Acute appendicitis

Was an operation performed? Yes Date of 2-25-39

For what disease or injury? Acute appendicitis

Name of operation appendectomy

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert C. Crawford, M. D.

(Address) Union Memorial Hospital

V6 3

1926 E 55926

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 Woodbourne St., 27-18 Ward)

Length of residence in city or town where death occurred 5 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 70 yrs. 6 mos. 6 ds.

If U. S. Veteran specify WAR NONE.

2. FULL NAME Aquilla C. Galloway

(a) Residence: No. 611 Woodbourne St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Alice Wells Galloway

6. DATE OF BIRTH (month, day, year) March 1 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Flour Business

10. Date deceased last worked at this occupation (month and year) Mar 3/39. 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Timonium Maryland.

FATHER

13. NAME Aquilla Galloway

14. BIRTHPLACE (city or town) (State or country) Balto Co Md.

MOTHER

15. MAIDEN NAME Mary E. Kelley

16. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

17. INFORMANT Mrs Alice W. Galloway

(Address) 611 Woodbourne Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cockeysville Md Date Mar 4/39

19. UNDERTAKER HOWARD E. HOWEN COMPANY

(Address) (H. E. HOWEN SON.) 103 W. NORTH AVENUE

20. FILED ..... 19.... Registrar.

MAR 6 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7th 1939

22. I HEREBY CERTIFY, That I attended deceased from March 7th 1939 to March 7th 1939

I last saw h alive on March 6 1939 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	3/5/39
Other contributory causes of importance:	
Coronary	3/1/39

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. E. Linthicum M. D.

(Address) 1401 Eutaw Place

V0 3

F 55927

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 140 F 55927

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp St. 19-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna ~~Sparks~~ Lloyd

If U. S. Veteran specify WAR

(a) Residence: No. Sparks Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	Wh.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dorsey Lloyd

6. DATE OF BIRTH (month, day, year) Jan 5, 1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME John Carter

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Ada Brown

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Dorsey Lloyd

(Address) Sparks, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Locust Rock Date Mar. 11. 1939

19. UNDERTAKER Landon M. Brooks

(Address) Sparks, Md

20. FILED MAR 8 - 1939

Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 8. , 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Puerperal Septicaemia	2/16/39
Other contributory causes of importance: Edema post. Cul de sac.	3/6/39

Was an operation performed? No. Date 7 Feb 1939

For what disease or injury? Curettement & Puerperal Uterus and Drainage of Breast

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) H Hamm M. D.

(Address) 1822 W Baltimore St

OCCUPATION is very important. See instructions on back of certificate.

James Edward Brown

5928

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× F 55928

47-C

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md.

Registered No.

CITY OF BALTIMORE: (No. ..... St. 12-b Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Edward Brown

If U. S. Veteran specify WAR Spanish American War

(a) Residence: No. ..... St., ... Ward. Baltimore, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs. Rose E. Brown

6. DATE OF BIRTH (month, day, year) Nov. 15, 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. American Railway Trucker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railway

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME James E. Brown, Sr.

14. BIRTHPLACE (city or town) Baltimore, Md. (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary E. O'Rourke

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Records - U. S. Marine Hospital (Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Cemetery Date Mar. 9, 1939

19. UNDERTAKER STEWART & MOWEN COMPANY (Address) (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

20. FILED MAR 8 1939 19.. Clayton Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 14, 1939 to March 6, 1939

I last saw him alive on March 6, 1939. Death is said to have occurred on the date stated above, at 9:17 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma bronchogenic, right lung	Aug. 1938

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) T. B. H. Anderson M. D.

(Address) U. S. Marine Hospital, Baltimore, Maryland

VS 3

55929 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 55929

CERTIFICATE OF DEATH

46-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Inf. St. 5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 4 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mr. George Conaway

If U. S. Veteran specify WAR

(a) Residence: No. Sykesville Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs. Melissa Conaway

6. DATE OF BIRTH (month, day, year) Mar. 27, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	11	9 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Conaway

14. BIRTHPLACE (city or town) (State or country) Sykesville, Md

MOTHER

15. MAIDEN NAME Katherine Schauffe

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. George Conaway
(Address) Sykesville Md

18. BURIAL, CREMATION, OR REMOVAL
Place Westminster Date Mar. 11 1939

19. UNDERTAKER John R. Byers
(Address) Westminster Md

20. FILED Huntingtown Williamsport Md
MAR 9 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-8 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-17 1939 to 3-8 1939

I last saw h. alive on 3-8 1939. Death is said to have occurred on the date stated above, at 11:55 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	?
Other contributory causes of importance:	
Debilitation	
Uremia	

Was an operation performed? Yes Date of 1-18-39

For what disease or injury? Ca of rectum

Name of operation Excision of ca of rectum

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Wesley J. Ketz, M. D.
(Address) The Church Home & Inf.

55930 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 55930

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 E 21st St. 9-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran —— specify WAR .....

2. FULL NAME Mary A. Dulay

(a) Residence: No. 711 E. 21st St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of Novel E. Dulay

6. DATE OF BIRTH (month, day, year) Jan 12th 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) T. B. Md.

FATHER

13. NAME John Taylor

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary E. Smallwood

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Edwin A. Dulay

(Address) 711 E. 21st St

18. BURIAL, CREMATION, OR REMOVAL St. Thomas Church Cem. Place Prince Georges Co. Md. Date Mar 10th 1939

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ....., 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 8th 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 25 1939 to Mar 8 1939

I last saw h[er] alive on Mar 4 1939. Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Mar 1939
Other contributory causes of importance: age	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W H Pearce M. D.

(Address) 2105 Edmondson Ave

V8 3

MAR 9 - 1939

Huntington, Maryland

55931 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 55931

CERTIFICATE OF DEATH

√ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2113 N. Fulton Ave St. 15-H Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME A. Watson Slade

If U. S. Veteran specify WAR .....

(a) Residence: No. 2113 N. Fulton Ave St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — — —

6. DATE OF BIRTH (month, day, year) Sept 2nd 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Horse Shoer 30

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

FATHER

13. NAME Luther M. Slade

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER

15. MAIDEN NAME Keturah Triplett

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT Ella B. Slade

(Address) 2113 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place David Ridge Date Mar 10th 1939

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ... 19... Registrar.

MAR 9 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 7th 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 1939 to March 7 1939

I last saw him alive on March 7, 1939. Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Usual Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Fred B. Jenner M. D.

(Address) 2570 Penna. Ave

55932 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 55932

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

Registered No.....

CITY OF BALTIMORE: (No. 1825 N. Register St., 8-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Meier

If U. S. Veteran specify WAR .....

(a) Residence: No. 1825 N. Register St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married,~~ Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Frederick Meier

6. DATE OF BIRTH (month, day, year) Feb 2nd 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
83	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME ? Beckold

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Minnie Meier

(Address) 1825 N. Register St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Mar 10th 1939

19. UNDERTAKER Wm Cook

(Address) 1217 E. Paul St

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 7th 1939

22. I HEREBY CERTIFY, That I attended deceased from January 1939 to March 1939

I last saw her alive on March 7, 1939. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? — If so, specify .....

(Signed) Paul Thurston M. D.

(Address) 1919 E. North Ave

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MAR 9 - 1939

HEALTH DEPARTMENT—CITY OF BALTIMORE

55933 F 55933

CERTIFICATE OF DEATH

50

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2735 Alameda Blvd St., 69-6 Ward)

Length of residence in city or town, where death occurred 5 yrs. ... mon. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mon. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Dorothea Lundt

(a) Residence: No. 2735 Alameda Blvd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 8 1876

7. AGE: Years 62 | Months 6 | Days 29 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery Factory

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John H Lundt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Martha E Mueller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Rita L Wright

(Address) 2735 Alameda Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 3/10 1939

19. UNDERTAKER J M Cole

(Address) 1219 Eutaw St

20. FILED ..... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1939 to Mar 7 1939

I last saw h.. alive on Mar 6 1939 Death is said to have occurred on the date stated above, at 2:05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	6 mos
Other contributory causes: Cachexia of Senility Metastases	2 yrs

Was an operation performed? yes Date of Jan 6 1939

For what disease or injury? Removal Breast

Name of operation "

What test confirmed diagnosis? Hist. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E A Mayer M. D.

(Address) 1500 E. 33rd St

MAR 9 - 1939

55934 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 55934

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 22-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Frederick Schmidt (42100)

(a) Residence: No. 503 W. Pratt St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Helen

6. DATE OF BIRTH (month, day, year) Feb. 23, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58		12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Jacob M.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Wolf

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Mar 9th 1939

19. UNDERTAKER Wm Cook
(Address) 1219 St. Paul St

20. FILED ..... 19..... Registrar.

MAR 9 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 17, 1939 to March 7, 1939

I last saw him alive on March 7, 1939 Death is said to have occurred on the date stated above, at 1:10 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	1938
Tuberculosis of Larynx	Dec. 1938
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) L. McCurtis, M. D.

(Address) Balto. City Hospitals

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTION ON BACK OF CERTIFICATE.

55935

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55935

CERTIFICATE OF DEATH

✓ 181

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Union Memorial Hosp-7 St., 7 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Irene Perrera. If U. S. Veteran specify WAR

(a) Residence: No. 459 W. 24th Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) August 19, 1937.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Anthony Perrera

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Gertrude Keiser

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Geo. A. Keiser
(Address) 1213 E Oliver St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Co. Date 3/9 1939

19. UNDERTAKER The Cole Co.
(Address) 1211 E Oliver St

20. FILED MAR 9 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 17, 1939 to March 7, 1939

I last saw her alive on March 7, 1939. Death is said to have occurred on the date stated above, at 8:12 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Third degree burn over back and thighs	2/17/39
Other contributory causes of importance:	

Was an operation performed? — If so, date of

For what disease or injury

Name of operation

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2/17, 1939

Where did injury occur? Baltimore, Maryland
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place Home

Manner of injury Burn. Scalded with hot water

Nature of injury 3rd degree burn over back & thighs

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert C. Crawford. M. D.

(Address) Union Memorial Hospital

OCCUPATION IS VERY Important. See instructions on back of certificate.

V8 8

55936

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55936

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 21-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter Savage (35010)

If U. S. Veteran specify WAR .....

(a) Residence: No. 773 W. Pratt St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 9, 1914

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Thomas

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Eliza Buck

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Mch 11 1939

19. UNDERTAKER James Stamp

(Address) 142 Woodall St

20. FILED ..... 19 ..... Registrar.

MAR 9 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1938 to March 7, 1939

I last saw him alive on March 7, 1939 Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	Apr. 1938
Hemorrhage from respiratory tract	Mar. 7, 1939
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

V8 B

55937

HEALTH DEPARTMENT—CITY OF BALTIMORE

55937

CERTIFICATE OF DEATH

34-82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 W. West Street St. 21-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Alexander

If U. S. Veteran specify WAR

(a) Residence: No. 515 W. West Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	colored	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lillie Alexander

6. DATE OF BIRTH (month, day, year) 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40 41			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0-0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Tube Works

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Florence S. C.

FATHER

13. NAME Joseph Alexander

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Lillie Alexander
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Mch 12 1939

19. UNDERTAKER James Harris
(Address) 142 Austin St

20. FILED 19 Hampton Williams, M.D. Registrar

MAR 9 1939

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 3/ 8/ , 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis	3/
	8/
	1939
Other contributory causes of importance: Cerebal Hemorrhage	

Was an operation performed? no Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) L. Littman M. D.
Coroner

(Address) 1304 E. Chase St.

OCCUPATION is very important. See instructions on back of certificate.

55938

HEALTH DEPARTMENT—CITY OF BALTIMORE

55938

CERTIFICATE OF DEATH

46-a

CCK-42586

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Boone

If U. S. Veteran specify WAR

(a) Residence: No. 512 Robert St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Martha

6. DATE OF BIRTH (month, day, year): 12-?-~~1860~~ 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
~~60~~ 59 ~~59~~	? 3	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd J

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country): Va.

FATHER

13. NAME: William Boone

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Minerva ?

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Arbutus Mem. Date: 3/11/ 19 39

19. UNDERTAKER: Mrs. Geo. A. Holland

(Address): 1631 Druid Hill Ave.

20. FILED: Huntington Williams, M.D.

Registrar.

MAR 9 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3-7, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-4, 1939, to 3-7, 1939

I last saw him alive on 3-7, 1939. Death is said to have occurred on the date stated above, at 8.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Oesophagus	?
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Unknown If so, specify

(Signed) L. Woodward Jr. M. D.

(Address) Balto City Hosp.

55939

HEALTH DEPARTMENT—CITY OF BALTIMORE

55939

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1419 McCulloh St., (Ward) 2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Laurence T. Mitchell

If U.S. Veteran specify WAR .....

(a) Residence: No. 1419 McCulloh St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widower

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of — L. Mitchell

6. DATE OF BIRTH (month, day, year) — 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61 60	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — —

10. Date deceased last worked at this occupation (month and year) — —

11. Total time (years) spent in this occupation — —

12. BIRTHPLACE (city or town) (State or country) — Italy

FATHER

13. NAME — Antonio Lauricella

14. BIRTHPLACE (city or town) (State or country) — Italy

MOTHER

15. MAIDEN NAME — Mitchell Thompson

16. BIRTHPLACE (city or town) (State or country) — Italy

17. INFORMANT William F. Thornton

(Address) 867 Tyson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 3/11/ 19 39

19. UNDERTAKER Mrs. Rev. A. Holland

(Address) 1631 Druid Hill Ave.

20. FILED 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 7 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 27 1939 to Mar 7 1939

I last saw h... alive on Mar 7 1939 Death is said to have occurred on the date stated above, at 11:05 A.M.

The principal cause of death and related causes of importance were as follows:

Apoplexy — Date of onset .....

Other contributory causes of importance: .....

Was an operation performed? Yes Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Mark E. Magnus M.D.

(Address) 427 Lexington

OCCUPATION is very important. See instructions on back of certificate.

55940

HEALTH DEPARTMENT—CITY OF BALTIMORE

55940

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Sherwood St. 10-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Melvin Carter

If U. S. Veteran specify WAR .....

(a) Residence: No. 834 Argyle St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) April 20-1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
1	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore City

FATHER

13. NAME Carroll Carter

14. BIRTHPLACE (city or town) (State or country) Richmond Va

MOTHER

15. MAIDEN NAME Ellen Babington

16. BIRTHPLACE (city or town) Norfolk Va

17. INFORMANT Ellen Carter
(Address) 267 Calvin St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date March 10 1939

19. UNDERTAKER Robt. T. Williams
(Address) 15-15 McCulloh St

Entered in Register for Williams, M.D.

MAR 9 — 1939 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-6-1939

22. I HEREBY CERTIFY, That I attended deceased from 2-9-39, 19..., to 3-6-39, 19...

I last saw him alive on 3-6-39, 19... Death is said to have occurred on the date stated above, at 11.30 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia, Rt. Upper + Middle	2-9-39
Other contributory causes of importance: Emphysema	2-24-39?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) E. F. Maloney M. D.

(Address) Provident Hospital

OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 55941 HEALTH DEPARTMENT—CITY OF BALTIMORE F 55941

CERTIFICATE OF DEATH 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1906 E. 29th St St., 9-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Wallace Thornton

If U. S. Veteran specify WAR

(a) Residence: No. 1906 E 29 St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Agnes Thornton

6. DATE OF BIRTH (month, day, year) Aug 18 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	6	20 18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wire Reviser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Security Oil Co.

10. Date deceased last worked at this occupation (month and year) March 39

11. Total time (years) spent in this occupation 25+

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME John? Thornton

14. BIRTHPLACE (city or town) Balto
(State or country) Md

MOTHER

15. MAIDEN NAME ? Fisher

16. BIRTHPLACE (city or town) Balto
(State or country) Md

17. INFORMANT Mrs Geo Weil
(Address) 1906 E 29 St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 3/16/39 19

19. UNDERTAKER Jos. J. Ifkin
(Address) 1156 Brazen Ave

20. FILED ..., 19... Registrar.

3-9-1939 Health Dept. Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1939 to March 8, 1939

I last saw him alive on March 7, 1939. Death is said to have occurred on the date stated above, at 11.15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation Decompensation	? d
Arteriosclerosis	? d
Other contributory causes of importance: Chr. Interstitial Nephritis	? d

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation None.

What test confirmed diagnosis? Physical examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Thos. F. A. Stevens, M. D.

(Address) 2878 Hartford Rd

OCCUPATION is very important. See instructions on back of certificate.

F 55942

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

55942 108 cc

1. PLACE OF DEATH Balto. City Hospitals — Registered No. 157

CITY OF BALTIMORE: (No. Bay View St., 24-4 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lillian L Walter — If U. S. Veteran specify WAR ...

(a) Residence: No. 811 Westphal place St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Fred Walter

6. DATE OF BIRTH (month, day, year) 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Unk

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Unk

17. INFORMANT Fred Walter

(Address) 811 Westphal Place

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date MAR. 10 1939

19. UNDERTAKER Geo. Kopp & Sons

(Address) 612 Hollins St

20. FILED MAR 9 1939 Huntington Williams, Registrar.

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	6 days
Other contributory causes of importance: Hypertension Chronic Nephritis	1 year 6 months

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1711 E. Baltimore St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

55943 F 55943

CERTIFICATE OF DEATH

106-B

1. PLACE OF DEATH Hebrew Home for the Aged & Infirm

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Belvedere & Greenspring Av. Ward)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 43 yrs. ... mos. ... ds.

2. FULL NAME Max Levin

If U. S. Veteran specify WAR .....

(a) Residence: No. Belvedere & Greenspring St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Celia

6. DATE OF BIRTH (month, day, year) 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russ

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Russ

17. INFORMANT Seymour Shollard

(Address) Belvedere & Greenspring

18. BURIAL, CREMATION, OR REMOVAL Hebrew Washington Blvd. Date 3-9-39

19. UNDERTAKER Jack Lewis Inc.

(Address) 1439 E. Baltimore St

20. FILED MAR 9 - 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 16, 1937 to March 8, 1939

I last saw h.. alive on March 8, 1939 Death is said to have occurred on the date stated above, at 5-02 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Arteriosclerosis	
Other contributory causes of importance:	
Chr. Bronchitis	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Max Levin, M. D.

(Address) Levindale

OCCUPATION is very important. See instructions on back of certificate.

1944

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 55944

CERTIFICATE OF DEATH

93-e

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 820 E. Lanvale St., 3-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth 30 yrs. mos. da.

2. FULL NAME Sola Cohen

If U. S. Veteran specify WAR

(a) Residence: No. 820 E. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hanna Cohen

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	93			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac Whitman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mary Miller
(Address) 3720 Woodhaven

18. BURIAL, CREMATION, OR REMOVAL Hebrew Rest Date 3-9-39

19. UNDERTAKER Jack Levin Sons
(Address) 1439 E. Baltimore St.

20. FILED 19 Registrar.

MAR 9 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1938 to March 8, 1939

I last saw her alive on March 7, 1939. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	?
Chr. Cardiac Asthma	?
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) N. Dondor, M. D.

(Address) 322 S Eastern ave

OCCUPATION is very important. See instructions on back of certificate.

55945

HEALTH DEPARTMENT—CITY OF BALTIMORE

55945

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH (a) U. S. Marine Hospital, Baltimore, Md. (b) 7-5 (St., Ward)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME ..... St., ... Ward.

(a) Residence: No. ..... (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year)			
7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50	0	1	

March 7, 1889

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME James W. Lomax

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Josephine Daines

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Records, U. S. Marine Hospital (Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL Place National Date March 11, 1939

19. UNDERTAKER J. P. Limberger (Address) 614 Washington

20. FILED ..... 19..... Registrar.

MAR 9 1939 Huntington, Baltimore, Md.

VOS

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1939, to March 7, 1939. I last saw him alive on March 7, 1939, at 1:25 a.m. Death is said to have occurred on the date stated above, at 1:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Cerebral arteriosclerosis	
Chronic nephritis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. H. Bryant, M. D.

(Address) Baltimore, Maryland

F 55946

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55946

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital — Registered No. 123-8

CITY OF BALTIMORE: (No. 1514 Dennison St. 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME Ella Palmer — If U. S. Veteran specify WAR ___

(a) Residence: No. 1309 W. Franklin St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	Col.	married

3a. If married, widowed, or divorced (or) WIFE of Frank Palmer

6. DATE OF BIRTH (month, day, year) 1893

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co Md.

FATHER

13. NAME John Tarlton

14. BIRTHPLACE (city or town) (State or country) Howard Co Md.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Lillian Coulbourn

(Address) 1309 W. Franklin St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date March 10 1939

19. UNDERTAKER Mrs Lottie R Williams

(Address) 332 N Schroeder St.

MAR 9 - 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-6 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-1 1939 to 3-6 1939

I last saw h[illegible] alive on 3-6 19[illegible] Death is said to have occurred on the date stated above, at 5:15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	3-1-39
Other contributory causes of importance: Pulmonary Embolism	

Was an operation performed? yes Date of 3-3-39

For what disease or injury? Intestinal Obstruction

Name of operation Exploratory

What test confirmed diagnosis? ___ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___ If so, specify ___

(Signed) M Davidson M. D.

(Address) 809 W Franklin St

President Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 55947

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55947

CERTIFICATE OF DEATH

190

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hosp St. 25-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Martisa

U. S. Veteran specify WAR .....

(a) Residence: No. unknown St., ... Ward, ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Ma	Wh.	unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) unknown

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, or REMOVAL

JOHNS HOPKINS MEDICAL SCHOOL MAR 9 - 1939

Date ... 19

19. UNDERTAKER

(Address)

Commissioner of Health

Per H. A. Myers

Assistant for Milwaukee, Wis.

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb 23 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Pneumonia (Bronchial)	
Exposure	

Other contributory causes of importance:

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? Penn Central Yard

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public

Manner of injury Found in a Barn

Nature of injury Exposed to Cold

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) H. Nauss M. D.

Coroner

(Address) 18 W Baltimore St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 9 1939

45457C

55948 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 55948

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2537 Ashton St., 20-5 Ward) Registered No. 12

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George H. Wagner

If U. S. Veteran specify WAR ...

(a) Residence: No. 2537 Ashton St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M | 4. Color or Race: W | 5. Single, Married, Widowed, or Divorced (write the word): Married

3a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of: Agnes Wagner

6. DATE OF BIRTH (month, day, year): Feb 22 1881

7. AGE: Years: 58 | Months: 10 | Days: 5 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Bldg

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs Agnes Wagner
(Address) 2537 Ashton St

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Redeemer Date: 3/10 19 39

19. UNDERTAKER: J. Bernard Flynn & Sons
(Address) Baltimore

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/7 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 1 1939 to Mar 7 1939

I last saw him alive on Mar 7-39 Death is said to have occurred on the date stated above, at 12 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial carcinoma	Mar 1-39
Other contributory causes of importance: acute cardiac dilatation	1 day

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Cl & Phy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. J. Flynn M. D.

(Address) 3321 Greenmount Ave

OCCUPATION is very important. See instructions on back of certificate.

VS 3

MAR 9-1939

Hubich

55949

HEALTH DEPARTMENT—CITY OF BALTIMORE

55949

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1446 HAUBERT St. 34-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Peter Hubich

If U. S. Veteran specify WAR

(a) Residence: No. 1446 Haubert St., 34 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susanna Hubich

6. DATE OF BIRTH (month, day, year) Oct 29 79

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hungary

FATHER

13. NAME Peter ?

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Mrs. Hubich, Wife

(Address) 1446 Haubert St.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date 3/10 19 39

19. UNDERTAKER Geo. W. Hafemeister & Son

(Address) 1911 Eastern Ave.

20. FILED 19 Registrar.

MAR 9 - 1939

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 21, 1938, to March 7, 1939

I last saw him alive on March 7, 1939. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General and cerebral arterio sclerosis, chronic inter-stitial nephritis	Jan. 21, '38
Other contributory causes of importance: Chronic myocarditis	Jan. 11th, 1939

Was an operation performed? no Date of - - - -

For what disease or injury? - - - -

Name of operation - - -

What test confirmed diagnosis? p.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harry Deitel M. D.

(Address) 1224-1226 Hanover St.

Spengemann

55950 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 55950

CERTIFICATE OF DEATH

122-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Hospital St. 9-b Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. 5 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert H. Spengemann

If U. S. Veteran specify WAR

(a) Residence: No. 3107 Hurley St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 24, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bldg Supply Bus.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Spengemann Bros

10. Date deceased last worked at this occupation (month and year) Dec 1931

11. Total time (years) spent in this occupation 40+5

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Peter H. Spengemann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine E. Eckhardt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Clara A. Spengemann

(Address) 2102 Garlad Road

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Gen. Date Mar. 4. 1939

19. UNDERTAKER Wm. J. Tickner & Sons

(Address) 1022 E. Pratt Ave.

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1939 to March 8, 1939

I last saw him alive on March 8, 1939 Death is said to have occurred on the date stated above, at 5:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Inguinal Hernia	2-27-39
Pulmonary Embolism	3-8-39

Other contributory causes of importance:

Was an operation performed? Yes Date of 3-28-39

For what disease or injury? Strangulated Hernia

Name of operation Herniotomy

What test confirmed diagnosis? Aut Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. R. Tennant M. D.

(Address) St. Joseph's Hosp.

OCCUPATION is very important. See instructions on back of certificate.

VS 8

MAR 9 - 1939

55951

HEALTH DEPARTMENT—CITY OF BALTIMORE

55951

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 835 W. Wolfe St. 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mollie Oliver

If U. S. Veteran specify WAR .....

(a) Residence: No. 835 W. Wolfe St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: ~~HUSBAND of~~ (or) WIFE of .....

6. DATE OF BIRTH (month, day, year): Dec. 31. 1875

7. AGE: Years 63. Months 7 Days 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: Mounford Oliver

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown Va.

17. INFORMANT: Mrs Daisy Harris (Daughter)

(Address) Wide Ruthven Frederick Md

18. BURIAL, CREMATION, OR REMOVAL: Drakely Branch Mar 3/9 1939

19. UNDERTAKER: Robert H. Young

(Address) 804 N. Caroline St.

20. FILED MAR 9 - 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7 1939 to March 7 1939

that I last saw h[illegible] alive on March 8 1939 Death is said to have occurred on the date stated above, at 11.40 P. m.

The principal cause of death and related causes of importance were as follows:

(a) Cerebral Hemorrhage — Date of onset 1/7/39

Other contributory causes of importance: None

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, how? .....

(Signed) C. Y. Halsey M. D.

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

Tobias Detzel

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55952 × 95-B F 55952

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mr. ~~Ethel~~ Tobias Detzel

If U. S. Veteran specify WAR .....

(a) Residence: No. Landsdowne Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella. Detzel

6. DATE OF BIRTH (month, day, year) Jan 5, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John G Detzel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Annie R Engelhardt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Margaret Klabe

(Address) 746 E Fort ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date March 11 1939

19. UNDERTAKER A. Howard Evans

(Address) 1412 Dolphin St

Huntington Williams, M.D.

Registrar.

FILED MAR 9 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 8th 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9th 1939 to Mar 8th 1939

I last saw him alive on Mar. 8th 1939. Death is said to have occurred on the date stated above, at 6:25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	
Cardiac Arterio sclerotic	
cardio vascular disease	
Senile Emphysema	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. King B.E. Seager, Jr. M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55953 F 55953

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH St Agnes Hospital Wilkens and Caton Aves (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. (Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Edward Hogg If U. S. Veteran specify WAR

(a) Residence: No. 419 Mt. Holly St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Catherine

6. DATE OF BIRTH (month, day, year) Dec. 5, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 66

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman

10. Date deceased last worked at this occupation (month and year) 1930 | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME S. S. Hogg

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Fullenkamp

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Catholic Date Mar. 11 19 39

19. UNDERTAKER Easton Sons
(Address) Edmondson Village, Md.

20. FILED MAR 9 - 1939 Huntington for Maryland Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1939 to March 9, 1939

I last saw him alive on March 9, 1939. Death is said to have occurred on the date stated above, at 12:01 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas.	?
Obstructive Jaundice	1 wk.
Other contributory causes of importance: Severe secondary hemorrhage	3 days

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Joseph E. Muse Jr. M. D.

(Address) St Agnes Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 55954

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121 F 55954

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St. 57-17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 6 mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Adella M. Rogers Arnold,

If U. S. Veteran specify WAR .....

(a) Residence: No. 3321 W. Rogers Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ferdinand N. Arnold

6. DATE OF BIRTH (month, day, year) June 5, 1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
43	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME Edward Wilhelm

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Ida Gill

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Ferdinand N. Arnold

(Address) 3321 W Rogers Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Glenwood Park Date Mar 13 1939

19. UNDERTAKER Landon A. Brooks Sons

(Address) Spark, Md

FILED Hunter for Williams Registrar. Hunter for Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-9 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-14 1939 to 3-9 1939

I last saw her alive on 3-9 1939 Death is said to have occurred on the date stated above, at 7:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis	
Uremia Puerperal	

Other contributory causes of importance:

Phlebitis Left Leg

Mitral Insufficiency Chronic

Was an operation performed? Yes Date of 2-14-39

For what disease or injury? Acute Appendicitis

Name of operation Appendectomy-Removal Uter. Myoma

What test confirmed diagnosis? Doctor Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Heartwell Kemp M. D.

(Address) 1211 Cathedral St. Balto. Md.

OCCUPATION is very important. See instructions on back of certificate.

MAR 9 - 1939

HEALTH DEPARTMENT—CITY OF BALTIMORE

55955

CERTIFICATE OF DEATH

107-4 F 55955

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3617 Forest Park Ave St. 15-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Maggie E. Dew

If U. S. Veteran specify WAR .....

(a) Residence: No. 3617 Forest Park Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND OF (or) WIFE of Albert B. W. Dew

6. DATE OF BIRTH (month, day, year) July 3, 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
88	7 8	26 4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME James March

14. BIRTHPLACE (city or town) ----- (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah Gorsuch

16. BIRTHPLACE (city or town) ------- (State or country) Md.

17. INFORMANT Walter W. Dew (Address) 3617 Forest Park Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Cem. Date Mar. 10, 1939

19. UNDERTAKER John C. Mitchell & Sons Inc. (Address) 1900 Eutaw Place

20. DATE RECD. MAR 9 - 1939, 19 ..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March, 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2/22/39 to 3/7/39

I last saw her alive on 3/7/39 Death is said to have occurred on the date stated above, at 4:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2/22/39
Other contributory causes of importance:	
Cardiac insufficiency	3/2/39

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Howard Sauter M. D.

(Address) 1517 E. North Ave.

BIRTH CAUSE OF DEATH in plain terms, so that it may be properly coded. OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 55956

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55956

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH Ajax Nursing Home

CITY OF BALTIMORE: (No. 1400 W Lexington St., 19-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida May Smith

If U. S. Veteran specify WAR

(a) Residence: No. 1400 W Lexington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Wh.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 8 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not known

FATHER

13. NAME Robert Smith

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Celia Shaw

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Records used Name

(Address) 1400 W Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Mar 10 19 39

19. UNDERTAKER Wm Cook

(Address) 217 St Paul St.

FILED MAR 10 1939 USA 19

Registrar Hunting & Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 8 19 39

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the date stated above

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Mar 8

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W Kanna M. D. Coroner

(Address) 1822 W Baltimore St

Important: Please write plainly. Exact statement of cause of DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 55957

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 55957

53-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 720 Colorada Ave St. 27-13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Annie A. Kernan

If U. S. Veteran specify WAR .....

(a) Residence: No. 720 Colorada Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wm. C. Kernan

6. DATE OF BIRTH (month, day, year) Oct. 10, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME George Kates

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Livingston

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Margaret Lyons

(Address) Randallstown, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Cem. Date 3/11/39

19. UNDERTAKER Margaret E. Flynn

(Address) 1722 Light St

20. FILED ..... 19 ..... Registrar.

MAR 10 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/7/39

22. I HEREBY CERTIFY, That I attended deceased from 11-7-38, 19..., to 3-9, 1939

I last saw her alive on 3-4, 1939. Death is said to have occurred on the date stated above, at 6:11 m.

The principal cause of death and related causes of importance were as follows:

Generalized Carcinoma 1 1/2 yrs — Date of onset 11-7-38

Other contributory causes of importance:

Nephritis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Krauby M. D.

(Address) 3 W. Mt. St.

Make CAUSE OF DEATH in plain terms, so that it may be properly classified. Enter statement of OCCUPATION is very important. See instructions on back of certificate.

55958

HEALTH DEPARTMENT—CITY OF BALTIMORE

55958

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1802 E 30 St., 9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. How long in U. S. If of foreign birth 75 yrs.

2. FULL NAME Catherine M. Fencetter

If U. S. Veteran specify WAR

(a) Residence: No. 1802 E 30 St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Fencetter

6. DATE OF BIRTH (month, day, year) July 12-1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	7	26 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home 47

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME John Larkin

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Catherine Lasher

16. BIRTHPLACE (city or town) (State or country) Dont know

17. INFORMANT William C. Fencetter

(Address) 3711 Loudon Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Mar 10, 1939

19. UNDERTAKER John Ulrich

(Address) 1301 E Oliver St

20. FILED Mar 10 1939 Harrington Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from 11-23, 1938 to 3-10-, 1939

I last saw her alive on 3-9-, 1939. Death is said to have occurred on the date stated above, at 3 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma breast (R)	about 3 years
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Geo. B. Seybert M. D.

(Address) 1801 Harford Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 10 1939

F 55959

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55959

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH 2230 E Hoffman St. 8-4

CITY OF BALTIMORE: (No. Baltimore City St., 8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. 10 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara V. Blight

If U.S. Veteran specify WAR

(a) Residence: No. 2230 E. Hoffman St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Blight

6. DATE OF BIRTH (month, day, year) May 7, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Frederick, Md. (State or country)

FATHER

13. NAME Wesley Rice

14. BIRTHPLACE (city or town) Lewistown (State or country) Fredrick Md.

MOTHER

15. MAIDEN NAME Sara Miller

16. BIRTHPLACE (city or town) Frederick Md. (State or country)

17. INFORMANT Mrs Walter C. Bowen

(Address) 2230 E. Hoffman St.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date March 11 1939

19. UNDERTAKER Edgar H. Blight Jr

(Address) 4714 Belair Road.

20. FILED (Signature of) Williams, M.D. Registrar.

MAR 10 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 8 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 1937 to Mar 8 1939

I last saw her alive on Mar. 8 1939 Death is said to have occurred on the date stated above, at 9.45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	?
Other contributory causes of importance:	
Carcinoma of Breast two	?

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward H. Gordon M. D.

(Address) 1819 St Paul St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

55960

HEALTH DEPARTMENT—CITY OF BALTIMORE

55960

CERTIFICATE OF DEATH

34-9-124-B

CBK-40666

27-11

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Addison Snyder

If U. S. Veteran specify WAR

(a) Residence: No. 3415 O'Donnell St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married (Sep)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-15-1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	0	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Has Own A Farm

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Henry Snyder

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Susanna Graham

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Mch. 10, 1939

19. UNDERTAKER George W. Zirkle

(Address) 1737 E. Eager St.

20. FILED 19 Registrar.

MAR 10 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 6, 1939 to March 7, 1939

I last saw him alive on March 7, 1939. Death is said to have occurred on the date stated above, at 6.32 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	1939
Other contributory causes of importance:	
none	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Sautelle M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms. Do not use abbreviations or symbols. OCCUPATION is very important. See instructions on back of certificate.

55961

HEALTH DEPARTMENT—CITY OF BALTIMORE

55961

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2224 E. North Ave. St., 1-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mildred Strong

If U. S. Veteran specify WAR .....

(a) Residence: No. 2224 E. North Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 19-1913

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
26	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meat Packer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Goetz & Co

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (city or town) (State or country) Balt. Md

FATHER

13. NAME Huey Strong

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Nettie Boles

16. BIRTHPLACE (city or town) (State or country) St. Mary's Co.

17. INFORMANT Louis Strong

(Address) 928 N. Payson St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 3/11 1939

19. UNDERTAKER John A. Valentine

(Address) 2226 Aisquith St.

20. FILED ... 19... Hester Williams M.D. Registrar.

MAR 10 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-8- 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-17- 1939 to 3-8 1939

I last saw her alive on 3-8 1939. Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Ulceration	
Tuberculosis -	

Other contributory causes of importance:

Pulmonary T. B.	
+ Intestinal T. B.	1-6-39

Was an operation performed? ... Date of ...

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) S. Strauss Hill M. D.

(Address) Attended at Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Enter statement of OCCUPATION is very important. See instructions on back of certificate.

55962

HEALTH DEPARTMENT—CITY OF BALTIMORE

55962

CERTIFICATE OF DEATH

98 42600-PS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 1-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da. 35 yrs.

2. FULL NAME Morris Farber

If U. S. Veteran specify WAR .....

(a) Residence: No. 2220 E. Lombard St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sally

6. DATE OF BIRTH (month, day, year) 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Hungary

FATHER

13. NAME Phillip

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME Eva

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT B.C.H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 3-10-39 19....

19. UNDERTAKER Park Lewis Inc

(Address) 1439 E. Balto St

20. FILED ..... Printing for Williams Registrar

MAR 10 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-8, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-5, 1939 to 3-8, 1939

I last saw him alive on 3-7, 1939. Death is said to have occurred on the date stated above, at 9:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerotic gangrene right foot	?

Other contributory causes of importance:

Was an operation performed? Yes Date of 3/6/39

For what disease or injury? Gangrene

Name of operation Amputation - Rt Leg

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Unknown If so, specify .....

(Signed) L. Kirkwood M. D.

(Address) Balto City Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Later statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

55963

HEALTH DEPARTMENT—CITY OF BALTIMORE

55963

CERTIFICATE OF DEATH

24

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp St., 17-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nathan Smith

If U. S. Veteran specify WAR

(a) Residence: No. 1223 Pennsylvania St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) 1914

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	25			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Louis

14. BIRTHPLACE (city or town) (State or country) Rus.

MOTHER

15. MAIDEN NAME Sarah Pompinovsky

16. BIRTHPLACE (city or town) (State or country) Rus.

17. INFORMANT Louis Smith

(Address) 1223 Penna Ave

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Henry Run Date 3-11 39

19. UNDERTAKER Jack Lewis

(Address) 1439 E Balto St

20. FILED MAR 10 1939 Hunter Van Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1939 to Mar. 10, 1939

I last saw h... alive on March 10, 1939 Death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tbc meningitis	4 wks
Other contributory causes of importance:	

Was an operation performed? mastoidectomy Date of 3/1/39

For what disease or injury? mastoiditis

Name of operation Mastoidectomy

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Irwin Sauber M. D.

(Address) Sinai Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

#48506
F 55964

CERTIFICATE OF DEATH

55964

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 10-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME John P. Crophan

(a) Residence: No. 906 E. Chase St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/24/1887

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	51	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... Baltimore City

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ... State Hygiene Lab

10. Date deceased last worked at this occupation (month and year) ... 3/39

11. Total time (years) spent in this occupation ... 10 yrs

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME unknown Thomas P. Crophan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Baltimore Cem. Date March, 1939

19. UNDERTAKER Elmer M. Conklin
(Address) 924 E. Fayette St.

20. FILED MAR 10 1939 (By) Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1939 to March 8, 1939.

I last saw him alive on March 8, 1939. Death is said to have occurred on the date stated above, at 7:35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-1-39
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. de Sautelle M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V6 3

55965 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 55965

CERTIFICATE OF DEATH

+ 121-149 B

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Maryland General Hospital St., 11 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mary Frances Rice

If U. S. Veteran specify WAR

(a) Residence: No. 10 x Forest View Ave St., Ward. Balto Co Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Paul E. Rice

6. DATE OF BIRTH (month, day, year) AUG. 12 1921

7. AGE Years	Months	Days	If less than 1 day, hrs. or min.
17	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Mar. - 39

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pittsburg Penna

FATHER

13. NAME Dennis Fertig

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME Edith Walters

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT E. H. Rebelly

(Address) 10 x Forest View Ave Baltimore

18. BURIAL, CREMATION, OR REMOVAL

Place Rose Dale Date Mar 13, 1939

19. UNDERTAKER L. H. Weimer & Son

(Address) 4312 Belair Rd Woodberry Md

20. FILED 19 Registrar.

MAR 10 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1939 to March 10, 1939

I last saw her alive on March 10, 1939. Death is said to have occurred on the date stated above, at 3 yrs A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis	3/5/39
Surgical Shock	
Pg went into spontaneous labor following appendectomy	3/9/39
Other contributory causes of importance: Pregnancy	

Was an operation performed? Yes. Date of appendectomy 3/5/39 3/9/39

For what disease or injury? Acute Appendicitis

Name of operation Appendectomy

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Irene S. Klemkowska M. D.

(Address) Maryland General Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

55966

HEALTH DEPARTMENT—CITY OF BALTIMORE

55966

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 16 St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Woodland Campbell If U. S. Veteran specify WAR

(a) Residence: No. 732 Gilmor St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	cd	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George

6. DATE OF BIRTH (month, day, year) 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Carrie ?

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Geo. Campbell

(Address) 732 N. Gilmor St

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Date 3/11 19 39

19. UNDERTAKER Thomas E. Kelson

(Address) 1302 Pressman St

20. FILED MAR 10 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1939 to March 8, 1939

I last saw her alive on March 8, 1939 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung abscess - Right upper	1/1939
Empyema of Right Lung	
Bronchopneumonia, Left Lower	3/4/39
Etc. (1) Tuberculosis (2)	
Other contributory causes of importance: Diabetes Mellitus	1934

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wilhelmina B. Long M. D.

(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V0 3

F 55967

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55967

CERTIFICATE OF DEATH

179

1. PLACE OF DEATH Balto. City Hospitals — Registered No. 1872

CITY OF BALTIMORE: (No. Bay View St., [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? [illegible] yrs. [illegible] mos. [illegible] ds.

2. FULL NAME Sherman Fitzgerald — If U. S. Veteran specify WAR

(a) Residence: No. 1214 Smithson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Myrtle Fitzgerald

6. DATE OF BIRTH (month, day, year) Feb. 28-1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Greenboro (State or country) N.C.

FATHER

13. NAME Walt Fitzgerald

14. BIRTHPLACE (city or town) [illegible] (State or country) N.C.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) [illegible] (State or country) N.C.

17. INFORMANT Mrs. Myrtle Fitzgerald (Address) 1214 Smithson St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 3/9 1939

19. UNDERTAKER Thomas E. Kelson (Address) 1303 Presstman St.

20. FILED MAR 10 1939 19 Hattie Lee Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to [illegible] death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Stricture of Oesophagus	1 Yr.
b Bronchio-Pneumonia	3 days
Other contributory causes of importance: Swallowing Lye	Feb. 1934

Was an operation performed? Yes Date Feb. 4, 1939

For what disease or injury Stricture Oesophagus

Name of operation Gastrotomy Date Feb. 24-39

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Feb. 4, 1939

Where did injury occur? 1214 Smithson St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Used lye jar for drinking

Nature of injury Stricture Oesophagus

24. Was disease or injury in any way related to occupation of deceased? No. If [illegible]

(Signed) Chas. W. Wood, M. D.
Coroner

(Address) 1717 N. Bond St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 55988

F 55968

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 W Heath St., 23-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Matilda M. E. Schloman

(a) Residence: No. 1 W. Heath (Usual place of abode) St., ... Ward. ..... (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced: BUSBAND of (or) WIFE of Frederick Schloman

6. DATE OF BIRTH (month, day, year) Sept. 18 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	6	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME August Kern

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Lena Diehl

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT (Address) Frederick Schloman 1 W. Heath St.

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Cem. Date March 10 1939

19. UNDERTAKER (Address) C. Schloman & Son 1039 Hanover St.

20. FILED Mar 10 1939 J. Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 8 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 14 1939 to Mar 8 1939

I last saw her alive on Mar 8 1939. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation Indef.	
Other contributory causes of importance:	
Acute dilatation of heart	3/4/39

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

3/9/39 (Signed) R. L. Cannon M. D.

(Address) 1644 Hanover St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 11 1939
MAR 10 1939

55969 HEALTH DEPARTMENT—CITY OF BALTIMORE 55969

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 23-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Simms (34240)

If U. S. Veteran specify WAR

(a) Residence: No. 1234 Sharp St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Maggie

6. DATE OF BIRTH (month, day, year) Feb. 1, 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Eliza

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 3/11 19 39

19. UNDERTAKER Isaiah R Brown Son
(Address) 1818 Montgomery St

20. FILED 19 Registrar.

MAR 10 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1938 to March 6, 1939

I last saw him alive on March 6, 1939 Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	Feb 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. M. Curtis M. D.

(Address) Balto. City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 55970 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 55970

CERTIFICATE OF DEATH

95-P

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1105 Sargeant St. 21-W Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jessie Billing Tiebeling

If U. S. Veteran specify WAR

(a) Residence: No. 1105 Sargeant St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas L Billing

6. DATE OF BIRTH (month, day, year) April 6 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	11	6 5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germantown
(State or country) Europe

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Chas L Billing
(Address) 1105 Sargeant St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Mch 11 1939

19. UNDERTAKER Joseph Kaufmann Sons
(Address) 212 Park Blvd

20. FILED MAR 10 1939, 19 Thurlington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 27 1938 to March 9 1939

I last saw her alive on Mch 8, 1939. Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE	1937
CEREBRAL HEMORRHAGE	3-5-39
Other contributory causes of importance:	

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Exam Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Edward F. Milan M. D.

(Address) 687 Washington Blvd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 10 1939

V S 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55971

CERTIFICATE OF DEATH

47-B F 55971

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 27-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Bechtold

If U. S. Veteran specify WAR .....

(a) Residence: No. 3120 Northway Drive St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-23-1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME John

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Catherine Frochlich

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Trinity Cemetery Mar. 13 1939
Place Date 19

19. UNDERTAKER HENRY SANDER & SONS, INC. Geo. F. Sander
(Address) Baltimore & Broadway.

20. FILED MAR 10 1939 Washington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-8 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-9 1939, to 3-8 1939

I last saw him alive on 3-8 1939. Death is said to have occurred on the date stated above, at 11:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Rt. Lung	?
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) L. Wolf Wardwell Jr. M. D.

(Address) Balto. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 55972

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 55972

1. PLACE OF DEATH 252 S. Eaton St. 46-B

Registered No. 872

CITY OF BALTIMORE: (No.) St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Ella Jane Lynch

U. S. Veteran specify WAR

(a) Residence: No. 720 Dillon St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 28-1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	2	11 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Thomas Lynch

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Lena Dicker

16. BIRTHPLACE (city or town) (State or country) Holland

17. INFORMANT Ella Hollerman

(Address) 252 Eaton St. Coroner

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cemetery. Date Mar. 12, 1939

19. UNDERTAKER Henry Sandor & Sons Inc Geo F. Sandor.

(Address) Baltimore St + Broadway

20. FILED , 19

Registrar

MAR 10 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	2 years
Other contributory causes of importance: Valvular heart disease	3 years

Was an operation performed? Yes. Date of May 9-1936

For what disease or injury? Carcinoma

Name of operation. Gastrectomy Date of May 9-1936

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. W. Wood M. D. Coroner

(Address) 1712 N. Broadway

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55973

CERTIFICATE OF DEATH

V 134 42206 55973

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 4-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Peter Clay

If U. S. Veteran specify WAR

(a) Residence: No. 730 E. Pratt St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Bessie Clay

6. DATE OF BIRTH (month, day, year): 7-17-1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: of

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va.

FATHER

13. NAME: James E.

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Mary

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL: JOHNS HOPKINS MEDICAL SCHOOL MAR 10 1939 19 Commissioner of Health

19. UNDERTAKER: Roy M. A. Moore

(Address)

20. FILED MAR 10 1939 Huntington Williams M.D. Registrar.

4646

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2-24, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-21, 1939 to 2-24, 1939

I last saw him alive on 2-24, 1939 Death is said to have occurred on the date stated above, at 3:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Renal Calculus	?
Rheumatic and Hypertensive Cardiovascular disease	?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? None If so, specify

(Signed) L. K. Woodward Jr., M. D.

(Address) Balto City Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V0 3

F 55974

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 55974

94-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ..... St., 27-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Frederick Arloff (ARLOFF)

If U. S. Veteran specify WAR No

(a) Residence: No. 5128 Belair Rd St., ... Ward. 2nd 6

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-23-13

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
25	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry Goods Clerk

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Unknown Germany

FATHER

13. NAME Frederick Arloff

14. BIRTHPLACE (city or town) (State or country) Kahnsdorf Germany

MOTHER

15. MAIDEN NAME Freda Cohrsen

16. BIRTHPLACE (city or town) (State or country) Unknown Germany

17. INFORMANT Frederick Arloff (Address) 5128 Belair Road

18. BURIAL, CREMATION, OR REMOVAL Parkwood Cemetery Date March 11th 1939

19. UNDERTAKER Frederick Loveless Sons (Address) 7101 Belair Road

MAR 10 1939

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 9- , 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-7-39, 1939 to Mar 9, 1939

I last saw h.. alive on Mar 9, 1939 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
? Coronary Occlusion	3-4-39
Subacute Bacterial Endocarditis due to Streptococcus viridans bacteremia.	1
Other contributory causes of importance: Secondary anemia	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Fiorenzo Bellagnini M. D.

(Address) Johns Hopkins Hospital

INFORMATION SHOULD be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V6 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55975

CERTIFICATE OF DEATH

23 F 55975

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1612 Hollins St. St., 19-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dorothy M. Timmons.

If U. S. Veteran specify WAR None

(a) Residence: No. 1612 Hollins St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Married.

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Herbert A. TIMMONS.

6. DATE OF BIRTH (month, day, year) Oct. 12 1903.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
35	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

FATHER

13. NAME Richard Wingate.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Anna Frompton.

(Address) 525 S. Catherine St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cambridge, Md. Date Mar. 11 1939

19. UNDERTAKER Charles J. Schwab

(Address) 505 N. Monroe St.

MAR 10 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9- 1939.

22. I HEREBY CERTIFY, That I attended deceased from 5/28/26, 19..., to 3-9, 1939

I last saw h. alive on 3-9, 1939. Death is said to have occurred on the date stated above, at 3:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis.	9/10/37.

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) James Brown M. D.

(Address) 705 Medical Arts Bldg.

Information should be carefully supplied. ANS. should be written in ink. ERASURES should be avoided. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 8

F 55976

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55976

CERTIFICATE OF DEATH

164

Registered No. 1872

1. PLACE OF DEATH Garage

CITY OF BALTIMORE: (No. 13 S. Bethel St. 2-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Adam John Zurek

If U. S. Veteran specify WAR ...

(a) Residence: No. 22 S. Ann St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 11-1908

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
30	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cleaner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Aug. 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George J. Zurek

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Francis Rozsiski

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Sylvester J. Zurek brother

(Address) 20 S. Ann St.

18. BURIAL, CREMATION, OR REMOVAL

Place ST. STANISLAUS Date MAR 11, 1939

19. UNDERTAKER MARTIN W.E. DIPPEL

(Address) 37 S. ANN ST.

20. FILED MAR 10 1939 Hunter Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia, by Carbon Monoxide Gas.	March 8 1939
Other contributory causes of importance: Melancholia Acute	Aug. 1938

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Suicide Date of injury March 9, 1939

Where did injury occur? 13 S. Bethel St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Garage

Manner of injury Sat in Auto and turned gas on.

Nature of injury As above

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. E. Wood, M. D. Coroner

(Address) 1712 N. Broadway

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 10 1939

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 55977

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 7-5 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian Baker

If U. S. Veteran specify WAR

(a) Residence: No. Rock Hall Md., St., Ward. Nat 7
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Vickers Baker

6. DATE OF BIRTH (month, day, year) 8-4-94

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	7	23 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housf. W37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Joseph Downey

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lillian Blockton

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Dorsey Chapel Date May 12, 1939

19. UNDERTAKER Wm. N. Good
(Address) Ellicott City

20. FILED MAR 10 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar. 9, 1939 to Mar 9, 1939

I last saw her alive on Mar 9, 1939 Death is said to have occurred on the date stated above, at 11 40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor - malignant	
Other contributory causes of importance:	

Was an operation performed? yes Date of March 10, 1939

For what disease or injury? Brain tumor

Name of operation Craniotomy

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Kenneth L. Pickrell, M. D.

(Address) Johns Hopkins Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55978

CERTIFICATE OF DEATH

56 F 55978

1. PLACE OF DEATH Bon Secours Hospital

Registered No.

CITY OF BALTIMORE: (No. St. 27-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Amelia Durrbeck

If U. S. Veteran specify WAR

(a) Residence: No. 4701 Park Heights Ave, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Durrbeck,

6. DATE OF BIRTH (month, day, year) August 25. 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City.

FATHER

13. NAME Joseph Green,

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. George H. Gernhart,
(Address) 4705 Park Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 3-13-39 19

19. UNDERTAKER Geo W. Sittle
(Address) 2700 Edmondson Ave.

20. FILED MAR 10 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/9, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1939, to March 9, 1939.

I last saw her alive on 3/9, 1939. Death is said to have occurred on the date stated above, at 9.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma — Metastasis arising from R. Breast	1937

Other contributory causes of importance:

Had Pathological fracture of Rt. Femur. Diabetes mellitus 20 yrs

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George H. Brouillet M. D.
(Address) Bon Secours Hospital

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 55979 68-9

F 55979

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 704 PORTLAND St., 22 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MARGARET BEAMON

(a) Residence: No. 704 PORTLAND St., 22 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	MARRIED

5a. If married, widowed, or divorced ~~HUSBAND of~~ WIFE of EARL BEAMON

6. DATE OF BIRTH (month, day, year) JAN 14 1914

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	25	7 1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. HOUSEWIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO. MD.

FATHER

13. NAME JAMES MCINTIRE

14. BIRTHPLACE (city or town) (State or country) BALTO MD.

MOTHER

15. MAIDEN NAME Sophia BOHN

16. BIRTHPLACE (city or town) (State or country) BALTO MD.

17. INFORMANT EARL BEAMON

(Address) 704 PORTLAND St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date MAR 13. 39

19. UNDERTAKER Chas. A. Leuchenauer & Son

(Address) 637 S. PACA ST.

20. FILED MAR 10 1939 Registrar Hunter Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from ~~Dec~~ June 1 1938 to MAR 10, 1939

I last saw h ~~E~~ alive on MAR 9, 1939 Death is said to have occurred on the date stated above, at 2,309 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of the lungs	1 year ago

Other contributory causes of importance:

Left kidney removed	
Rectal fistula ago	

Name of operation Thoracotomy Date of Feb 26 1939

What test confirmed diagnosis Usual Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) E. Atkinson, M. D. M. D.

(Address) 29 N Charles St. Baltimore, Md.

State Board of Health—Form No. 1. Please write plainly with pen and ink. PHYSICIANS should be careful to see that information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PIFER

55980 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 47-CF 55980

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-1 Ward)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Pifer

If U. S. Veteran specify WAR

(a) Residence: No. 144 Union avenue St., Ward. Belleville, N. J.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Mary Pifer

6. DATE OF BIRTH (month, day, year) May 11-1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. postman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. government Service

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME George L. Pifer

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Sophie Massey

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT George Pifer

(Address) Belleville ~~Belleville~~, N. J.

18. BURIAL, CREMATION, OR REMOVAL Belleville Fun.

Place Holy Sepulchre Cem. Date Mar. 19-39 19

19. UNDERTAKER Stewart Thomas

(Address) 10 or 12 Nutley Ave.

20. FILED 19 Registrar.

MAR 10 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1939 to March 10, 1939

I last saw him alive on March 10, 1939 Death is said to have occurred on the date stated above, at 12:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchogenic Carcinoma	Nov, 1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. F. Schaefer M. D.

(Address) Mercy Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55981

CERTIFICATE OF DEATH

46-B F 55981

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 26-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Trenquillo Pasquali

If U. S. Veteran specify WAR

(a) Residence: No. 222 S. Oldham St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa

6. DATE OF BIRTH (month, day, year) 3-17-1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55	55	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. W.P.A worker-laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Jack

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Theresa

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT B.C.H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Cem. Date March 11, 1939

19. UNDERTAKER Frank Della Noce

(Address) 52 N Morley St.

20. FILED MAR 10 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-9, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-8, 1939, to 3-9, 1939

I last saw h.l.m. alive on 3-9, 1939. Death is said to have occurred on the date stated above, at 12.25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach c	
Hemorrhage	?
Worked acute secondary anemia	3/8 39
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) L. Wadsworth M. D.

(Address) Bull's City Hook

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 55982

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55982

CERTIFICATE OF DEATH

47-B

Registered No. .....

1. PLACE OF DEATH South Baltimore Gen. Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 3-W Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... da. How long in U. S. If of foreign birth? 30 yrs. ... mos. ... da.

2. FULL NAME Frank Concordia

If U. S. Veteran specify WAR .....

(a) Residence: No. 1010 Eastern Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Adelina Concordia

6. DATE OF BIRTH (month, day, year) February 27 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54		9 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cuper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Roseto degli Abruzzi Italy

FATHER

13. NAME Domenico Concordia

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Maria A. Campogrossi

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Adelina Concordia (Wife)
(Address) 1010 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date March 11 1939

19. UNDERTAKER Frank Della Rocca
(Address) 52 N. Motley St.

20. FILED Huntington Williams, M.D. Registrar.

MAR 10 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1938 to March 8, 1939

I last saw him alive on March 8, 1939 Death is said to have occurred on the date stated above, at 6 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Squamous cell carcinoma of bronchi of left lung	
a Metastasis to left foot, leg & thigh. - Generalized Carcinomatosis	
Other contributory causes of importance:	

Was an operation performed? yes Date of Nov. 29, 1938

For what disease or injury? Biopsy of left foot

Name of operation Biopsy of left foot

What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Samuel L. Fox, M. D.

(Address) St. Baldeagle Hosp.

If you should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55983

CERTIFICATE OF DEATH

F 55983

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 640 W. Fairmount ave St. 4-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward C. Wood

If U. S. Veteran specify WAR

(a) Residence: No. 640 Fairmount ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Julia — Wood

6. DATE OF BIRTH (month, day, year) Mr 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. general

10. Date deceased last worked at this occupation (month and year) 2 yrs.

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Alexander Wood

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary E. Johnson

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mary Lane

(Address) 1507 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place new Cathedral Date mar-11 1939

19. UNDERTAKER Mrs. M. C. Elliott-Daughter

(Address) 1129 N. Carolina St

20. FILED MAR 10 1939 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-8, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arter Cardiac Dilatation	1 Wk.
Other contributory causes of importance: Chr Myocarditis, Arterio Sclerosis	1 yr

Was an operation performed? No Date of —

For what disease or injury?

Name of operation: — Date of

What test confirmed diagnosis? Clinical History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael L. Hrame, M. D.
Coroner

(Address) 2360 Eutaw Place

V S 6

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. ALL information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Toye

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55984

CERTIFICATE OF DEATH

24 F 55984

1. PLACE OF DEATH Provident Hospital. 16-2

CITY OF BALTIMORE: (No. 1514 Division St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Matthew Toye

If U. S. Veteran specify WAR .....

(a) Residence: No. 1215 N. Stricker St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Wood

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Russell M. Toye

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Beatrice Blake

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Beatrice Blake

(Address) 1215 Stricker Street

18. BURIAL, CREMATION, OR REMOVAL

Place St. Peters Date Mar. 13 1939

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman Street

Huntington Williams, M.D.

Registrar.

MAR 10 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-8-39

22. I HEREBY CERTIFY, That I attended deceased from 3-1-39, 19... to 3-8-39 19...

I last saw ~~him~~ alive on 3-8-39, 19... Death is said to have occurred on the date stated above, at 11.15 P/M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tubercular Meningitis	8,
(Primary)	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. T. Maloney M. D.

(Address) Provident Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55985

CERTIFICATE OF DEATH

169

F 55985

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. St. 20-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Kenneth O. Brien. 9 U. S Veteran (Specify WAR)

(a) Residence: No. 436 · 16th Ave NE St Petersburg, Flor. St., ... Ward. 9 N. Monroe St Baltimore

(Usual place of abode) Hillsborough Co. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Ma

4. Color or Race: Wh.

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 24 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): N. Carolina

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country): Not known

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country): Not known

17. INFORMANT (Address): Carrie Campbell. 9 N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL: Place St Peters burg Fla 3/10. 193

19. UNDERTAKER (Address): Forge & Stripling Tilton & Payette

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 9, 1934

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained at said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Yes

The principal cause of death and related causes of importance were as follows:

	Date of onset
Compound Fracture Skull.	3/9.
Suicidal hyperemia of meninges	
Other contributory causes of importance:	

Was an operation performed? ns Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? ns

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicidal Date of injury 3/9, 1934

Where did injury occur? Baltimore Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place Home. 9 N. Monroe St

Manner of injury Jumped from 3rd floor window

Nature of injury Compound fracture skull.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Hamma Coroner, M. D.

(Address) 1822 W Baltimore St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-86

Edward Mc Grath

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55986

CERTIFICATE OF DEATH

46-B F 55986

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 7-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward McGrath

If U. S. Veteran specify WAR WWI

(a) Residence: No. 1907 E. Chase St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-?-1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	1	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Edward

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT ... B. C. D. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place East Catholic Date 3/13/39

19. UNDERTAKER ... Mc Col ...
(Address) 1217 E. Monument St.

20. FILED ... 19...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 14, 1939, to March 9, 1939

I last saw him alive on March 9, 1939. Death is said to have occurred on the date stated above, at 6:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	1939

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. De Santelle, M. D.

(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

Dr. Charles H. Claiborne, Jr.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55987

CERTIFICATE OF DEATH

131 F 55987

1. PLACE OF DEATH U. S. Marine Hospital, Registered No.

CITY OF BALTIMORE: (No. St., 28-4 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dr. Charles H. Claiborne, Jr. If U. S. Veteran specify WAR

(a) Residence: No. 7 Chocolate Lane, Ten Hills St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Waters

6. DATE OF BIRTH (month, day, year) Aug. 6, 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 60 15

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Charles H. Claiborne, Sr.

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Cora Lednum

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Records - U. S. Marine Hospital (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Pl. London Park Date 3/11, 1939

19. UNDERTAKER Wm. Cook (Address) 1217 E. Fayette St.

20. FILED MAR 10 1939, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from November 10, 1938 to March 10, 1939

I last saw h... alive on March 10, 1939. Death is said to have occurred on the date stated above, at 7:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac disease, cardio renal	Unknown
vascular	Unknown
Arteriosclerosis, Cerebral	Unknown

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. M. N. Andrews, M. D.

(Address) U. S. Marine Hospital, Baltimore, Md.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V0 0

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55988

CERTIFICATE OF DEATH

107-a

F 55988

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 322 Mt. Holly St. 20-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert H. Harrison

If U. S. Veteran specify WAR

(a) Residence: No. 322 Mt. Holly St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced: HUSBAND of (or WIFE of) Lucy Jane Harrison

6. DATE OF BIRTH (month, day, year) Feb 17th 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	-	1113	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Realty Co

10. Date deceased last worked at this occupation (month and year) 9.14

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Queen Annes Co Md

FATHER

13. NAME William Harrison

14. BIRTHPLACE (city or town) (State or country) Queen Annes Co Md

MOTHER

15. MAIDEN NAME Amanda Price

16. BIRTHPLACE (city or town) (State or country) Queen Annes Co Md

17. INFORMANT Mrs Lucy T. Harrison

(Address) 322 Mt Holly St

18. BURIAL, CREMATION, OR REMOVAL

Place Hillsboro Md Cemetery Mar 11 39

19. UNDERTAKER Wm Cook

(Address) 1217 E Pratt St

20. FILED MAR 10 1939 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 10th 1939

22. I HEREBY CERTIFY, That I attended deceased from July 21 1939 to Mar 10 1939

I last saw him alive on Mar 9 1939 Death is said to have occurred on the date stated above, at 330 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	2/20/39

Other contributory causes of importance:

Gone Known

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas J. Keller M. D.

(Address) 232 W. Monument St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VERINAKIS

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55989

CERTIFICATE OF DEATH

107-a F 55989

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 312 S. Aldham Ste, 6-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thalia Verinakes

If U. S. Veteran specify WAR

(a) Residence: No. 312 S. Aldham Ste St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael

6. DATE OF BIRTH (month, day, year) Sept. 20-1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Marcus Faggiuolla

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Mike Verinakis

(Address) 312 S. Aldham Ste.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 3/14, 1939

19. UNDERTAKER John G. Connelly

(Address) Govy. Md.

20. FILED MAR 10 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 8th. 1939

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1939 to Mar. 6, 1939

I last saw her alive on March 6, 1939 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - (Lobar)	
Other contributory causes of importance:	
acute Cardiac Failure	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. L. Watts M. D.

(Address) 101 N. Read St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V6 B

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55990

CERTIFICATE OF DEATH

82 F 55990

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 N. Bethel St. 7-5 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Bailey

If U. S. Veteran specify WAR

(a) Residence: No. 606 N. Bethel St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Dawson Bailey

6. DATE OF BIRTH (month, day, year): June 25 1884 this

7. AGE: Years 54 | Months 9 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private family

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): St Michels Md

FATHER

13. NAME: Henry Joshua

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: unk

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Mrs Leon Bailey

(Address) 606 Bethel St

18. BURIAL, CREMATION, OR REMOVAL. Place Mt. Calvary Date 3/11 39

19. UNDERTAKER: William A Jenkins

(Address) 916 Penna ave

20. FILED MAR 10 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 8 39

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, Autopsy or Inquiry) find that said deceased came to (Inquest, Autopsy or Inquiry) death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Apoplexy	Mar 8 1939

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) George L. Adler M. D.

(Address) 504 Lanvale St

V 56

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55991

CERTIFICATE OF DEATH

✓100

Registered No. F 55991

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. 2. Calvert St. 28-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Sadye E Marvel

If U. S. Veteran specify WAR

(a) Residence: No. 4820 Roslyn Ave (Usual place of abode) Norwood Ave Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Wm. Thomas Marvel

6. DATE OF BIRTH (month, day, year) Feb. 20, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79		19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Trappe Maryland

FATHER

13. NAME Carl Engleman

14. BIRTHPLACE (city or town) (State or country) Saxony, Germany

MOTHER

15. MAIDEN NAME Christine Neuman

16. BIRTHPLACE (city or town) (State or country) Saxony, Germany

17. INFORMANT Mr. N. Clyde Marvel

(Address) 4820 Norwood Ave

18. BURIAL, CREMATION, OR REMOVAL Spring Hill Cem Easton Md Date 3/11/39

19. UNDERTAKER Harry K. Nitzel

(Address) 410 Edmondson Ave Huntington Millseville, Md

20. FILED MAR 10 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1939 to Mar 9, 1939

I last saw her alive on Mar 8, 1939 Death is said to have occurred on the date stated above, at 6:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage from Arteriosclerotic ulcer of Stomach	Mar 5, 1939

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Thompson M. D.

(Address) J. H. Thompson, Mercy Hosp.

V8 8

N. B.—WRITE PLAINLY, WITH CAPABLE INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55992

CERTIFICATE OF DEATH

97 F 55992

1. PLACE OF DEATH Md. Gen'l. Hosp

Registered No.

CITY OF BALTIMORE: (No. ..... St., 19-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Hedgeman S. Triplett

If U. S. Veteran specify WAR .....

(a) Residence: No. 1326 W. Lombard St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	W Lute	~~Widowed~~

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice B. Given Triplett

6. DATE OF BIRTH (month, day, year) Mch. 1, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumberman

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) W. Va.

FATHER

13. NAME Marshall Triplett

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Rachael McElwain

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mrs. Wm. H. Triplett

(Address) 1326 W. Lombard St

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 3/11/39 19

19. UNDERTAKER Harry H. Nitske

(Address) 4101 Edmondson Ave

20. FILED ..... 19 ..... Huntington Williams Registrar.

MAR 10 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-8 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-21 1939 to 3-8 1939

I last saw him alive on 3-8 1939 Death is said to have occurred on the date stated above, at 6.55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Other contributory causes of importance: Hypostatic pneumonia	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. L. Ewalt M. D.

(Address) M. Gen. H.

1. WRITE PLAINLY, with unfading ink. 2. A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

55993

CERTIFICATE OF DEATH

F 55993

107-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Eleanor Dorsey

If U. S. Veteran specify WAR

(a) Residence: No. Sykesville, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 16, 1938

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James Dorsey

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

MOTHER

15. MAIDEN NAME Dorthea Wallert

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

17. INFORMANT (Address) James Dorsey Sykesville Md.

18. BURIAL, CREMATION, OR REMOVAL Place Mitteltown Cemty Date March 13 1939

19. UNDERTAKER (Address) C. M. Walsh Winfield's Md

20. FILED MAR 10 1939 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar. 8, 1939, to March 10, 1939.

I last saw her alive on Mar. 10, 1939. Death is said to have occurred on the date stated above, at 1:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-pneumonia	1-1-39
Other contributory causes of importance:	
Epilepsy	birth

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ronald A. Eckert, M. D.

(Address) South Baltimore General Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55994

CERTIFICATE OF DEATH

107-a F 55994

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 26-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME William Workinger

If U. S. Veteran specify WAR.....

(a) Residence: No. 5903 Kavon Ave. St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year) 7-6-1854

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
84	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~None~~ 0 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ~~Md.~~ (State or country)

FATHER

13. NAME William

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Sarah Carroll

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT B. C. H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Western Cemetery Date March 13 1939

19. UNDERTAKER Fred Laskaloe Son (Address) 7401 Belair Rd

20. FILED March 13 1939 H. Williams, M.D. Registrar.

MAR 10 1939 H. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1939 to March 9, 1939.

I last saw him alive on March 9, 1939. Death is said to have occurred on the date stated above, at 10 55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3/6/39
Other contributory causes of importance: Arteriosclerosis	unknown

Was an operation performed? No Date of.....

For what disease or injury?.....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?.....Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) H. A. De Lauter M. D.

(Address) Baltimore City Hospitals

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 55995 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a F 55995

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 6101 Stewart St. 27-19 Ward.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Stella Kratz

If U. S. Veteran specify WAR

(a) Residence: No. 6101 Stewart ave St. Ward.

(Usual place of abode) Same (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of John E. Kratz.

6. DATE OF BIRTH (month, day, year) Dec. 12, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Lemuel A. Feaster

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Eliz. Flack

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT (Address) John E. Kratz 6101 Stewart Ave.

18. BURIAL, CREMATION, OR REMOVAL. Place Holy Redeemer Date 3/11 1939

19. UNDERTAKER (Address) G. Lemmon 2611 Park Ave. Balto.

FILED MAR 10 1939

Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/8/39

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A. Crane, M. D. Coroner

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55996

CERTIFICATE OF DEATH

127 F 55996

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 16-4 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Eleanor Granger

If U. S. Veteran specify WAR

(a) Residence: No. 1931 W. Lanvale St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: George O Granger

6. DATE OF BIRTH (month, day, year): June 2/ 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home Duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Jacob Pontz

14. BIRTHPLACE (city or town) (State or country): Balto. Maryland

MOTHER

15. MAIDEN NAME: Elizabeth Vonieff

16. BIRTHPLACE (city or town) (State or country): Balto. Maryland

17. INFORMANT: Mrs Harry Granger

(Address): 1931 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place: St. Micheals Md. Date: March 13 '39

19. UNDERTAKER: John J. Kitchen Dertzbach

(Address): 1900 Eutaw Pl.

20. FILED: MAR 10 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1939 to March 10, 1939

I last saw her alive on March 10, 1939. Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated Gall Bladder	3-3-39
Gall bladder fibrosis & Cirrhosis of liver	
Terminal cardiac vascular disease	1 year
Other contributory causes of importance:	
—	now
—	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. H. Fisher M. D.

(Address) Sinai Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55997

CERTIFICATE OF DEATH

210-M F 55997

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) City Hospital (St.) 26-10 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John T. Starkey

U. S. Veteran (specify WAR)

(a) Residence: No. 3249 Philadelphia Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 23, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42	43	9	16 15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James W. Starkey

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Theresa E. Hildebrandt

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Matthew M. Starkey

(Address) 3249 Phila. Av.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Mar. 13 1939

19. UNDERTAKER John A. Miller

(Address) 2334 Jefferson St.

20. FILED MAR 10 1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest found that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Accident March 8, 1939

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Crossing Phila. Rd. at Kessic St

Nature of injury struck by Auto.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. R. Cullen M. D. Coroner

(Address) 2757 Wms

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55998

CERTIFICATE OF DEATH

94-B F 55998

1. PLACE OF DEATH (Union Memorial Hospital)

Registered No.

CITY OF BALTIMORE: (No. St. 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Sara Elizabeth Collings

If U. S. Veteran specify WAR

(a) Residence: No. 1076 East St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of: Wesley A. Collings

6. DATE OF BIRTH (month, day, year): Aug 2 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): North East Md

FATHER

13. NAME: Andrew Mitchell Hyland

14. BIRTHPLACE (city or town) (State or country): North East Md

MOTHER

15. MAIDEN NAME: Jane Sophia Aigand

16. BIRTHPLACE (city or town) (State or country): Rising Sun Md

17. INFORMANT: Sara Collings

(Address): North East Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Cedar Hill Cem Md Date: Mar 2 1939

19. UNDERTAKER: Wm. J. Lewis

(Address): North East Md

20. FILED 19 (Registrar)

MAR 11 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/10 1939

22. I HEREBY CERTIFY, That I attended deceased from 2/17 1939 to 3/10 1939

I last saw her alive on 3/10 1939. Death is said to have occurred on the date stated above, at 8 45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Cerebral Hemorrhage	
Coronary Thrombosis	
Hypertension	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. A. Mason Reed, M. D.

(Address) Union Memorial Hosp

K 3961

X. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 55999

CERTIFICATE OF DEATH

45-C F 55999

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3212 Westwood Ave. St. 15-6 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Jackson

(a) Residence: No. 3212 Westwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amanda Philips Jackson

6. DATE OF BIRTH (month, day, year) December 18, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

FATHER

13. NAME William Jackson

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Cordelia Hitchcock

16. BIRTHPLACE (city or town) (State or country) Harford County Maryland

17. INFORMANT Miss Cordelia May Jackson
(Address) 3212 Westwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cemetery Date March 11 19 39

19. UNDERTAKER C. F. Ammerman
(Address) 1003 E. Baltimore St.
Huntington Publishing, Md

20. FILED MAR 11 1939
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 3rd 1938 to March 8 1939
I last saw him alive on March 8 1939 Death is said to have occurred on the date stated above, at 8.45 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Roof of Mouth — Date of onset 60 & more ago

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? X Date of injury X, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo Y Everhart M. D.

(Address) 5100 Windsor Mill Road

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56000

CERTIFICATE OF DEATH

127 F 56000

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Hospital for Women St. (Ward) 18

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth A Royston

If U. S. Veteran specify WAR

(a) Residence: No. 3946 Linden Hgts Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced (or) WIFE of: John W. Royston

6. DATE OF BIRTH (month, day, year): Dec 8th 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home
10. Date deceased last worked at this occupation (month and year): X
11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Fleetwood England

FATHER
13. NAME: Forge Henry Geo
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Jane Ellen Mulholland
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Florence Louise Shrain
(Address) 4931 Dunmore Av

18. BURIAL, CREMATION, OR REMOVAL
Where: Balto. U. S. National Date: Mar 14th 1939

19. UNDERTAKER: Wm Cook
(Address) 1217 St Paul St

20. FILED MAR 11 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 10. 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 17. 1939 to March 10. 1939

I last saw deceased alive on March 10 1939 Death is said to have occurred on the date stated above at 2.45 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stricture of Common Bile duct	1936
Post operative hemorrhage	3/3/39

Other contributory causes of importance:

Was an operation performed? Yes Date of 3/3/39

For what disease or injury? Stricture of Common Bile duct

Name of operation: Ligation of Stricture of Common Bile duct

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? X Date of injury 19

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify It was not

(Signed) W. P. Holbrook M. D.

(Address) Women's Hosp.

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56001

CERTIFICATE OF DEATH

F 56001

1. PLACE OF DEATH Sinai Hospital

Registered No. 59

CITY OF BALTIMORE: (No. ..... St. 27-20 ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Daniel W. Crone

If U. S. Veteran specify WAR .....

(a) Residence: No. 6216 Biltmore Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE Blanche L. Crone

6. DATE OF BIRTH (month, day, year) Feb. 10, 1870

7. AGE: Years 69 | Months 1 | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Laundry

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drygoods Merchant

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Portland, Oregon.

FATHER

13. NAME Herman Crone

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Cecelia —

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Dr. D. Crone, Jr.

(Address) 6216 Biltmore Ave

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Balto. Hebrew Date Mch. 12 1939

19. UNDERTAKER Harid Sondheim & Son

(Address) 902 Eutaw Place

20. DATE RECEIVED MAR 11 1939 19.. Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/10 , 1939

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1939 to 3/10, 1939

I last saw him alive on 3/10, 1939 Death is said to have occurred on the date stated above, at 9:30 AM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	
arteriosclerotic kd. disease	
diabetes mellitus	
Other contributory causes of importance:	
gangrene of intestine	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation —

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) H. Hendelsheimer Jr. M. D.

(Address) Sinai Hospital

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

DUGAN

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56002

CERTIFICATE OF DEATH

93-C F 56002

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2112 Barclay St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret J. Daniel Dugan

If U. S. Veteran specify WAR

(a) Residence: No. 2112 Barclay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

NOTE—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Dominick J. Dugan

6. DATE OF BIRTH (month, day, year) 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles Stiefel

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME F. Palm

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Dominick Dugan
(Address) 2112 Barclay St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Mar 11, 1939

19. UNDERTAKER Thomas M. Needelman
(Address) 2121 E. 22nd St

20. FILED MAR 11 1939 Huntington Williams M.D. Registrar.

VS 8

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 9th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1938, to March 9, 1939

I last saw her alive on Mar 8, 1939. Death is said to have occurred on the date stated above, at 1:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis R. Cerebral	
Embolism, Left Hemiplegia	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury? ✓

Name of operation ✓

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. J. Tooby M. D.

(Address) 110 E. Northway

E 56003 TRYGVE TORGERSEN E 56003

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U. S. Marine Hospital, Ward) 2

Registered No. 75

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Trygve A. Torgersen

If U. S. Veteran specify WAR

(a) Residence: No. 4190 Bond St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 7, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Larvik Norway

FATHER

13. NAME Andrew Torgersen

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Anna Olsen

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT (Address) Records - U. S. Marine Hospital Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place St. Mary's Hampden Date March 11 1939

19. UNDERTAKER (Address) E. Leroy S. Tiffler, Inc. 125 E. North Ave.

20. FILED Huntington Williams, M.D. Registrar.

MAR 11 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) died that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	
Pulmonary & Cerebral	3/7/39
Oedema.	

Other contributory causes of importance: Alcoholism

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edwin A. Crain, M. D. Coroner

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56004 — CERTIFICATE OF DEATH — 210M — F 56004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St. 3-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Danuel L. Denby

If U. S. Veteran specify WAR

(a) Residence: No. 232 S. Dallas St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of NotKnown

6. DATE OF BIRTH (month, day, year) 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
62	61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Danuel L. Denby

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME NotKnown

16. BIRTHPLACE (city or town) (State or country) NotKnown

17. INFORMANT Jos. Denby
(Address) 900 N. Pine St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Mar 11th 1939

19. UNDERTAKER Elroy G Wilson
(Address) 1000 Bradley.

20. FILED MAR 11 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, Suicide or Homicide? Accident Date of March 6, 1939, 19

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Crossing Fayette St at Dallis St struck By Auto.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, (Signed) H. H. Mahan Coroner, M. D.

(Address) 2757 Maryland

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

56005

CERTIFICATE OF DEATH

93c F 56005

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4712 Alhambra Ave St. 27-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie R. Howard

If U. S. Veteran specify WAR .....

(a) Residence: No. 4712 Alhambra Ave St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed, or Divorced~~ (write the word)
Female	White	Widowed

3a. If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of James Edward Howard

6. DATE OF BIRTH (month, day, year) June 18th 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home 0037

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md

FATHER

13. NAME Franklin Gibson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Russell B. Howard

(Address) 4712 Alhambra Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Dunkirk, Calvert Co. Md. Date Mar 13th 1939

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED MAR 11 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 10th 1939

22. I HEREBY CERTIFY, That I attended deceased from March 6 1939 March 10 1939

I last saw her alive on March 10 1939 Death is said to have occurred on the date stated above, at 7:52 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1934
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. L. Gordy M. D.

(Address) 5706 Harford Road

N. B.—WRITE PLAINLY, WITH INKING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 56006

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

F 56006

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital (Street) 16 (Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margie Jones

If U. S. Veteran specify WAR

(a) Residence: No. 1118 N Carrollton Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Nathaniel Rogers

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Susie Bailey

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Ernest Snowden

(Address) 1118 Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Cemet. Date Mar 11th 1939

19. UNDERTAKER Elroy G Wilson

(Address) 1000 Braddish Ave

Hunter for Williams, M.E.

Registrar

FILED MAR 11 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ute Lobar Pneumonia	May 39

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(If so, specify)

(Signed) George L. Allen M. D.

Coroner

(Address) 10 W Madison St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56007

CERTIFICATE OF DEATH

468 F 56007

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St., 11-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Thelma Colbert

(a) Residence: No. 302 W Hoffman St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William A.

6. DATE OF BIRTH (month, day, year) 1909

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

FATHER

13. NAME Wyeth P. Johnson

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Anna Gordon

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT William A. Colbert

(Address) 302 W. Hoffman St.

18. BURIAL, CREMATION, OR REMOVAL

Post Auburn Cem. Date Mar. 11. 1939

19. UNDERTAKER Adolphus Halstead

(Address) 2128 Druid Park

20. FILED ..... 19... for Williams W.P. Registrar.

MAR 11 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-8 , 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-8- , 1939 to 3-8- , 1939

I last saw her alive on 3-7- , 1939 Death is said to have occurred on the date stated above, at 12:20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	
& metastasis to liver, adrenals, lungs & glands.	
Syphilis	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) M. R. Tennant M. D.

(Address) St. Joseph's Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Vo 81

F 56008

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 56008

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 347 Camel St St., 11-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lorraine Carrington

If U. S. Veteran specify WAR

(a) Residence: No. 347 Camel St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug. 15-1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Isaac Smith

14. BIRTHPLACE (city or town) (State or country) West Port. Va.

MOTHER

15. MAIDEN NAME Geraldine Carrington

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Geraldine Carrington

(Address) 347 Camel St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lebanon Date 3-11-39 19

19. UNDERTAKER Adolphus Halstead

(Address) 918 Druid Hill Ave

Hattie Jon Williams, Registrar

FILED MAR 11 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9- , 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchopneumonia	March 7 39

Other contributory causes of importance:

over

Was an operation performed? — Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.

Coroner

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56009

CERTIFICATE OF DEATH

F 56009

210M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Karl W. Schmidt

If U. S. Veteran specify WAR

(a) Residence: No. 6105 Maywood Av. St., 27-15 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 12, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0016

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Contractor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Geo. Schmidt

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Paulein Stockhouse

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Geo. Schmidt

(Address) 6105 Maywood Av.

18. BURIAL, CREMATION, OR REMOVAL

Place Forest Pk. Date 3/11/39 19

19. UNDERTAKER Harry G. White

(Address) 4104 Edmondson Av.

20. FILED MAR 11 1939 Huntington Williams Registrar

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 9, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, Suicide or Homicide? Accident Date of injury March 7, 1939

Where did injury occur? 5th & Greenspring Ave Balto.Co

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Road

Manner of injury Driving: Auto ran off road &

Nature of injury struck tree

24. Was disease or injury in any way related to occupation of deceased? No If so,

(Signed) [illegible] Coroner, M. D.

(Address) 3737 Wilson Av.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 56010 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 82a F 56010

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2848 Rayner Ave St., 16-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ruth Arndorff

If U. S. Veteran specify WAR .....

(a) Residence: No. 2848 Rayner Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Randell M.

6. DATE OF BIRTH (month, day, year): May 15 1865

7. AGE: Years 73 | Months 9 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self 27

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: William M Atlender

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Mary Finkstun

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mr. Jas. E. Arndorff.

(Address) 2848 Rayner Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Druid Ridge Date: March 13 1939

19. UNDERTAKER: William J. Tuckwell & Sons

(Address) North & Pa Aves.

20. FILED: MAR 11 1939 Registrar: Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8 1939 to Mar. 9 1939

I last saw her alive on Mar 9 1939. Death is said to have occurred on the date stated above, at 9.02 P m.

The principal cause of death and related causes of importance were as follows:

Paralysis Right Side — Date of onset Feb 8 39

2nd Stroke Mar. Cause 6/39

Other contributory causes of importance:

Arterio Sclerosis 4 Years

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation: None

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Sherman R. Hantz M. D.

(Address) 2601 Manhattan Ave

WHITE FILLED, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56011

CERTIFICATE OF DEATH

131

F 56011

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1501 S. Hanover St., 22-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dr. Henry Schmidt

If U. S. Veteran specify WAR None

(a) Residence: No. 1501 S. Hanover St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Schmidt

6. DATE OF BIRTH (month, day, year) Dec 16-1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pharmacist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1925

10. Date deceased last worked at this occupation (month and year) Dec 1937

11. Total time (years) spent in this occupation 50.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Christian Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Cecilia Wolff

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Dr. Guenther Schmidt

(Address) 1501 S. Hanover St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Mch 11 1939

19. UNDERTAKER Dr. Eggmer Sons

(Address) North Penna

20. FILED MAR 11 1939 Huntington Williams MD
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 6th 1937 to March 9, 1939

I last saw him alive on March 8, 1939. Death is said to have occurred on the date stated above, at 2 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio vascular renal disease	Dec. 6th, 1937
Other contributory causes of importance: Uraemia	Feb. 24th, 1939

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? p.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harry Daiker M. D.

(Address) 1224-1226 Hanover St

V0 8

INSTRUCTIONS—PRINTED, WITH CARBONIC INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 56012 HEALTH DEPARTMENT—CITY OF BALTIMORE F 56012

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 818 N. Central St., 10 Ward)

Registered No. 1058
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Mitchell Thomas
If U. S. Veteran specify WAR

(a) Residence: No. 818 N. Central St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Col.
5. Single, Married, Widowed, or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward Thomas
6. DATE OF BIRTH (month, day, year): 10-15-1897
7. AGE: Years 41 | Months 4 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 6070
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER
13. NAME: Mr. Mitchell
14. BIRTHPLACE (city or town) (State or country): Unk

MOTHER
15. MAIDEN NAME: Mary Jones
16. BIRTHPLACE (city or town) (State or country): Unk

17. INFORMANT: Annie Butler
(Address) 818 N. Central

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date 3/13 1939

19. UNDERTAKER: Isaac D. Locke Jr.
(Address) 314 N. Central Ave.

20. FILED MAR 11 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3-9-1939

22. I HEREBY CERTIFY, That I attended deceased from 2/28 1939 to 3-9- 1939
I last saw her alive on 3-9 1939 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows: Lobar Pneumonia + Bronchitis — Date of onset 3/7 2/28

Other contributory causes of importance: Exposure

Was an operation performed? Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas R. Blake M. D.
(Address) 924 Eutaw St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item must be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

38-3101 F56013

CERTIFICATE OF DEATH

133 F-56013

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 12-6 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Annie Price

If U. S. Veteran specify WAR

(a) Residence: No. 2831 Remmington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Walker

6. DATE OF BIRTH (month, day, year) Dec-1-88

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wade Bosh

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Annie Conn

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Graysonville, Md. Date March 13, 1939

19. UNDERTAKER Sam'l R. Chase Son
(Address) 638 N. Gilmor St

20. FILED March 13, 1939 Williamsville, Md.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1936 to Mar. 10, 1939

I last saw her alive on Mar. 10, 1939 Death is said to have occurred on the date stated above, at 8:45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	3-5-39
Uremia	3-7-39
Other contributory causes of importance:	

Was an operation performed? Yes Date of 2-21-39

For what disease or injury? Functionless Kidney, right.

Name of operation Nephrectomy, right.

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) E. W. Overstreet M. D.

(Address) Johns Hopkins Hospital.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VOID

MAR 11 1939

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56014

CERTIFICATE OF DEATH

F 56014

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md. 23 Registered No.

CITY OF BALTIMORE: (No.) St. 13-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If (Born) of foreign birth? yrs. mos. ds.

2. FULL NAME Emanuel Fredrick (Manuel Raymond Frederick) If U. S. Veteran specify WAR

(a) Residence: No. 714 West 34th Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 13, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0062

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Geoge Frederick

14. BIRTHPLACE (city or town) Unknown
(State or country) Maryland

MOTHER

15. MAIDEN NAME Annie Wright

16. BIRTHPLACE (city or town) Hartford County
(State or country) Maryland

17. INFORMANT Records-U. S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Nat Cemetery Date May 12, 39

19. UNDERTAKER E. E. Marshall
(Address) 3539 Falls Road Huntington Mission, MD

20. FILED MAR 11 1939, 19
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-9, 1939

22. I HEREBY CERTIFY, That I attended deceased from , , 19 to , , 19

I last saw h alive on , , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary chronic	
far advanced, bilateral	6 Yrs.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. B. H. Andrews, M. D.

(Address) U. S. Marine Hospital, Baltimore, Md.

V8 8

Coroner's Case

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Alice-M-Lizer-Reiser

HEALTH DEPARTMENT—CITY OF BALTIMORE

56015

CERTIFICATE OF DEATH

46 F F 56015

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2132 N. Patterson Park Ave. Ward) 6-3

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred over 25 years yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Alice Metzger (Reiser)

If U. S. Veteran specify WAR —

(a) Residence: No. 213 N. Patterson Park Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

3a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Louis Metzger (1st) ? Reiser (2nd)

6. DATE OF BIRTH (month, day, year) Aug. 20th 1869

7. AGE Years	Months	Days	If LESS than 1 day, — hrs. or — min.
69	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. hospital

10. Date deceased last worked at this occupation (month and year) Sept. 1937

11. Total time (years) spent in this occupation many years

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME William Turner

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Alice Snowcroft

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT J. H. H. Listory (Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL Place Sacred Heart Date 3/13/39

19. UNDERTAKER (Address) F. B. Weppert & Son 1200 E. Fayette & Caroline Sts.

20. FILED MAR 11 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13th 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 12th 1938 to March 9th 1939

I last saw her alive on March 8th 1939. Death is said to have occurred on the date stated above, at 1:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma of head of pancreas	1937 ?
Metastasis to liver	?
Obstructive Jaundice	Dec. 1938
Cholemia	4-5 days

Other contributory causes of importance:

Was an operation performed? yes Date of Dec 28 - 1938

For what disease or injury? Carcinoma head of pancreas

Name of operation Biopsy - Laparotomy

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ferdinand Clotard, M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 56016

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11a F 56016

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1123 N. Caroline St., 8-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Belle Banks

If U. S. Veteran specify WAR .....

(a) Residence: No. 1123 N. Caroline St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William H. Banks

6. DATE OF BIRTH (month, day, year) Sept. 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (Years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eastmoreland Co Va

FATHER

13. NAME John W. Banks

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Bell Washington

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Maggie Mitchell

(Address) 1123 N. Caroline St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cemetery Date 3-12- 1939

19. UNDERTAKER Wm. H. Mary & Bro. Inc.

(Address) 1128 N. Caroline St

20. FILED MAR 11 1939 Hattie Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-8- 1939

22. I HEREBY CERTIFY, That I attended deceased from 2/27 1939 to 3-8- 1939

I last saw her alive on 3-8 1939 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pleurisy, Complicated with Grippe (non T.B.)	
Other contributory causes of importance: La Grippe	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation— .....

What test confirmed diagnosis? Signs & Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jas R. Blake M. D.

(Address) 924 Augusta St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

56017

F 56017

HEALTH DEPARTMENT—CITY OF BALTIMORE

[redacted]

CERTIFICATE OF DEATH

1. PLACE OF DEATH Lazy Point Light House U.S. Water Sc
CITY OF BALTIMORE: (No. Chesapeake Bay St. Tangyuetta Light Ward)
Registered No. 1577
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S. If of foreign birth? 26-4 yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Julius Adolph Akerstrom
(a) Residence: No. 9 North Point Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of ~~(or) WIFE of~~ Christina Akerstrom

6. DATE OF BIRTH (month, day, year) March 24-1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	11	8	14

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Assistant Light House Keeper 1886
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Light House Service
10. Date deceased last worked at this occupation (month and year) March 8-1939
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Carl Akerstrom
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Matilda ?
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Christina Akerstrom
(Address) 9 North Point Road

18. BURIAL, CREMATION, OR REMOVAL
Place Dorsey's Date 3/13/39

19. UNDERTAKER Jos. Cole & Son
(Address) 1212 E. Pratt St.

FILED MAR 11 1939 [redacted]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
1 Cerebral Embolism	10 Minutes

Other contributory causes of importance: Valvular heart disease 8 year

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood M. D.
Coroner
(Address) 1712 E. Pratt St.

A. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 11 1939

HEALTH DEPARTMENT—CITY OF BALTIMORE

56018

CERTIFICATE OF DEATH

53-E 56018

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St. 11-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 V ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Anna Nichols

If U. S. Veteran specify WAR .....

(a) Residence: No. 6 Parkwille, Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs S.A. Nichols

6. DATE OF BIRTH (month, day, year) Feb 27, 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	0	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Turner James

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary E. Jacobs

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs S.A. Nichols

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Highland Md Date 3-13, 1939

19. UNDERTAKER F.C. Higinbotham Jr

(Address) Edmondson Village, Md.

20. FILED MAR 11 1939, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-11, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-27, 1939 to 3-11, 1939

I last saw her alive on 3-11, 1939 Death is said to have occurred on the date stated above, at 8 12 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypernephroma Rt Kidney	

Other contributory causes of importance:

Coronary Thrombosis

Was an operation performed? Yes Date of 3-4-39

For what disease or injury? Hypernephroma Rt Kidney

Name of operation Nephrectomy - Rt

What test confirmed diagnosis? Surg Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. Learmonth Jr M. D.

(Address) Md Gen Hosp Balto Md.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56019

CERTIFICATE OF DEATH

79-a F 56019

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenhurst Hospital 17-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David Norwood

If U. S. Veteran specify WAR

(a) Residence: No. 624 W. Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) February 15-1938

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Norwood

14. BIRTHPLACE (city or town) (State or country) Mississpi

MOTHER

15. MAIDEN NAME Lottie May James

16. BIRTHPLACE (city or town) (State or country) Mobile Alabama

17. INFORMANT Resident Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lizon Date Mar 11, 1939

19. UNDERTAKER Mrs Katie R Williams
(Address) 332 N Schroeder St

20. FILED 19 Huntington Williams Registrar

MAR 11 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1939 to March 9, 1939

I last saw him alive on March 9, 1939 Death is said to have occurred on the date stated above, at 9 05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcic meningitis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry S. Linton M. D.

(Address) Lyndenhurst Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 56020

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 137 F 56020

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 Bennett Place 18-1 Ward)

Length of residence in city or town where death occurred 30 yrs. 6 mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward J. Johnson

If U.S. Veteran specify WAR .....

(a) Residence: No. 906 Bennett Place Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emily Johnson

6. DATE OF BIRTH (month, day, year) Jan 13 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Germania Fertilizer Works

10. Date deceased last worked at this occupation (month and year) 1/39

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Earles Co. Va.

FATHER

13. NAME Edward Johnson

14. BIRTHPLACE (city or town) (State or country) Amelia Co. Virginia

MOTHER

15. MAIDEN NAME Ollie Johnson

16. BIRTHPLACE (city or town) (State or country) Amelia Co. Virginia

17. INFORMANT Emily Johnson

(Address) 906 Bennett Place

18. BURIAL, CREMATION, OR REMOVAL

Earles Amelia Co. Va Date March 12, 39

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 N Schroeder St.

20. FILED Huntington Williams Mgr

MAR 11 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 7, 1939 to Mar 8, 1939

I last saw him alive on Mar 8, 1939 Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal acute Coronary Thrombosis	1 day

Other contributory causes of importance: Operation @ Provident Hospital Prostatectomy 1/11/39

Was an operation performed? Yes Date of 1/11/39

For what disease or injury? Prostatectomy

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dan Frankel M. D.

(Address) 1 W Lee

VS 3

IMPORTANT: WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 56021

Registered No. F 56021

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1709 Sulgrave Ave St. ... Ward)

Length of residence in city or town where death occurred 74 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Lincoln - Baughman

If U. S. Veteran specify WAR ...

(a) Residence: No. 1709 Sulgrave Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Phipps Baughman

6. DATE OF BIRTH (month, day, year) March 21 - 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home - Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1939

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Joshua Baughman

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary Frances Walker

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Ella McClean Baughman
(Address) 1709 Sulgrave Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 3/11/39

19. UNDERTAKER Charles J. Black
(Address) 742 West Lanvale Ave.

20. FILED MAR 11 1939 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10th, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 9th, 1939 to March 10th, 1939

That I last saw him alive on March 10th, 1939. Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Hypertension	Contributory
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Personal observation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify No

(Signed) Howard Bode, M. D.

(Address) 1900 Maryland Ave.

Dr Bode - 1900 Maryland Ave - Between 7-8 PM

INSTRUCTIONS: Please PRINT, WITH PENCIL OR INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 56022

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56022

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 Yoakum Hospital St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Coliani

If U. S. Veteran specify WAR

(a) Residence: No. St. Leo Orphanage St., 112 N Front St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
Abt. 8			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia, Pa

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT St. Leo's Orphanage

(Address) Buttonwood, Md.

18. BURIAL, CREMATION, OR REMOVAL Sacred Heart Cemy 3/14 1939

19. UNDERTAKER John J. Fahey & Son

(Address) 1 E. Lanvale St.

20. FILED 19

Registrar.

MAR 12 1939 Hartig & Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1939 to March 10, 1939

I last saw h.. alive on March 10, 1939. Death is said to have occurred on the date stated above, at 6:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	
Cardiac Failure	
Other contributory causes of importance:	
Measles	3/1/39

Was an operation performed? No Date of

For what disease or injury? —

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Moses G. Tice M. D.

(Address) Sinai Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

56023

HEALTH DEPARTMENT—CITY OF BALTIMORE

56023

CERTIFICATE OF DEATH

1131

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md.

Registered No.

CITY OF BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Augustus Plowman

If U. S. Veteran specify WAR

(a) Residence: No. 525 E. East Avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of Marie Sigai Plowman
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 17, 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pavement Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Richard Plowman

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Ella Becker

16. BIRTHPLACE (city or town) Sitka
(State or country) Alaska

17. INFORMANT Records - U. S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place, Lakewood Cem. Date 3/13 1934

19. UNDERTAKER Durward & Dy Compton
(Address) 21 W. 25th St.

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1934.

22. I HEREBY CERTIFY, That I attended deceased from January 24, 1934. to March 9, 1934.

I last saw h alive on March 9, 1934. Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, general,	Unknown
Cardiac disease, cardio renal	Unknown
Vascular	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. H. Bryant M. D.

(Address) U. S. Marine Hospital, Baltimore, Md.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 0 8

D 56024

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 56024

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1804 Presstman St. 15-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ada J. Brown

If U. S. Veteran specify WAR .....

(a) Residence: No. 1804 Presstman St. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced ~~Husband of~~ (or) WIFE of Thompson Brown.

6. DATE OF BIRTH (month, day, year) Sept 15, 1877.

7. AGE: Years 61 | Months 5 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charlotte County Va.

FATHER

13. NAME Ceplon Mason

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Mrs. Martha Booker (Daughter) 804 Presstman St

18. BURIAL, CREMATION, OR REMOVAL Place Drake Branch Va. Date 3/11/39

19. UNDERTAKER (Address) Robert H. Gosling 804 N. Carolina St.

20. FILED MAR 13 1939 ..., 19... Registrar. Clifton Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1939, to March 9, 1939

I last saw h.e. alive on March 8, 1939. Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous Nephritis (Uremic)	1 yr
Other contributory causes of importance: Mental Insufficiency	1 yr

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. J. Young, M. D.

(Address) 1421 E. Monument St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 56025

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 35908

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ... St. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. 2 mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Gough

If U. S. Veteran specify WAR ...

(a) Residence: No. 122-12 Hillside Ave St., Richmond Hill Ward. Long Island N Y

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Gough

6. DATE OF BIRTH (month, day, year) 8-12-92

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) N. Y.

FATHER

13. NAME Henry Otto

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Louise Buckell

16. BIRTHPLACE (city or town) (State or country) N Y

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Lutheran Cem Queens Co N Y Date 3/14 1939

19. UNDERTAKER William Cook

(Address) 1217 St Paul St

20. FILED ... 19... Registrar.

MAR 12 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1939, to Mar 11, 1939

I last saw her alive on Mar 11, 1939. Death is said to have occurred on the date stated above, at 5:50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia, due to	1938
Pyelitis and nephrolithiasis →	1923
left, with ureteral blockage	
by carcinoma of cervix →	1938
Other contributory causes of importance:	
Refractile anaemia	

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation —

What test confirmed diagnosis? Biopsy & Xray. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Chas. S. Stevenson, M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V9 8

F 56026

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56026

CERTIFICATE OF DEATH

1 + 134

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

Length of residence in city or town where death occurred 4 yrs. 4 mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jane Mack

(a) Residence: No. Teresa Park Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph W Mack

6. DATE OF BIRTH (month, day, year) Feb 7 1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME Harry Comerselles

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Margaret Wastery

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Joseph W Mack
(Address) Teresa Park Md

18. BURIAL, CREMATION, OR REMOVAL
Place St Louise Cem Date 3/16 1939

19. UNDERTAKER Frank A Tobey
(Address) Fulton & Lafayette

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 29 1938 to March 10 1939

I last saw her alive on March 10 1939 Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Nephrolithiasis bilateral	
Pyelitis at Pyometer at.	
Cystitis	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Joseph M. George, Jr. M. D.

(Address) .....

Information asked for in this certificate is carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V0 8

MAR 14 1939

F 56027

F 56027

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 761 W Saratoga St., 2 - 2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Robinson Smith

(a) Residence: No. 761 W. Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	widowed

6. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Robin Smith

6. DATE OF BIRTH (month, day, year) July 9, 1898

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40	8	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 10

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) October, 1938

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Hickory Grove S.C.

FATHER

13. NAME Jacob Robinson

14. BIRTHPLACE (city or town) (State or country) Hickory Grove S.C.

MOTHER

15. MAIDEN NAME Harriett Smith

16. BIRTHPLACE (city or town) (State or country) Hickory Grove S.C.

17. INFORMANT Hattie White

(Address) 761 W. Saratoga

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 3-11 39

19. UNDERTAKER William A Jackson

(Address) [illegible]

20. FILED MAR 12 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3.9.39

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1939 to March 9, 1939

I last saw her alive on March 9, 1939 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3.5.39

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Phy Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) James M. Pair M. D.

(Address) 400 N. Carrollton ave

INSTRUCTIONS—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

F 56028

Diven

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56028

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem. Hosp. St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Thomas Diven

If U. S. Veteran specify WAR

(a) Residence: No. 1419 N 36 st St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida V. Diven

6. DATE OF BIRTH (month, day, year) 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Moulton Md

FATHER

13. NAME William E. Diven

14. BIRTHPLACE (city or town) (State or country) Baltimore County

MOTHER

15. MAIDEN NAME Martha Ellen Garrett

16. BIRTHPLACE (city or town) (State or country) Baltimore County

17. INFORMANT Harry Doublitz

(Address) 3703 Falls Road

18. BURIAL, CREMATION, OR REMOVAL

St Pauls Baltimore Co. Date Mch 12 1939

19. UNDERTAKER R. S. Marshall

(Address) 3539 Falls Road

20. DATE RECEIVED MAR 12 1939

Huntington Williams, M.D. Registrar

V S H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock ?	
Following fall in bath room	3/6/39

Other contributory causes of importance:

Dementia

Was an operation performed? Sewing up of scalp wound Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide or homicide~~? Accident Date of injury 3-6, 1939

Where did injury occur At Home

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At Home

Manner of injury fell on bath room floor

Nature of injury Scalp wound Concussion

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John N. Kram M. D.

Coroner

(Address)

WHITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 56029

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56029

CERTIFICATE OF DEATH

✓ 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 821 Whitelock St., 13-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 2 yrs. ... mos. ... ds.

2. FULL NAME Harry Hyman Beneah

If U. S. Veteran specify WAR .....

(a) Residence: No. 821 Whitelock St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leah

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Israel Beneah

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Jennie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Leah Beneah

(Address) 821 Whitelock

18. BURIAL, CREMATION, OR REMOVAL

Place Washington Blvd Date 3-13-39 19

19. UNDERTAKER Jack Levin Inc.

(Address) 1432 E. Balto. St

20. FILED MAR 12 1939 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-12-39 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 14 1938 to March 11 1939

I last saw him alive on March 11 1939 Death is said to have occurred on the date stated above, at 2 15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
Other contributory causes of importance:	

Was an operation performed? Yes Date of Sept 22 1938

For what disease or injury? .....

Name of operation Exploratory

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. L. Abramstein, M. D.

(Address) 733 Augusta St

V6 2

F 56030

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56030

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Winegrad

If U. S. Veteran specify WAR

(a) Residence: No. 2136 Prestman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of Belle

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New York
(State or country)

FATHER

13. NAME Wilson

14. BIRTHPLACE (city or town) Russia
(State or country)

MOTHER

15. MAIDEN NAME Esther

16. BIRTHPLACE (city or town) Russia
(State or country)

17. INFORMANT Hospital Record.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Southern Ave. Date 3/12/39

19. UNDERTAKER Jos L. Levin Inc
(Address)

20. FILED , 19 Registrar.

MAR 12 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/12, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/11, 1939, to 3/12, 1939

I last saw h[illegible] alive on 3/12, 1939 Death is said to have occurred on the date stated above, at 5:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Ht. disease	
Other contributory causes of importance: Auricular fibrillation	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. N. Gundersheimer M. D.

(Address) Sinai Hospital

VS 8

Instructions: Information to be furnished as correctly supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 56031

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56031

CERTIFICATE OF DEATH

97

Registered No. 15-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3031 W. North Avenue St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Esther James

If U. S. Veteran specify WAR

(a) Residence: No. 3031 W. North Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----

6. DATE OF BIRTH (month, day, year) May 23rd 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---

10. Date deceased last worked at this occupation (month and year) ---

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME Thomas C. James

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Margaret Cooper

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Mrs. Barbara Conway
(Address) 3031 W. North Avenue.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date March 13 1939

19. UNDERTAKER Wm. J. Tickner & Sons.
(Address) North & Penna Ave.

20. FILED MAR 13 1939 By Lon Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10th. 1939

22. I HEREBY CERTIFY, That I attended deceased from 1935 to March 10 1939

I last saw h[illegible] alive on March 8 1939 Death is said to have occurred on the date stated above, at 4[illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Other contributory causes of importance:	
Arteriosclerotic gangrene of foot	Feb 1939

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [illegible] M. D.

(Address) 2435 Maryland Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 13 1939

F 56032

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56032

CERTIFICATE OF DEATH

82-W

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1906 Argyle St. 12-2 Ward)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Alverda Whanton Scott

(a) Residence: No. 1906 Argyle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Andrew Scott

6. DATE OF BIRTH (month, day, year): December 1881

7. AGE: Years 58 | Months -3 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto

FATHER

13. NAME: Benjamin Ogley

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Annette -

16. BIRTHPLACE (city or town) (State or country): Pa

17. INFORMANT (Address): Estelle Nash Friend 911

18. BURIAL, CREMATION, OR REMOVAL: Place Mt. Auburn Date Mch 12 1939

19. UNDERTAKER (Address): James Adams 1142 Mosher St

20. FILED 19 Registrar.

Huntington Williams, M.D.

MAR 12 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 25, 1939 to March 8, 1939

I last saw h alive on March 8, 1939. Death is said to have occurred on the date stated above, at 4.12 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Arteriosclerosis

Date of onset: Feb. 25

Other contributory causes of importance: None

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Charles F. Goodall M. D.

(Address) 861 Hollins St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 56033

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56033

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3401 Woodbrook Ave 43-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hattie Simon

If U. S. Veteran specify WAR No.

(a) Residence: No. 3401 Woodbrook Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Dec 13th 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Ward Simon

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophie Eldenhausen

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Celia Simon (Address) 2432 Rosedale

18. BURIAL, CREMATION, OR REMOVAL Holden Funeral Co. Date 3/12/39

19. UNDERTAKER J. Rhew & Co (Address) 2432 Rosedale St

20. FILED ..... 19 ..... Registrar.

Holden Funeral Co, Williams, Mgr.

VO 3

MAR 12 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1939 to March 11, 1939

I last saw her alive on March 10, 1939. Death is said to have occurred on the date stated above, at 7.30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/9/39
Other contributory causes of importance:	
Arteriosclerosis	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Sidney D. Levy M. D.

(Address) 2320 Eutaw Place

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 56034

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56034

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto. Gen. Hosp. St. 22-L Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry Koronovich

(a) Residence: No. 25 E. Hill Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Koronovich

6. DATE OF BIRTH (month, day, year) Oct. 17, 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	4	21 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Barber Shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Carl Koronovich

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Ella Koronovich

(Address) 25 E. Hill Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Trinity Russian A.A. Co. Date March 13, 1939

19. UNDERTAKER John A. Grebliauckas, Jr.

(Address) 425 S. Paca St. Jos. Jr.

20. FILED MAR 14 1939 Huntington Hill Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/ 10/ , 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and (from the evidence obtained by said inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	3/ 10/
Bronchial pneumonia	1939
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) L. Littman Coroner, M. D.

(Address) 1504 E. Chase St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F $6035

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56035

CERTIFICATE OF DEATH

95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5509 Mattfeldt Ave. St. 27-15 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Aquillian Caverly

If U. S. Veteran specify WAR

(a) Residence: No. 5509 Mattfeldt Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John F. Caverly

6. DATE OF BIRTH (month, day, year) March 25-1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Charles Tyson

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Elizabeth Lawmiller

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Carroll E. Caverly

(Address) 5509 Mattfeldt Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Shrewsbury, Pa. Date March 13 1939

19. UNDERTAKER Horace F. Burgee

(Address) 3631 Falls Road, Huntington Williams Reg.

20a. FILED MAR 12 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 1938 to Mar 10 1939

I last saw her alive on Mar 10 1939 Death is said to have occurred on the date stated above, at 11:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hem Cystitis & Sclerosis.	3 days ?

Other contributory causes of importance:

Cardio Sclerosis	2 yrs

Was an operation performed? Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature] M. D.

(Address) 2020 Linden Ave

Registrar.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

56036

HEALTH DEPARTMENT—CITY OF BALTIMORE

56036

CERTIFICATE OF DEATH

53-D

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2333 Edmondson Ave) St. 26 Ward 37

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma V. Paul

If U. S. Veteran specify WAR

(a) Residence: No. 2333 Edmondson Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William H. Paul.

6. DATE OF BIRTH (month, day, year) Oct 9 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Henry Lahp.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Delaware

17. INFORMANT Mrs Albert G Vogel

(Address) 2333 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date 3-13 1939

19. UNDERTAKER Mr Chas A G Rohde

(Address) 2327 Edmondson Ave

20. FILED 19

MAR 12 1939 Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1938 to March 10, 1939

I last saw h[illegible] alive on March 10 1939. Death is said to have occurred on the date stated above, at 9.22 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac asthenia	16 hrs.
Other contributory causes of importance:	
Sarcoma Left Knee	1 yr 8 mo
Secondary Anaemia	1 yr

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. P. Dorsey M.D. M. D.

(Address) 806 N Fulton Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 56037

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56037

CERTIFICATE OF DEATH

54-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2627 Calvert St. 12-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Catherine E. Fieldhouse

If U. S. Veteran specify WAR .....

(a) Residence: No. 2627 Calvert St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. E. Fieldhouse

6. DATE OF BIRTH (month, day, year) Jan 20 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John H Carstens

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Maria Kunker

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Harry E. Fieldhouse

(Address) 2624 Calvert St

18. BURIAL, CREMATION, OR REMOVAL Violetville 3-13, 1939
St Pauls Cem Date

19. UNDERTAKER Mrs Chas A G Rohde

(Address) 2337 Edmondson Ave

20. FILED ..... 19..... Registrar.

MAR 12 1939

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1938 to March 9, 1939

I last saw her alive on March 9, 1939 Death is said to have occurred on the date stated above, at 2:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Retroperitoneal cyst-adenoma with resulting cachexia and inanition and terminal Cardiac failure	1937

Other contributory causes of importance:

None

No metastases.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) J. Louis Wallace, M. D.

(Address) 2839 Walbrook Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 56038

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56038

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH Provident Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Division St. 17-K Ward)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Lillie Covington

If U. S. Veteran specify WAR .....

(a) Residence: No. 1124 Penna Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) N C

FATHER

13. NAME William J. Long

14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME Lucie Addoms

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Rev. J. M. Edwards. son

(Address) 1124 Penn Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Philadelphia Pa. Date Mar. 12th 1939

19. UNDERTAKER Edwin Phillips

(Address) 1040 Pennsylvania Ave

20. FILED ..... 19 ..... Registrar.

MAR 12 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-10-39 19

22. I HEREBY CERTIFY, That I attended deceased from 2-8-39 19 to 3-10-39 19

I last saw her alive on 3-10-39 19 Death is said to have occurred on the date stated above, at 6.14 m PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-8-39
Arterio-sclerosis	?
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. F. Maloney M. D.

(Address) Provident Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 56039

Kenneth Lundgren

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56039

CERTIFICATE OF DEATH

124 a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 727 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Kenneth Lundgren

If U. S. Veteran specify WAR .....

(a) Residence: No. 6509 Old Harford St., Rd. Ward. 20 6

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clementine Lundgren

6. DATE OF BIRTH (month, day, year) 5-20-80

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	9	21 19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Chas. Lundgren

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Anna Pleigh

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Montville, New Jersey Date March 14, 1939

19. UNDERTAKER George F. Roth, Inc.

(Address) 1735 Harford Avenue

20. FILED ..... 19 ..... Registrar.

MAR 12 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1939 to Mar 11, 1939

I last saw him alive on March 11, 1939 Death is said to have occurred on the date stated above, at 7.33 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	1938 (?)
Other contributory causes of importance: Chronic alcoholism	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Ferdinand E. Thatard M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

56040

HEALTH DEPARTMENT—CITY OF BALTIMORE

56040

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes' Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. — mos. 7 da. How long in U. S. If of foreign birth? — yrs. — mos. — da.

2. FULL NAME Mary Carolyn Shipley

If U. S. Veteran specify WAR

(a) Residence: No. Brooklyn Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6. DATE OF BIRTH (month, day, year) August 19, 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Carl H. Shipley

14. BIRTHPLACE (city or town) ---
(State or country) Maryland

MOTHER

15. MAIDEN NAME Alberta Miller

16. BIRTHPLACE (city or town) ---
(State or country) Pennsylvania

17. INFORMANT Mrs. Alberta M. Shipley
(Address) Brooklyn, A. A. Co., Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 3/13 19 39

19. UNDERTAKER Harry H. Mears my Son
(Address) 805 W. Baltimore St.

20. FILED ---- 19 ---- Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1. 1939

22. I HEREBY CERTIFY, That I attended deceased from March 1. 1939. to March 1. 1939.

I last saw h[illegible] alive on March 1. 1939. Death is said to have occurred on the date stated above, at 1.45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-4-39
Other contributory causes of importance:	
Celiac Disease	9-38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. R. Ruegsegger M. D.

(Address) St. Josephs Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VO 9

56041 HEALTH DEPARTMENT—CITY OF BALTIMORE E 56041

CERTIFICATE OF DEATH

85

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Baltimore Gen. Hosp. St., 25-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Bertha M. Brannon

(a) Residence: No. Pennington Ave. Extended & Curtis Creek St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Allen Brannon

6. DATE OF BIRTH (month, day, year) Sept. 14, 1916

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Addison Johnson

14. BIRTHPLACE (city or town) (State or country) A.A. Co. Md.

MOTHER

15. MAIDEN NAME Agnes Bathgate

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. A. Johnson (mother)

(Address) Pennington Ave. Ext & Curtis Cr.

18. BURIAL, CREMATION, OR REMOVAL

Place Marley Church Cem. Date 3/ 12/ 1939

19. UNDERTAKER Margret G. Flynn

(Address) 1422 Light St.

FILED MAR 12 1939 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/ 10/ 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came ner death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Status Epilepticus	3/ 10/ 1939

Other contributory causes of importance:

Was an operation performed? no Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) S. Littman Coroner M. D.

(Address) 1304 E. Chase Street

V S 6

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56042

56042

47-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 12-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Herman Dunnigan (41658)

If U. S. Veteran specify WAR

(a) Residence: No. 2432 N. Calvert St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose

6. DATE OF BIRTH (month, day, year) April 4, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rope Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Patrick

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anna

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 3/13/1939

19. UNDERTAKER Mary M. Fitzgerald
(Address) 1400 E. Fayette St.

20. FILED 19 Registrar.

MAR 12 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 4, 1939 to March 9, 1939

I last saw him alive on March 9, 1939. Death is said to have occurred on the date stated above, at 2:05 P.M.

The prinripal rause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lung	Dec 1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. M. Curtis, M. D.

(Address) Balto. City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

56043

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56043

CERTIFICATE OF DEATH

94-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3752 Dolfield Ave St.) (5-H Ward)

Length of residence in city or town where death occurred 3 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME David Katz

If U. S. Veteran specify WAR

(a) Residence: No. 3752 Dolfield Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE)~~ Late Fannie

6. DATE OF BIRTH (month, day, year) 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	2	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor Shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Emanuel Katz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Abraham Muller

(Address) 3752 Dolfield Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Washington D.C. Date March 12 1939

19. UNDERTAKER Sol Levinson Bro

(Address) 1124 Pa Ave

20. FILED MAR 12 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1939, to March 11, 1939

I last saw him alive on March 11, 1939. Death is said to have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary occlusion	
Other contributory causes of importance:	
General arteriosclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Abe Hornstein, M. D.

(Address) 733 Aisquith St

F state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should

V0 2

56044

HEALTH DEPARTMENT—CITY OF BALTIMORE 56044

CERTIFICATE OF DEATH

51-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3416 Elmley Ave. St., 8-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Patrick McGoldrick

If U. S. Veteran specify WAR

(a) Residence: No. 3416 Elmley Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Margaret Markey McGoldrick

6. DATE OF BIRTH (month, day, year) July 12, 1864.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Patrick McGoldrick

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary McKenna

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT William F. Stanton

(Address) 3416 Elmley Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date March 13/39

19. UNDERTAKER Harry F. Kutzke

(Address) 4101 Edmondson Ave.

20. FILED ... 19... Registrar.

MAR 15 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1939 to March 10 39

I last saw him alive on Mar. 10 39 Death is said to have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemic poisoning	2 day
Hypertrophy Prostate (Cancer a)	?

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? el Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hen Boselli, M. D.

(Address) 412 Frederick Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 56045

HEALTH DEPARTMENT—CITY OF BALTIMORE F 56045

CERTIFICATE OF DEATH

V 93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2100 Ridgehill Ave St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ½ yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran —— specify WAR .....

2. FULL NAME Mollie C. Stultz

(a) Residence: No. 2100 Ridgehill Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year): Sept 13, About 1872

7. AGE: About 66 Years | Months | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Julius Goldman

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Susan Causey

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mrs Beulah Coffee 2 Fish Ridge

18. BURIAL, CREMATION, OR REMOVAL: Place Woodlawn Date 3/13 #34

19. UNDERTAKER (Address): Wm Cook 1219 E Fayette

20. FILED MAR 13 1939 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1936, to March 9, 1939.

I last saw h[illegible] alive on March 1, 1939. Death is said to have occurred on the date stated above, at 10:45 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute pulmonary edema	3-9-39

Other contributory causes of importance:

Bronchial asthma — unknown
chronic myocarditis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Nathan Rosenau M. D.

(Address) 206 S. Gilmor St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 56046

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56046

93-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hosp St. 9-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary White Heisterman

If U. S. Veteran specify WAR

(a) Residence: No. 1801 Eutaw St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	colr.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Heisterman about?

6. DATE OF BIRTH (month, day, year) July 17. 1863?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 75?	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Christian Tauberup.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dora?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Bertha Meehan

(Address) 710. E. 21. St.

18. BURIAL, CREMATION, OR REMOVAL St Johns Lutheran Cem Place Forest Park Date Mar 13. 1939

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Mar 13 1939 Huntington Williams, M. D. Registrar

VEG

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Mar 10. 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2da
Degeneration Myocardium	?

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did Injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. H. Hamm M. D.

(Address) 1822 W Baltimore

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 56047

HEALTH DEPARTMENT—CITY OF BALTIMORE 56047

CERTIFICATE OF DEATH

✓ 95-B

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. 4 St. 1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Miller

If U. S. Veteran —— specify WAR .....

(a) Residence: No. Rennert Hotel St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ HUSBAND of ~~or WIFE~~ of Lizzie M. Miller

6. DATE OF BIRTH (month, day, year) Dec 16 1846

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
92	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ——— None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ——— 11. Total time (years) spent in this occupation ———

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Alexander Miller

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Sarah Anne Hatton

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Thos P. Wall

(Address) Fidelity Trust & Deposit Co Balto Md

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Mar 15 1939

19. UNDERTAKER Wm Cook

(Address) 1217 E. Paul St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/11/39

22. I HEREBY CERTIFY, That I attended deceased from 3/1/39, 1939 to 3/11, 1939

I last saw h— alive on 3/11/39, 1939 Death is said to have occurred on the date stated above, at 4:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular Disease	
Bilateral cataract	

Other contributory causes of importance:

Benign Prostatic Hypertrophy

Was an operation performed? Yes Date of 3/4/38

For what disease or injury? Gangrene of foot

Name of operation Amputation of Leg

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Evan R. Wetzel M. D.

(Address) Sinai Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

MAR 13 1939 Huntington Williams, M.D.

F 56048

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56048

CERTIFICATE OF DEATH

84-943

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat) (10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Sister Regina Castella

If U. S. Veteran specify WAR

(a) Residence: No. 1360 Valley Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 25-1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	6	15 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nun

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Convent

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gertosa Spain

FATHER

13. NAME Juan Castella

14. BIRTHPLACE (city or town) (State or country) Spain

MOTHER

15. MAIDEN NAME Maria Formes

16. BIRTHPLACE (city or town) (State or country) Spain

17. INFORMANT Records

(Address) Mt Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Mar 13 19 39

19. UNDERTAKER Rita Winkler

(Address) 914 Gunnison Ave

20. FILED Mar 13 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 10 . 1939

22. I HEREBY CERTIFY, That I attended deceased from March . 1939 to March 10 . 1939

I last saw her alive on Mar 10 . 1939 Death is said to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Manic - depressive Psychosis	30 yrs
Coronary Thrombus	10 hrs

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Findings

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thomas P. Magee M. D.

(Address) 336 Virginia Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 56049

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56049

CERTIFICATE OF DEATH

169

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 2600 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran (Give WAR)

2. FULL NAME Mrs. Mary V. Cummings

(a) Residence: No. ~~1025 Poplar Grove St~~ 603 Virginia Ave St.

Ward. Harford Co.

(If non-resident give city or town and State)

~~Baltimore City Jail~~

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. James Joseph Cummings

6. DATE OF BIRTH (month, day, year) April 23, 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Schaech

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary Bloecher

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT (Address) Mr. John Schaech Dukeland & Winchester

18. BURIAL, CREMATION, OR REMOVAL Place Western Cem. Date March 13th 1939

19. UNDERTAKER (Address) A. Jones 111 S. Gilmor St

Huntingtop & Williams Sts

MAR 13 1939

V 56

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1939.

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Base of Skull	3-11-39.
Verdict of Coroner's Jury "Suicide due to unsound mind"	

Other contributory causes of importance:

Was an operation performed? no. Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Suicide Date of injury March 11, 1939.

Where did injury occur? Baltimore City Jail (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public

Manner of injury Jumped from 3rd tier

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel Brodie M. D.

Coroner

(Address) 1331 E. North Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

56050 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 56050

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 305 N. Calhoun St., 19-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 20 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Isaac Newton Harris

If U.S. Veteran specify WAR ....

(a) Residence: No. 305 N. Calhoun St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Widower

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: wife dead

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 0

12. BIRTHPLACE (city or town) (State or country): not None

FATHER

13. NAME: " "

14. BIRTHPLACE (city or town) (State or country): not None

MOTHER

15. MAIDEN NAME: not None

16. BIRTHPLACE (city or town) (State or country): not None

17. INFORMANT: Mrs Lutetia Watkins

(Address) 305 N Calhoun St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Mar 13th. 19 39

19. UNDERTAKER Elroy O Wilson

(Address) 1000 Brantleypoint

20. FILED 19 ... Registrar.

MAR 15 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-9- 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 19 39 to Mch 9 19 39

I last saw him alive on March 9 19 39 Death is said to have occurred on the date stated above, at 1140 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Renal	1/4/39
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, state ...

(Signed) P. J. Hatcher M. D.

(Address) 1 W Lexington

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

58051 HEALTH DEPARTMENT—CITY OF BALTIMORE 58051

CERTIFICATE OF DEATH

39076 JS

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 13-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William James Singleton

If U. S. Veteran specify WAR

(a) Residence: No. 1200 Clendenan St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	Married

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of: Florence

6. DATE OF BIRTH (month, day, year): 5-29-1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shoe Shine Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: John Singleton

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Lucas

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: B. V. M. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 3-14-39

19. UNDERTAKER: Thomas E. Elson

(Address) 1303 Eastman St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from November 17, 1938 to March 11, 1939

I last saw him alive on March 11, 1939. Death is said to have occurred on the date stated above, at 2:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-5-39
Other contributory causes of importance: Osteosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. de Sautelle, M. D.

(Address) Baltimore City Hospitals

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

vs 9

MAR 1939

FEB 39

M. D. B 1263-9

F 56052

F 56052 HEALTH DEPARTMENT—CITY OF BALTIMORE F 56052

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 9-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George A. Watkins If U. S. Veteran specify WAR .....

(a) Residence: No. 613 E. 30th St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Hitchcock Watkins

6. DATE OF BIRTH (month, day, year) April 1st 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cannel Mutel

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wind w Shuffer Cannel Co

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 8 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm. F. Watkins

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary E. Glenn

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Bessie L. McLaughlin (Sister)
(Address) 613 E. 30th St.

18. BURIAL, CREMATION, OR REMOVAL Mercy Cathedral Cemetery Date Mar. 14, 1939

19. UNDERTAKER Elmer W. Conklin & Son
(Address) 924 Eutaw Pl.

Funeral Dir. for Williams, M.P.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/11 , 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained at said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-11-39
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify .....

(Signed) Samuel B. Wolfe Coroner, M. D.

(Address) 1331 E. North Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Rev 1936

F 56053 HEALTH DEPARTMENT—CITY OF BALTIMORE F 56053

CERTIFICATE OF DEATH

115-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hosp St. 25-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR World War

2. FULL NAME Charles Norman Stevens

(a) Residence: No. Catonsville Md St. Ward

(Usual place of abode) (If non-resident give city or town and State)

63rd & Walnut Sts Philadelphia Pa

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Irene E. Stevens

6. DATE OF BIRTH (month, day, year): July 18 1899

7. AGE: Years 39 Months 7 Days 20 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Newspaper Ads

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Paul Block Assn

10. Date deceased last worked at this occupation (month and year): Mar 1939

11. Total time (years) spent in this occupation: 3 yrs

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Charles Stevens

14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER

15. MAIDEN NAME: Laura C. Smith

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT: Irene E. Stevens

(Address) 63rd & Walnut St Phila Pa

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date 3/13 1939

19. UNDERTAKER: Stewart F. Mowen

(Address) 107 W. Madison Ave, 108 W. Mulberry

MAR 13 1939

Huntington Williams Registrar

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 10 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows: Pulmonary Embolism — Date of onset B/A 39

Other contributory causes of importance: Cardiac Hypertension Arteriosclerosis

Was an operation performed? yes Date of Mar 10 39

For what disease or injury Chronic Suppurative Inflammation

Name of operation Tonsillectomy Date of 3/10/39

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Manning Coroner M. D.

(Address) 823 W Baltimore St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

$6054

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 58054

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2174 Druid Park Drive 13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edith M. Akers

If U. S. Veteran ... specify WAR ...

(a) Residence: No. 2174 Druid Park Drive St., 13 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Robert L. Akers

6. DATE OF BIRTH (month, day, year) April 11-1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	11	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co. Maryland

FATHER

13. NAME William Nelson Files

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Johnson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Robert L. Akers

(Address) 190 Strieker St.

18. BURIAL, CREMATION, OR REMOVAL Place Savage M. E. Howard Co. March 13 1939

19. UNDERTAKER Horace F. Burgee

(Address) 3631 Falls Road

20. FILED MAR 13 1939 19... Hunting for Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 16 1939 to Mar 11 1939

I last saw h.. alive on Mar 11 1939 Death is said to have occurred on the date stated above, at 3A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	
Chronic Nephritis	
Dysentery —	

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? No

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Arthur C Monnig M. D.

(Address) 800 E North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 56055

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56055

CERTIFICATE OF DEATH

46-F

Registered No. 84006

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Eaton & Wilkens Ave. St., 8-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Matilda Olrog

If U. S. Veteran specify WAR

(a) Residence: No. 1807 N. Durham St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Paul Olrog

6. DATE OF BIRTH (month, day, year) Dec 25 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Germany Hellmann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr Paul M Dunlap (Address) 2205 Wheeler Ave.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date May. 14 1939

19. UNDERTAKER Wm Weckler Sons (Address) North & Paca.

20. FILED MAR 13 1939 19

Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/10 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/8/39 19 to 3/10/39 19

I last saw HER alive on 3/10/39 19 Death is said to have occurred on the date stated above, at 730 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CARCINOMA HEAD OF PANCREAS	11/38

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

Name of operation —

What test confirmed diagnosis? CLIN LAB. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Daniel Geo. Deshner M. D.

(Address) St Agnes Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 56056

Ada Chambers

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56056

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH — Registered No. .....
CITY OF BALTIMORE: (a) 704 W. Lanvale St., 17-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Ada Chambers
(a) Residence: No. 704 W. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	Widowed

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Alexander Chambers

6. DATE OF BIRTH (month, day, and year) Jan 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	2	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Thos Ash

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Cashman

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Ella Gordon
(Address) 704 Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 3-14 19 39

19. UNDERTAKER Frances O. Humphrey
(Address) 570 W. Biddle St

20. FILED ..... 19..... Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/9/39 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 9th 1939 to Mch 9th 1939
I last saw h[illegible] alive on Mch 9th 1939 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	3/9/39

Other contributory causes of importance:
She had the Grippe & Bronchial trouble

Was an operation performed? by Dr. Date of .....
For what disease or injury? .....
Name of operation None
What test confirmed diagnosis? Clinically Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert Elliott, M. D.
(Address) 524 Mosher Ave

OCCUPATION is very important. See instructions on back of certificate.

MAR 13 1939

F 56057

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56057

CERTIFICATE OF DEATH

59 41335 JS

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 12-7 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Helen Hogan

(a) Residence: No. 2616 Hampden Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Orsborne

6. DATE OF BIRTH (month, day, year) 2-24-1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	0	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Kept Boarding house

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Richmond, Va.

FATHER

13. NAME John Covange

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Sarah Brady

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Nat. Lemp Date 3-14- 1939

19. UNDERTAKER John E. Melly Inc
(Address) 2435 E. Monument St

20. FILED 19 Registrar.

MAR 13 1939 Hunting & Williams, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-11, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-27, 1939 to 3-11, 1939

I last saw her alive on 3-10, 1939 Death is said to have occurred on the date stated above, at 12:05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	?
arteria sclerata: gangrene right foot	four Months
Other contributory causes of importance:	

Was an operation performed? Yes Date of 1-28-39

For what disease or injury? Gangrene foot

Name of operation amputation leg

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. K. Woodward Jr., M. D.

(Address) Balto City Hosp.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. R. 1268-9

F 56058

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56058

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 214 E. Preston St. 11-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Mary Sherwood Pitt

(a) Residence: No. 214 E. Preston St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widowed

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Louis C. Pitt Jr

6. DATE OF BIRTH (month, day, year) June 12, 1862

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
77	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper,** etc. none

9. Industry or business in which work was done, as **silk mill, saw mill, bank,** etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James Hazlett

14. BIRTHPLACE (city or town) (State or country) Warren, Ohio

MOTHER

15. MAIDEN NAME Mary Sherwood Hazlett

16. BIRTHPLACE (city or town) (State or country) near Easton Talbot County Maryland

17. INFORMANT (Address) Lt Louis Pitt Jr 2d Paul Apts.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 3/13, 1939

19. UNDERTAKER (Address) Henry W. Jenkins & Sons McCullough & Richard

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from January, 1934, to March 11, 1939

I last saw h[illegible] alive on March 11, 1939. Death is said to have occurred on the date stated above, at 12[30] p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
senile dementia	10 years
Other contributory causes of importance:	
general debility age, inanition	
chronic myocarditis	1 year

Name of operation none Date of

What test confirmed diagnosis? clinical observation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Randolph Smith Jr M. D.

(Address) 1014 St. Paul Street

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

56059

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56059

CERTIFICATE OF DEATH

1164-a CC

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 417 Griffin Court St. 2-2 Ward)

Registered No. 1811

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Bronislaw Banach

(a) Residence: No. 417 Griffin Court St., ... Ward.
(Usual place of abode) Constantia Court (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Water Dept.

10. Date deceased last worked at this occupation (month and year) 4 years past

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Stanley Banach

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Bronislaw Bronis

(Address) 250 S. Collington Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date March 14 39

19. UNDERTAKER Wm S. Fialkowski

(Address) 2007 Eastern ave

FILED MAR 13 1939 19 ... Registrar

Hunter for Williams, M.D.

VSG

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia by Carbon Monoxide Gas.	March 11 1939
Other contributory causes of importance: Melancholia Acute	1 year

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation. Clinical Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury March 11, 1939

Where did injury occur? 417 Griffin Court
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Turned on gas in stove

Nature of injury As Above

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood M. D.
Coroner

(Address) 1712 N. Bond St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 56060

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56060

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH U.S. MARINE HOSPITAL, BALTIMORE, MARYLAND

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 11 St. Ward)

Length of residence in city or town where death occurred 3 yrs. 3 mos. 11 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bartol Barbalich

(a) Residence: No. 2565 E. Cumberland St. St., ... Ward. Phila., Pa.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Babrich

6. DATE OF BIRTH (month, day, year) March 20, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	53	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steward

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tug-boat

10. Date deceased last worked at this occupation (month and year) November 21 '38

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) ?
(State or country) Austria

FATHER

13. NAME Bartol Barbalich

14. BIRTHPLACE (city or town) ?
(State or country) Austria

MOTHER

15. MAIDEN NAME Madelena Porsey

16. BIRTHPLACE (city or town) ?
(State or country) Austria

17. INFORMANT Records - U.S. Marine Hospital
(Address) Hyman Park Drive, Balto., Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Phila. Pa. Date 3/13/39

19. UNDERTAKER Wm. S. Fialkowski
(Address) 2002 Eastern Ave

20. FILED MAR 13 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 19 39

22. I HEREBY CERTIFY, That I attended deceased from November 21, 19 38 to March 12, 19 39

I last saw him alive on March 12, 19 39 Death is said to have occurred on the date stated above, at 12:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, adeno of sigmoid	March 1939
Other contributory causes of importance:	

Was an operation performed? Yes Date of 1/25/39

For what disease or injury? Carcinoma of sigmoid

Name of operation Proctoscopy

What test confirmed diagnosis? Path. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) T. M. H. Anderson, M. D.

(Address) U.S. Marine Hospital, Balto., Md.

OCCUPATION is very important. See instructions on back of certificate.

V8 3

56061

HEALTH DEPARTMENT—CITY OF BALTIMORE

56061

CERTIFICATE OF DEATH

✓ 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1118 Carroll Street St., 21-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Florence M. Kerr

(a) Residence: No. 1118 Carroll St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph R. Kerr

6. DATE OF BIRTH (month, day, year) September 25th 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME Franklin Spencer

14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

MOTHER

15. MAIDEN NAME Mary Muller

16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

17. INFORMANT Mr. Joseph R. Kerr
(Address) 1118 Carroll St.,

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date Mar 14th 1939

19. UNDERTAKER Wm. J. Tickner & Sons.
(Address) North & Penna Aves.

20. FILED MAR 13 1939, 19 Hunting for Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1939 to March 12, 1939

I last saw h[illegible] alive on March 12, 1939. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Breast.	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis Phys. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. Norton, M. D.

(Address) 515 W. Lombard St.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE 56062

CERTIFICATE OF DEATH

56062

137 (56062 Supp)

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Isaac Borstein

If U. S. Veteran specify WAR

(a) Residence: No. 101 N. Exeter St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	W.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Borstein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Borstein

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL Pikesville Date 3-13-39 19

19. UNDERTAKER Hart Bros. Inc.
(Address) 1539 E. Baltimore St.

20. FILED ..... 19 ..... Registrar

MAR 13 1939 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1939 to March 13, 1939

I last saw him alive on March 12, 1939 Death is said to have occurred on the date stated above, at 1:20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Pulmonary Edema	
Nephritis	
Other contributory causes of importance: Arteriosclerotic C.V.D.	1922

Was an operation performed? Yes Date of

For what disease or injury? Prostate hypertrophy

Name of operation Perineal prostatectomy

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Wm Kaffee M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

56063

HEALTH DEPARTMENT—CITY OF BALTIMORE

56063

CERTIFICATE OF DEATH

94-B 560612

1. PLACE OF DEATH Sinai Hospital

Registered No.

CITY OF BALTIMORE: (No. Monument & Rutland St. 13-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth 55 yrs. mos. ds.

2. FULL NAME Jennie Sagner

If U. S. Veteran specify WAR

(a) Residence: No. 2535 Brookfield Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Abraham

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73 years			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Louis ~~Sagner~~ (Sugar)

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rose

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Hebrew Date 3/14/39 19

19. UNDERTAKER Jack Lewis Inc.

(Address) 1439 E. Balto St

20. FILED 19 Registrar

MAR 13 1939 Hunter's or Hilltop, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1939, to March 13, 1939

I last saw her alive on Mar. 12, 1939 Death is said to have occurred on the date stated above, at 12:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Coronary Occlusion	3-3-39
2) Uremia	3-10-39
3) Coronary occlusion c Sudden death in 5 minutes	3-13-39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) A. J. Schurman M. D.

(Address) Sinai Hospital Balto. Md.

OCCUPATION is very important. See instructions on back of certificate.

1515 N. Pentalow L 1521

58084

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 58084

CERTIFICATE OF DEATH

53-E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2402 Baker St. 15-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? 18 yrs. mos. ds.

2. FULL NAME Ida Mackler

If U. S. Veteran specify WAR

(a) Residence: No. 2402 Baker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jacob

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Alexander Aronson

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rose

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Morris Mackler

(Address) 2456 Kenwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 3/13/39 19

19. UNDERTAKER Jack Levin Inc.

(Address) 1439 E. Balto. St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-12-39 19

22. I HEREBY CERTIFY, That I attended deceased from March 1937 to March 12 1939

I last saw her alive on March 11 1939. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Spinal Column with Metastasis to Stomach	2 yrs
Other contributory causes of importance: Arteriosclerosis degeneration	

Was an operation performed? Yes Date of 1937

For what disease or injury? Carcinoma of Spinal Column

Name of operation

What test confirmed diagnosis? Mic. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) 1515 N. Pentalow

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

V8 B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

85085 — 92 F 85085

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St. 1200 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Patrick Collins

If U. S. Veteran specify WAR

(a) Residence: No. 1200 Valley Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 15, 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerical Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1869

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Hugh Collins

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Catherine Hester

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Little Sisters of the Poor
(Address) 1200 Valley Street

18. BURIAL, CREMATION, OR REMOVAL
Place Morland Memorial Date Mar 14 1939

19. UNDERTAKER Rula Wiedefeld
(Address) 914 Greenmount Ave

20. FILED MAR 13 1939 19
Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

1.30

21. DATE OF DEATH (month, day, year) March 11 1939. 19 9 m.

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1931 to Mar 11 1939

I last saw him alive on March 10 1939. Death is said to have occurred on the date stated above, at 1.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiosclerosis	?
Other contributory causes of importance:	
Asphyxia	3 hrs.

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis Physo Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) L. M. Carter, M. D.

(Address) 1114 Hanford Ave

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

VS 3

56066

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56066

CERTIFICATE OF DEATH

V 119

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ...yrs. ...mos. ...da. How long in U. S. If of foreign birth? ...yrs. ...mos. ...da.
If U. S. Veteran specify WAR

2. FULL NAME Rahe M. Palacorolla

(a) Residence: No. 117 N Pearl St. St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 16, 1939

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	1 Mo	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Maryland.

FATHER

13. NAME Charles Palacorolla

14. BIRTHPLACE (city or town) Md
(State or country)

MOTHER

15. MAIDEN NAME Ethel M. Rahe

16. BIRTHPLACE (city or town) Maryland.
(State or country)

17. INFORMANT Mrs. Ethel M. Palacorolla
(Address) 117 N. Pearl St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 3/13/39

19. UNDERTAKER Harry H. Lichtke
(Address) 401 Edmondson Ave

20. FILED MAR 13 1939 Hunter for William M. Hunter, M.D. Registrar.

VS 8

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch. 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1939 to Feb 11, 1939
I last saw him alive on Mch 11, 1939. Death is said to have occurred on the date stated above, at 10:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	one
Other contributory causes of importance: Diarrhea	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ...19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. H. Thompson, M. D.
(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

54067

HEALTH DEPARTMENT—CITY OF BALTIMORE

54067

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital, 13-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 52 yrs. ..... mos. ..... ds.

2. FULL NAME Louis Levy

If U. S. Veteran specify WAR .....

(a) Residence: No. Cylburn Court Cyla., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE Rosa L Levy

6. DATE OF BIRTH (month, day, year) January 19, 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Isaac Levy

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Bettie Blumenfeld

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. L. Levy

(Address) Cylburn Court Cyla.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Ohel Shalom Cy Date March 14, 1939

19. UNDERTAKER David Sonnheim & Son

(Address) 190 E Eutaw Place

Huntington Williams, M.D.

20. FILED ..... 19..... Registrar.

MAR 13 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MARCH 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1939 to MAR 12, 1939

I last saw him alive on 3-12 1939 Death is said to have occurred on the date stated above, at 6 59 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of sigmoid colon and rectum	?
Other contributory causes of importance: Generalized arteriosclerosis	

Was an operation performed? Yes Date of 1937

For what disease or Injury? Ca of bowel

Name of operation Colostomy & exploratory laparotomy

What test confirmed diagnosis? ..... Was there an Autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. D. Fisher M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

56068

HEALTH DEPARTMENT—CITY OF BALTIMORE F 56068

CERTIFICATE OF DEATH

✓ 128

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., [illegible] Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....da. How long in U. S. If of foreign birth? ....yrs. ....mos. ....da.

2. FULL NAME Mr. Edwin D. Hale

If U. S. Veteran specify WAR .....

(a) Residence: No. 3420 Chesley Ave., City St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Marion A. Hale

6. DATE OF BIRTH (month, day, year) Dec 16-1898

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Roofing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Roofing

10. Date deceased last worked at this occupation (month and year) Feb 1939

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Edw D Hale

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elsie M Brown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Marion A Hale

(Address) 3420 Chesley Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date Mar 16 1939

19. UNDERTAKER Patterson & Co

(Address) 2234 N Charles St

20. FILED MAR 13 1939, 19.... Huntington Williams Registrar.

V0 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 12 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 16 1939 to March 12 1939

I last saw him alive on March 12 1939. Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	March 12, 39
Acute Pancreatitis	Feb 15, 39

Other contributory causes of importance:

Was an operation performed? Yes Date of Feb 16, 39

For what disease or injury? Acute Pancreatitis

Name of operation Cholecystostomy

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Louis F. Lowe M. D.

(Address) Union Memorial Hospital

OCCUPATION is very important. See instructions on back of certificate.

56069

HEALTH DEPARTMENT—CITY OF BALTIMORE

O.K. Paul Robertson, M.D. 56069

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1817 N. Bond St., E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Earnest Gordon Sterling

If U. S. Veteran specify WAR .....

(a) Residence: No. Crisfield, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ella.

6. DATE OF BIRTH (month, day, year) Oct 1, 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waterman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oyster

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Crisfield, Md.

FATHER

13. NAME Thomas Sterling

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Annie Evans.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT W. Kirk Sterling (Address) Crisfield, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Crisfield, Md. Date Mar 15 39

19. UNDERTAKER Slade & Ober (Address) 4 & 6 N. Gold St.

20. FILED MAR 13 1939 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 13 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar. 12, 1939 to Mar. 12, 1939

I last saw him alive on Mar. 12, 1939. Death is said to have occurred on the date stated above, at [redacted] 12:05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension - Cardio - Vascular renal disease.	?
Other contributory causes of importance: Cerebral Hemorrhage	Mar 12, 39

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lloyd E. Taylor M. D.

(Address) 3902 Greenmount Ave.

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Make certificate of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56070

CERTIFICATE OF DEATH

F 56070

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp 26-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Esther Goss (Goss) If U. S. Veteran specify WAR

(a) Residence: No. 4221 Lafayette Ave Baltimore Co.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 27 1918

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	20	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt Md

FATHER

13. NAME Andrew L Goss

14. BIRTHPLACE (city or town) (State or country) Balt Md

MOTHER

15. MAIDEN NAME Regina M Lyons

16. BIRTHPLACE (city or town) (State or country) Balt Md

17. INFORMANT Andrew L Goss (Address) 4221 Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 3/13/39

19. UNDERTAKER Leonard J Rauch (Address) 5201 Belair Road

20. FILED MAR 14 1939 Thurlington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-11- 39

22. I HEREBY CERTIFY, That I attended deceased from 1-30- 39 to 3-11- 39

I last saw h[illegible] alive on 3-11- 39 Death is said to have occurred on the date stated above, at 10 35 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerulo-nephritis	?
arterial hypertension	?
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. R. Turnest M. D.

(Address) St Josephs Hosp

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

V8 3

F 56071

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 F 56071

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 22 N. Carey St. 19-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Nannie C. Daniel

(a) Residence: No. 22 N. Carey St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas H. Daniel

6. DATE OF BIRTH (month, day, year): May ~~11~~ 8, ~~1868~~ 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
~~68~~ 69	10	-- 3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife, retired 1937

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Richmond Kentucky

FATHER

13. NAME: Marion Jones

14. BIRTHPLACE (city or town) (State or country): Ky.

MOTHER

15. MAIDEN NAME: Mary Jane Powell

16. BIRTHPLACE (city or town) (State or country): Ky.

17. INFORMANT: John S. Daniel
(Address): 22 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Lorraine Cem'ty Date: March 14, 1939

19. UNDERTAKER: John C. Mitchell & Sons, Inc.
(Address): 1900 Eutaw Place

20. FILED: MAR 13 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from November, 1938, to March 11, 1939

I last saw her alive on March 11, 1939. Death is said to have occurred on the date stated above, at 6 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive arteriosclerotic	
Cardio-vascular disease	
Broncho-pneumonia	March 9, '39

Other contributory causes of importance:

Diabetes (sclerotic)	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Hochman Davidson M. D.

(Address) Medical Arts Bldg.

OCCUPATION is very important. See instructions on back of certificate.

56072

F 56072

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a CCA

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 306 S. Conkling St., 26-8 Ward)

Registered No. 1877

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bernard Henry Fenning

If U. S. Veteran specify WAR ...

(a) Residence: No. 306 S. Conkling St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Catherine Fenning

6. DATE OF BIRTH (month, day, year) March 8-1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) 7 years past

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Clement Fenning

14. BIRTHPLACE (city or town) (State or country) Pikesville, Md.

MOTHER

15. MAIDEN NAME ...

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Catherine Fenning

(Address) 306 S. Conkling St.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Cem. Date March 14, 1939

19. UNDERTAKER J. Coy E. Hydes

(Address) 1405 Eastern Ave.

20. MAR 13 1939 ~~Hunting for Williams~~ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Minutes
Valvular Heart Disease	2 years
Other contributory causes of importance: Hemiplegia	3 years
Attack Epilepsy.	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 1712 N. Broadway

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

56073 HEALTH DEPARTMENT—CITY OF BALTIMORE 56073

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 N. Pearl St. 4-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John A. Sparrow

(a) Residence: No. 13 N. Pearl St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Augusta Sparrow

6. DATE OF BIRTH (month, day, year) November 3, 1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Upholsterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) January 1931

11. Total time (years) spent in this occupation 15 years

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Sparrow

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary Tariesmitch

16. BIRTHPLACE (city or town) (State or country) Lithuanian

17. INFORMANT Mrs. Augusta Sparrow
(Address) 13 N. Pearl St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date March 16 1939

19. UNDERTAKER J. W. Lawrence
(Address) 1003 W. Baltimore St.

20. FILED 19 Registrar.

MAR 13 1939

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 8 1939 to Mar 12 1939

I last saw him alive on Mar 12 1939 Death is said to have occurred on the date stated above, at 5 P. m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Chr. myocarditis Nephritis	?
Other contributory causes of importance Pulmonary Edema	Mar 8

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify.

(Signed) H Glassman M. D.

(Address) 753 W. Fayette St.

56074

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56074

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Marion Hospital 327 St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Wm Thomas Cooke Wm. T. Cooke

(a) Residence: No. 1403 S Charles St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hazel Cooke Hazel Cooke

6. DATE OF BIRTH (month, day, year) October 12, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Woodworker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture

10. Date deceased last worked at this occupation (month and year) Aug 1936

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Robert R. Cooke Robert Cooke

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mattie Fessler Mattie Fessler

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Hazel I. Cooke

(Address) 1403 S. Charles St.

18. BURIAL, CREMATION, OR REMOVAL

Place Jordan Park Cem. Date March 14 19 39

19. UNDERTAKER L. H. Sansone

(Address) 1003 N. Baltimore St.

20. FILED ... 19 Huntington Williams Jr

MAR 13 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry)

to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Hypertrophy Angina	3/10/39

Other contributory causes of importance: Coronary Sclerosis

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation None Date of ...

What test confirmed diagnosis ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) John A Evans, M. D. Coroner

Address 612 W. 40th St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

56075

HEALTH DEPARTMENT—CITY OF BALTIMORE

56075

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2405 E. Federal St., 8-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Amelia Gilbrand

If U. S. Veteran specify WAR .....

(a) Residence: No. 2405 E. Federal St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Conrad Gilbrandt

6. DATE OF BIRTH (month, day, year) MAY 7-1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper 031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Peter A. Lottsteten

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Cly Wernich

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. Batty

(Address) 2405 E. Federal

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date 3/15/ 1939

19. UNDERTAKER J. Heymann & Son

(Address) 32 S. Broadway.

20. FILED ..... 19..... Registrar.

MAR 13 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/11/39.

22. I HEREBY CERTIFY, That I attended deceased from May 5 1937 to March 11 1939

I last saw h.. alive on March 11 1939. Death is said to have occurred on the date stated above, at 7:07 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia -	3/9/39 -
cardio - vascular - Renal	5/5/37 -
chronic Nephritis - arterio sclerosis + Hypertension	
Other contributory causes of importance:	
chronic Bronchitis -	5/5/39.

Was an operation performed? No - Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Louis F. Krumeich M. D.

(Address) 722 N. Kenwood Ave.

OCCUPATION is very important. See instructions on back of certificate.

56076 6. HEALTH DEPARTMENT—CITY OF BALTIMORE F 56076

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL 7-5 X 53-C Registered No.

CITY OF BALTIMORE: (No. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME Camille Coolidge Hammond If U. S. Veteran specify WAR

(a) Residence: No. 138 N. Potomac St., Ward. Hagerstown Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dr W. D. Hammond

6. DATE OF BIRTH (month, day, year) 12-7-87

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W. D.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Mo

FATHER

13. NAME Robert Binghurst

14. BIRTHPLACE (city or town) (State or country) Ill

MOTHER

15. MAIDEN NAME Mary Frances Coolidge

16. BIRTHPLACE (city or town) (State or country) Ill

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 3-13-39

19. UNDERTAKER John O. Mitchell & Son
(Address) 1900 Eutaw Place

20. FILED MAR 13 1939 By Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb- 26, 1939 to Mar 13, 1939
I last saw her alive on Mar 13, 1939 Death is said to have occurred on the date stated above, at 3.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor - Glioma - malignant	1938
Other contributory causes of importance:	

Was an operation performed? Yes Date of 3-11-39

For what disease or injury? Brain Tumor

Name of operation Craniotomy

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Wallace Cyrus Watson M. D.
(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

V8 9

56077 B. 1208-9

F 56077

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. 15-8

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2208 Elsinor Av St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amelia Ostheim

(a) Residence: No. 2208 Elsinor Av. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. H. Ostheim

6. DATE OF BIRTH (month, day, year) Feb. 22, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	—	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H.W.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME August Knofler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Berngen

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Geo. H. Ostheim
(Address) 2208 Elsinor Av.

18. BURIAL, CREMATION, OR REMOVAL

Place Arnold Ridge Md. Date Mch 19 1939

19. UNDERTAKER Chas. E. Sloan & Son.
(Address) Baltimore, Md.

20. FILED MAR 13 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 38 to March 12, 1939

I last saw her alive on March 12, 1939 Death is said to have occurred on the date stated above, at 8.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city, town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. R. Schuchardt M. D.

(Address) 2757 Mmr

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 56078

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56078

CERTIFICATE OF DEATH

108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 404 Bruce St. 19-1 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carrie Adams

If U. S. Veteran specify WAR .....

(a) Residence: No. 404 Bruce St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col-	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Adams

6. DATE OF BIRTH (month, day, year) Oct 20 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Mr - James

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hattie Vincent
(Address) Atlantic City N.J.

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Date March 14. 1939

19. UNDERTAKER Joseph A. Lively
(Address) 4098 Mount Street

20. FILED MAR 13 1939 Huntington Williams, M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 9 1939

22. I HEREBY CERTIFY, That I attended deceased from March 7 1939 to Mar 9 1939

I last saw h PY alive on March 7 1939 Death is said to have occurred on the date stated above, at 6 1/2 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/1/39

Other contributory causes of importance: Myocarditis

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Douglas Sheppard M. D.

(Address) 1631 Franklin St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56079

CERTIFICATE OF DEATH

82-aF 56079

1. PLACE OF DEATH Finnish Co-op Eating House Inc.

Registered No. 1827

CITY OF BALTIMORE: (No. 642 S. Eldham St. 26-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Matthew Kenzy Pulkkinen

U. S. Veteran

(a) Residence: No. 642 S. Eldham St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Jennie Pulkkinen

6. DATE OF BIRTH (month, day, year) 8-92

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Millworker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Eutheham L. Co.

10. Date deceased last worked at this occupation (month and year) 1-37

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Finland

FATHER

13. NAME not known

14. BIRTHPLACE (city or town) (State or country) Finland

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Finland

17. INFORMANT George Pulkkinen
(Address) 1545 126th N. Y.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Paul Date Mar 9 1939

19. UNDERTAKER Martin W. C. Dippel
(Address) 32 S. Ann St.

20. FILED MAR 13 1939 Huntington Williams Agt. Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	March 10-1939
Other contributory causes of importance: Alcoholism Chronic	2 years

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D.
Coroner

(Address) 1712 N. Bond St.

OCCUPATION is very important. See instructions on back of certificate.

F 56080

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56080

CERTIFICATE OF DEATH

× 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Rice

If U. S. Veteran specify WAR ...

(a) Residence: No. 102 Forest View Ave St., ... Ward. Balto Co. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 9, 1939

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 5 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Paul Eugene Rice

14. BIRTHPLACE (city or town) (State or country) Brunswick Maryland

MOTHER

15. MAIDEN NAME Mary Frances Fertig

16. BIRTHPLACE (city or town) (State or country) Pittsburg Ohio

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Gen. Hosp Date 3/4 19 39

19. UNDERTAKER

(Address)

20. FILED MAR 13 1939 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9 1939

22. I HEREBY CERTIFY, That I attended deceased from March 9 1939 to March 9 1939

I last saw him alive on March 9 1939 Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity 7 mos	
(Labor began following	
an appendectomy 3/5/39)	

Other contributory causes of importance:

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert Eisenberg M. D.

(Address) 2025 E Madison Ave

OCCUPATION is very important. See instructions on back of certificate.

VS 3

John Henry Brill

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56081

CERTIFICATE OF DEATH

126 F 56081

Registered No. .....

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 26-4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Henry Brill

(a) Residence: No. 3022 Eastern Place St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith Elisabeth Wilson

6. DATE OF BIRTH (month, day, year) Dec. 11, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pamphlet Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Printing

10. Date deceased last worked at this occupation (month and year) Feb. 1939

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Morgan P. Brill

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Fisher

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Records-U. S. Marine Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Pine Grove, Balto. Co. Date March 14, 1939

19. UNDERTAKER E. Leroy Stubbs, Inc. (Address) 125 E. Monument Ave.

20. FILED ..... 19..... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, , 19 39

22. I HEREBY CERTIFY, That I attended deceased from March 1, , 19 39, to March 10, , 19 39

I last saw h.... alive on March 10, , 19 39. Death is said to have occurred on the date stated above, at 5:40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation	1 day

Other contributory causes of importance:

Cholelithiasis. Unknown

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. H. Bryant M. D.

(Address) U. S. Marine Hospital, Baltimore, Maryland.

OCCUPATION is very important. See instructions on back of certificate.

V8 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 57660 B 56082

CERTIFICATE OF DEATH

95-B F 56082

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. St. 13-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Kneisler

If U. S. Veteran specify WAR

(a) Residence: No. 2015 Bolton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 4-5-67

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. O.A.P

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME John Kneisler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Fox

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date March 14 1939

19. UNDERTAKER E. Leroy Stallion, Inc.

(Address) 1252 N. Monroe Ave.

FEB 13 1939

20. [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1939 to Mar 10, 1939

I last saw him alive on Mar 10, 1939 Death is said to have occurred on the date stated above, at 4 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive heart failure	?
Arteriosclerotic heart disease	?
Other contributory causes of importance:	
Thrombophlebitis	3-2-39

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) Johns Hopkins Hos.

OCCUPATION is very important. See instructions on back of certificate.

V6 B

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56083

CERTIFICATE OF DEATH

11-3 F 56083

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... St. 7-S ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Tilman Todd

If U. S. Veteran specify WAR

(a) Residence: No. 627 N. Hall St., 11 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of?

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL JOHNS HOPKINS MEDICAL SCHOOL MAR 13 1939
Place ... Date ... 19

19. UNDERTAKER
(Address) Per H. A. Moore

20. FILED ... 19 ... Registrar.
MAR 13 1939 Huntington Willmouth M.R.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 3. 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar. 3, 1939 to Mar 3, 1939

I last saw him alive on Mar 3, 1939. Death is said to have occurred on the date stated above, at 8 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza, bronchopneumonia	2-22-39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Wm. C. Stiles Jr. M. D.

(Address) Johns Hopkins Hosp. Balto.

OCCUPATION is very important. See instructions on back of certificate.

V9 3

4648

F 56084

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 F 56084

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4300 Gelston Drive St. 26-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Biden

If U. S. Veteran specify WAR

(a) Residence: No. 4300 Gelston Drive St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Aug

6. DATE OF BIRTH (month, day, year) August 22 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James Biden

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Jane Elkins

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Gladys Jenkins

(Address) 4306 Gelston Dr.

18. BURIAL, CREMATION, OR REMOVAL

Place Louden Pk. Cem. Date March 14 1939

19. UNDERTAKER Roland L. Ferkler

(Address) 612 N. Monroe St.

20. FILED 19 Huntington Pellegrini Registrar.

MAR 13 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 1937, 19, to Mar 11th, 1939

I last saw h alive on Mar 11, 1939. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. myocarditis	
Senile edema	
Hypostasis	1 yr.
Chr nephritis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. K. Iseden, M. D.

(Address) 3421 Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

VS 3

802.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 56085

CERTIFICATE OF DEATH

131

F 56085

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 7-3 Ward)

Length of residence in city or town where death occurred 14 yrs. 23 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Doris Paquett

If U. S. Veteran specify WAR .....

(a) Residence: No. North Pt Rd near Sp Pt Rd St., ... Ward. Sparrows Pt Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 5-10-24

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	14	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Dundalk Md

FATHER

13. NAME Charles J Paquett

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary A Nicholson

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Cem Date March 16 1939

19. UNDERTAKER Harry H. Armacost & Son

(Address) 4204 Ridgewood Ave. Baltimore Md

20. FILED MAR 13 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 12. 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 19 1939 to Mar 12 1939

I last saw her alive on Mar 12 1939 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic glomerular Nephritis	1937
Uremia	Jan 1939

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. Lenequin Neelle M. D.

(Address) Johns Hopkins Hospital

V8 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56086

CERTIFICATE OF DEATH

126

F 56086
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: Hospital (No.) St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 20 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marguerite Hile

If U. S. Veteran specify WAR

(a) Residence: No. 124 W North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

3a. If married, widowed, or divorced (or) WIFE of: Ernest R. Hile

6. DATE OF BIRTH (month, day, year): Aug 4, 1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Augusta Co., Va.

FATHER

13. NAME: Andrew G. Buchanan

14. BIRTHPLACE (city or town) (State or country): Augusta Co., Va.

MOTHER

15. MAIDEN NAME: Casey Taylor

16. BIRTHPLACE (city or town) (State or country): Augusta Co., Va.

17. INFORMANT: Mrs. A. G. Buchanan
(Address): 2615 N. Fulton St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Mont Repose, Balto Co. Md. Date: Mar. 15 1939

19. UNDERTAKER: Landon M. Brooks
(Address): Sparks, Md.

20. FILED: MAR 13 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1939 to March 12 1939

I last saw h[illegible] alive on March 12 1939 Death is said to have occurred on the date stated above, 9.45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis with Cholelithiasis	1921
Carcinoma of common bile duct	2/39
Acute Hepatitis	3/10/39

Was an operation performed? Yes Date 3/10/39

Autopsy? No Operation? Cholecystostomy & removal of Carcinoma bile duct & stone

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? X Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify It was not.

(Signed) W. Sellers M. D.

(Address) Woman's Hosp.

V8 3

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

#24006

F 56087

CERTIFICATE OF DEATH

34-4-137 SF F 56087

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 5-1 Ward)

Ife

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward F. Bucheimer

If U. S. Veteran specify WAR

(a) Residence: No. 109 Aisquith St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche

6. DATE OF BIRTH (month, day, year) 11/23/1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Mathias Bucheimer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Henrietta Danker

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date Mar 14 39

19. UNDERTAKER John D. Mitchell & Son

(Address) 1900 Eutaw Place

20. FILED MAR 13 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/12/39 . 19

22. I HEREBY CERTIFY, That I attended deceased from 12-22 . 1937 to 3-12 . 1939

I last saw him alive on 3-12 . 1939 Death is said to have occurred on the date stated above, at 5 40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy	?
Uremia	few days

Other contributory causes of importance:

Was an operation performed? yes Date of 2-17-39

For what disease or injury?

Name of operation Prostatectomy

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? none If so, specify

(Signed) Lilien Woodward M. M. D.

(Address) Balto City Hosp

V0 3

359454

56088

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 96 F 56088

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-5 ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Eugene Howard Mc Gill

If U. S. Veteran specify WAR

(a) Residence: No. Allen University St., ... Ward. Columbia S.C.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie L.

6. DATE OF BIRTH (month, day, year) 1/ /88

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
31	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. College President

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. College

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. Car

FATHER

13. NAME Daniel W McGill

14. BIRTHPLACE (city or town) (State or country) S. Car

MOTHER

15. MAIDEN NAME Carrie E ?

16. BIRTHPLACE (city or town) (State or country) S. Car

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Columbia S C Date 3-13 1939

19. UNDERTAKER Frances A Hemby
(Address) 578 N Biddle St

MAR 13 1939

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 6, 1939 to Mar 13, 1939

I last saw him alive on Mar 13, 1939. Death is said to have occurred on the date stated above, at 12 55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
aneurysm of brain (middle cerebral artery)	abt
Other contributory causes of importance:	

Was an operation performed? Yes Date of March 5, 1939

For what disease or injury? aneurysm of brain

Name of operation craniotomy

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Kennedy L. Pickrell M. D.

(Address) Johns Hopkins Hosp

V8 B

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56089

CERTIFICATE OF DEATH

47-B F 56089

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Mercy Hosp. St. 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Esther Ruth Bussey

If U. S. Veteran specify WAR

(a) Residence: No. ~~730~~ 30 E. North Ave St., 301 E North Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Esther Ruth Bussey

6. DATE OF BIRTH (month, day, year) April 27 1889

7. AGE 49 Years	Months 10	Days 16	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York NY

FATHER

13. NAME Joseph Bussey

14. BIRTHPLACE (city or town) (State or country) New York NY

MOTHER

15. MAIDEN NAME Florence Smith

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Mrs. Esther Ruth Bussey

(Address) 301 E North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity Cem. Date March 16 1939

19. UNDERTAKER Thos. J. Dickey & Sons

(Address) North & Pa

20. FILED Huntington Williams M.D. Registrar.

MAR 13 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10 1939 to Mar. 13 1939

I last saw him alive on Mar. 13 1939. Death is said to have occurred on the date stated above, at [illegible] a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Right pneumonia terminal with post operative complication Bronchogenic carcinoma of left lung

Other contributory causes of importance:

Was an operation performed? Yes Date of Feb. 6 1939

For what disease or injury? Bronchogenic carcinoma left lung

Name of operation Right pneumonectomy

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. D. Jessup Jr. M. D.

(Address) Mercy Hospital

F 56090

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 56090

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. [illegible] St. [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Amelia F. Battenberg

If U. S. Veteran specify WAR .....

(a) Residence: No. Thompson Avenue St., ... Ward. Severn Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Norman F. Battenberg

6. DATE OF BIRTH (month, day, year) Oct 11 1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	5	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) [illegible]

11. Total time (years) spent in this occupation [illegible] yrs.

12. BIRTHPLACE (city or town) Mayfield (State or country) Ky

FATHER

13. NAME Gustave Bjork

14. BIRTHPLACE (city or town) Sweden (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) " (State or country)

17. INFORMANT Mr Norman F Battenberg (Address) Severn Md

18. BURIAL, CREMATION, OR REMOVAL Place Severn Md Date Mar 16 1939

19. UNDERTAKER [illegible] (Address) [illegible]

20. FILED MAR 13 1939 19. Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1939 to March 11, 1939

I last saw her alive on March 11, 1939 Death is said to have occurred on the date stated above, at 6:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	3/6/39
Brain Abscess & Hemiplegia	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ....., 19.....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) James E. Shetley M. D.

(Address) Baltimore Hospitals

F 56091

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56091

CERTIFICATE OF DEATH

F 56091

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis King (42541)

If U. S. Veteran specify WAR .....

(a) Residence: No. 115 W. Mulberry St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) October 27, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	4	13 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Helen ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Mar 15, 1939

19. UNDERTAKER Leonard F. Ruck
(Address) 3305 Harford Rd.

20. FILED MAR 14 1939 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1939 to March 11, 1939

I last saw him alive on March 11, 1939 Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Feb. 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) K. M. Curtis, M. D.

(Address) Balto. City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56092 F 56092

CERTIFICATE OF DEATH

117-2

1. PLACE OF DEATH

Registered No.....

CITY OF BALTIMORE: (No. Sinai Hospital 5-2 St.) Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Margaret Combs

If U. S. Veteran specify WAR .....

(a) Residence: No. 2427 Hoffman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Separated

6. DATE OF BIRTH (month, day, year) May - 5 - 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	49	10	7 4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Andrew Kopeider

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Jackson

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Edmund Wobbs

(Address) 2427 E. Hoffman

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Md Date 3-15 1939

19. UNDERTAKER Edward E. Mally Sons

(Address) 2435 E. Monument St.

20. FILED ..... 19..... Edwin Williams Registrar.

MAR 14 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/12/39, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1939 to March 12, 1939

I last saw her alive on March 12, 1939. Death is said to have occurred on the date stated above, at 11.10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-respiratory failure under anesthetic	3.12.39

Other contributory causes of importance:

Hypertensive Cardio-renal vascular disease	Years ago

Was an operation performed? Yes Date of March 1, 1939

For what disease or injury? Pyloric ulcer

Name of operation Gastro-enterostomy

What test confirmed diagnosis? Surgical exploration Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. H. Fisher M. D.

(Address) Sinai Hospital

F 56093

HEALTH DEPARTMENT—CITY OF BALTIMORE F 56093

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital 6-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth Becker

(a) Residence: No. 1923 Jefferson St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John M. Becker

6. DATE OF BIRTH (month, day, year) Dec. 8, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H.W.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Geo. Rumoel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Becker
(Address) 1923 Jefferson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Lehnert's Cemetery Date 11/14 1939

19. UNDERTAKER John C. Miller Inc
(Address) 1732 E. Eager St

20. FILED ... By ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures	
Internal Injury to Chest	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis Clin Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, Accident March 11, 1939 . 19 ...

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner Crossing Orleans St at Washington
Nature struck by Auto.

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 2757 ...

OCCUPATION is very important. See instructions on back of certificate.

V S 6

56094 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 56094

CERTIFICATE OF DEATH

6-52 46-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Infirmary St.) Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Mary Shipley

If U. S. Veteran specify WAR

(a) Residence: No. 133 Pennsylvania Ave St., Ward. CUMBERLAND, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of Perry J. Shipley

6. DATE OF BIRTH (month, day, year) Nov 14 1887

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
51	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) CUMBERLAND MARYLAND

FATHER

13. NAME John J. Scott

14. BIRTHPLACE (city or town) (State or country) CUMBERLAND MARYLAND

MOTHER

15. MAIDEN NAME SUSAN WHORL

16. BIRTHPLACE (city or town) (State or country) PENNSYLVANIA

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cumberland Date March 14 1939

19. UNDERTAKER Louis Stein Incorporated
(Address) Cumberland Md

20. FILED Huntington Williams Asst. Registrar
MAR 14 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1939 to March 13, 1939

I last saw her alive on March 13, 1939. Death is said to have occurred on the date stated above, at 6:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Rectum	2 Mo.
with Secondary infection	2½ Wks
Other contributory causes of importance:	
Diabetes Mellitis	7 Yrs
Secondary anemia	1 Mo.

Was an operation performed? Yes Date of

For what disease or injury? Carcinoma of Rectum

Name of operation Removal of Carcinoma of Rectum

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wesley A. Kerr, M. D.

(Address) The Church Home and Infirmary

56095 F 56095

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St. 27-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William J. Lewis

If U. S. Veteran specify WAR World War

(a) Residence: No. 4115 La Salle ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Lillian M. Lewis

6. DATE OF BIRTH (month, day, year) June 27, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst Manager

9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc. Petroleum Products Refining Co

10. Date deceased last worked at this occupation (month and year) 3/7/39

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James Lewis

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Mary E. Maher

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Lillian M. Lewis

(Address) 4115 La Salle Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Mar 14th 1939

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED 19 ~~Registrar~~

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet Wound of chest	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 3/11, 1939

Where did injury occur? 4115 La Salle ave. Balto, Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Shot self in chest

Nature of injury with a revolver

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schenken Coroner, M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

USA

56096

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 56096

CERTIFICATE OF DEATH

168

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balt. Gen Hospital Ward) 45

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John H. Zink

(a) Residence: No. 1731 Ashburton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Louisa C. Zink.

6. DATE OF BIRTH (month, day, year): Nov. 21. 1857

7. AGE: 86 Years | Months 3 | Days 21, | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Co. Md.

FATHER

13. NAME: Matthew Zink,

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown.

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. L. Zink

(Address): 3700 Tudor Arms Apts.

18. BURIAL, CREMATION, OR REMOVAL: Carroll Chapel Cemetery

Place: Balto. Co. Md. Date: Mar 15th 1939

19. UNDERTAKER: Wm Bok

(Address): 1217 St Paul St

20. FILED 19 Registrar

MAR 14 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 12. 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above. 7 40 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Hemorrhage due to Cerebral Sclerosis

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 3/12 1939

Where did injury occur? 1731 Ashburton (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Cut throat and left wrist with pen knife.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Hann, M. D.

Coroner

(Address) 1215 Hanover St

OCCUPATION is very important. See instructions on back of certificate.

56097

HEALTH DEPARTMENT—CITY OF BALTIMORE

56097

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2625 Barclay St. 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine J. Flynn

If U. S. Veteran specify WAR

(a) Residence: No. 2625 Barclay St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): May 3, 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto, Md.

FATHER

13. NAME: John Flynn

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Mary Lally

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs. Malia (Sister)

(Address) 2625 Barclay St

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cem. Date: March 15 19 39

19. UNDERTAKER: Margaret E. Flynn

(Address) 1202 Light St

20. FILED: 19 Hampton Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7 - 1939 to March 12 - 1939

I last saw her alive on Mar. 11, 1939. Death is said to have occurred on the date stated above, at 9 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	about 1 year
Other contributory causes of importance:	
Septicemia	about 1 week

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Benj. D. Hayden, M. D.

(Address) 3114 Hartford Road

V0 8 11 1939

56038 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 56098

CERTIFICATE OF DEATH

95-D

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 926 S. Paca St. 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Brazas

(a) Residence: No. 926 S. Paca St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Brazas

6. DATE OF BIRTH (month, day, year) June 24 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Joseph Brazas

(Address) 926 S. Paca St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date March 15 1939

19. UNDERTAKER Joseph Kennedy Inc.

(Address) 1 E. Lexington St

20. FILED 19 Registrar.

MAR 15 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1939, to March 12, 1939

I last saw him alive on March 12, 1939 Death is said to have occurred on the date stated above, at 6:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardiovascular disease	1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward J. Mezan M. D.

(Address) 682 Washington Blvd

56099 F 56099

HEALTH DEPARTMENT—CITY OF BALTIMORE

#26878

CERTIFICATE OF DEATH

49-a SF

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 26-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Emma Louise Otto

If U. S. Veteran specify WAR .....

(a) Residence: No. 3838 E. Bank St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/1/1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	67	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) W. Va.
(State or country)

FATHER

13. NAME John Otto

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Eliz. Dichaut

16. BIRTHPLACE (city or town) Balto.
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Glen Haven Mem. Pk. Date 3/15/39 19

19. UNDERTAKER Philip Henry Hart
(Address) 2016 Eutaw St

20. FILED MAR 14 1939 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/12/39 . 19

22. I HEREBY CERTIFY, That I attended deceased from September 22 1937 to March 12 1939

I last saw her alive on March 12 1939. Death is said to have occurred on the date stated above, at 3:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of ovary	1937

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. L. de Sautelle M. D.

(Address) Baltimore City Hospitals

$6100 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 56100

CERTIFICATE OF DEATH

✓131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1928 Fairmount Ave. St. ..... Ward) 6-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. 3 mos. 17 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME CONRAD F. ROTHHAUPT

(a) Residence: No. 1928 Fairmount Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Katherine Rothhaupt

6. DATE OF BIRTH (month, day, year) Nov. 25, 1835

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
43	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 3/7/39

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME John Rothhaupt

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) .....
(State or country) Germany

17. INFORMANT Charles Rothhaupt
(Address) 1928 Fairmount Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date March 15 19 39

19. UNDERTAKER John Ulrich
(Address) 2007 Eutaw

20. FILED ..... 19 .....
MAR 14 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 12, 1939 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1938 to March 12, 1939

I last saw h[im] alive on March 12 1939. Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3-8-39

Other contributory causes of importance: Hypertensive Cardiovascular Renal Disease 1937

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Samuel B. Wolf M. D.

(Address) 1331 E. North Ave

Vo 8 MAR 14 1939 DFG

56101

HEALTH DEPARTMENT—CITY OF BALTIMORE

56101

CERTIFICATE OF DEATH

95-E

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Lasmanor + Belvedere Ave 6-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME ~~Joel Levi~~ John A Schmidt U. S. Veteran specify WAR

(a) Residence: No. 445 N Lanvale St, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Jan 4 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Don-Knot

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Don-Knot

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Theo Hardt

(Address) 2643 Chantilly Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lutheran Cem Date Mar 7 1939

19. UNDERTAKER John Allen

(Address) 2317 Eutaw

20. FILED ... 19... Huntington Hill Registrar

MAR 14 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1939 to March 11, 1939

I last saw h.e.m alive on March 10, 1939 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	
Arteriosclerotic C.V.D.	
Auricular fibrillation	
Acute	new

Other contributory causes of importance:

Prostate Calculi	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Perhaps If so, specify Pulmonary congestion

(Signed) Herbert N. Gunders Jr. M. D.

(Address) Sinai Hospital

56102

HEALTH DEPARTMENT—CITY OF BALTIMORE

56102

CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Betty Cummings

(a) Residence: No. 814 S. Potomac St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 1927

6. DATE OF BIRTH (month, day, year) Nov 2 1938

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Elijah L Cummings

14. BIRTHPLACE (city or town) Swanton (State or country) Md

MOTHER

15. MAIDEN NAME Anna Huber

16. BIRTHPLACE (city or town) Baltimore (State or country) Md

17. INFORMANT Elijah L Cummings
(Address) 814 S Potomac St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Cem Date Mch 15 1939

19. UNDERTAKER George W Zirkler
(Address) 1229 E Eager St
Funeral Director Williams MD
Registrar.

20. FILED MAR 14 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11 1939

22. I HEREBY CERTIFY, That I attended deceased from March 8 1939 to March 11 1939

I last saw her alive on March 11 1939 Death is said to have occurred on the date stated above, at 8:42 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	3-7-39
Empyema	3-9-39
Staphylococcus type ?	ante
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or Homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Portland Cole M. D.

(Address) Sinai Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56103

~~95-7044~~ 56103

CERTIFICATE OF DEATH

X V 53-E

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 2 mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Betty Lou Zimmerman

If U. S. Veteran specify WAR

(a) Residence: No. 507 W. Queen St., ... Ward. Martinsburg W Va

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 12-25-33

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	5	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) W. Va

FATHER

13. NAME Aaron Zimmerman

14. BIRTHPLACE (city or town) (State or country) W. Va

MOTHER

15. MAIDEN NAME Leona White

16. BIRTHPLACE (city or town) (State or country) W Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Martinsburg W Va. Date 3-15-39

19. UNDERTAKER H Clayton Keebler

(Address) 2301 Edmondson Ave

20. FILED ..., 19... Registrar.

MAR 14 1939 Hunting 3/2

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from ~~Jan 16-1939~~, 19..., to Mar 13, 1939

I last saw her alive on Mar 13, 1939. Death is said to have occurred on the date stated above, at 8:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of orbit, LE with generalized metastases to bones	

Other contributory causes of importance:

Was an operation performed? yes Date of 8-24-38

For what disease or injury?

Name of operation Exenteration of left orbit

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) F H Constantine, M. D.

(Address) Hopkins Hospital

56104 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 56104

95-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp St. 23-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME (or) (Belle) Kirkpatrick

If U. S. Veteran specify WAR .....

(a) Residence: No. 19 E. Henrietta St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe.	White.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. SEAMSTRESS

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. MENS HABERDASHERY

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MD

FATHER

13. NAME SAMUEL KIRKPATRICK

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME RACHEL YOUNG

16. BIRTHPLACE (city or town) (State or country) NOT KNOWN

17. INFORMANT CARL Lanmeyer

(Address) 109 W. 29th St.

18. BURIAL, CREMATION, OR REMOVAL

Place BALTIMORE Date MAR. 14 1939

19. UNDERTAKER C. Howard Strong

(Address) 715 Light St.

20. FILED MAR 14 1939 Thomas J. Kilgallon Registrar

GRG

V0 8

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-12, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-8, 1939 to 3-12, 1939

I last saw her alive on 3-12, 1939. Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardiovascular Dis — Date of onset

Other contributory causes of importance:

Broache pneumonia

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Nathan Wolf M. D.

(Address) Franklin Sq Hosp

56105 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 56105

CERTIFICATE OF DEATH

93-C

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1716 Lindenave St., 14-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Adam Stroh
If U. S. Veteran specify WAR

(a) Residence No. 1716 Lindenave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth C Stroh

6. DATE OF BIRTH (month, day, year) Dec 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	7	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing designer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [redacted]
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER
13. NAME Peter Stroh
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Elizabeth Pfaff
16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Elizabeth C Stroh
(Address) 1716 Lindenave

18. BURIAL, CREMATION, OR REMOVAL
Date March 14 1939
Loudenslager Funeral Home

19. UNDERTAKER Shrine Cathedral
(Address)

20. FILED ..... 19.....
Registrar.

MAR 14 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 39, 19..., to March 12, 1939. I last saw h[illegible] alive on March 11 39, 19... Death is said to have occurred on the date stated above, at 9a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
and paralysis	March 9 39
Other contributory causes of importance:	
Myocarditis	Jan 1 39
arterio sclerosis	P

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Was there an autopsy? No
What test confirmed diagnosis? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, how? .....

(Signed) Walter S Dubbert, M. D.
(Address) 2220 Garrison

F 56106

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 59

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hosp. St., 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. d.

If U. S. Veteran specify WAR

2. FULL NAME Herman B. Hartman

(a) Residence: No. 1117 N. Central Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug.-24-1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41Yrs.	6Mo.	9Days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 0009

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Arundal Corp.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Philip B. Hartman

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Margaret Hallameyer

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT (Address) Mrs. Margaret Hartman 1117 N. Central Ave.

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Cem. March-16-1939

Place Date 19

19. UNDERTAKER (Address) Henry Hoede & Sons Inc. 1301 E. Eager St.

20. FILED MAR 14 1939 19 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March-13-1939

22. I HEREBY CERTIFY, That I attended deceased from January 1933 to March 1939

I last saw him alive on March 13 1939. Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

Diabetic coma — Date of onset 3/12/39

Co.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr. Irving J. Lettman M. D.

(Address) 1304 E. Chase St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

56107 CERTIFICATE OF DEATH 59 56107

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3738 Towanda ave St., 15-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose Gross

If U. S. Veteran specify WAR

(a) Residence: No. 3738 Towanda ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Late Benjamin

6. DATE OF BIRTH (month, day, year): 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Hungary

FATHER

13. NAME: Gerson Propes

14. BIRTHPLACE (city or town) (State or country): Hungary

MOTHER

15. MAIDEN NAME: Jennie ?

16. BIRTHPLACE (city or town) (State or country): Hungary

17. INFORMANT: Samuel Gross
(Address) 3738 Towanda ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cemetery Date Mar. 15, 1939

19. UNDERTAKER: Sol Levinson Bro
(Address) 424-26 W North ave

20. FILED MAR 14 1939 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1939 to March 13, 1939

I last saw her alive on March 12, 1939 Death is said to have occurred on the date stated above, at 12 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	-
diabetes	
Other contributory causes of importance:	
Acute cardiac dilatation	Jan 12-39

Was an operation performed? no Date of -

For what disease or injury? -

Name of operation -

What test confirmed diagnosis clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? - Date of injury - , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Benj. Kahn M. D.

(Address) 2306 Eutaw Place

56108

HEALTH DEPARTMENT—CITY OF BALTIMORE

T 56108

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1425 WILLIAM St. 24-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 2 mos. 2 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME ELIZABETH M. DELANEY

If U. S. Veteran specify WAR .....

(a) Residence: No. 1425 WILLIAM St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	WIDOW

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of JAMES H DELANEY.

6. DATE OF BIRTH (month, day, year) JANUARY 10th 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) BALTO MD

FATHER

13. NAME ANDREW WEBER

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME MARIA KRATZ

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMANT Mrs. LORETTA DELANEY

(Address) 1425 WILLIAM ST.

18. BURIAL, CREMATION, OR REMOVAL

Holy Cross AA Cem. Date MARCH 16 1939

19. UNDERTAKER BERNARD C HARLE

(Address) 121 E WEST ST.

20. FILED MAR 14 1939 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MARCH 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1939, to March 12, 1939

I last saw h[illegible] alive on March 12, 1939. Death is said to have occurred on the date stated above, at 4:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	3 mos.
Other contributory causes of importance:	
Arteriosclerosis	6 mos

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation None

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. B. Whelan M. D.

(Address) 1279 William St

8109

HEALTH DEPARTMENT—CITY OF BALTIMORE

56109

CERTIFICATE OF DEATH

93-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5600 Everhurst Rd 57-15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edgar Linthicum

If U. S. Veteran specify WAR

(a) Residence: No. 5600 Everhurst Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Jessie Busick Linthicum

6. DATE OF BIRTH (month, day, year): Sept. 7 1860

7. AGE: Years 78 | Months 6 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd

10. Date deceased last worked at this occupation (month and year): 1924

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Clarksville Md.

FATHER

13. NAME: Slingsby Linthicum

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Carolina Virginia Spears

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mrs. Eva Leydecker
(Address) 5600 Everhurst Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place: Druid Ridge Date: Mar. 15 1939

19. UNDERTAKER: C. J. MacLure & Sons
(Address) Lake & Haven.

20. FILED: Mar 16 1939 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 12. 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 22 1938 to Mar 12 1939

last saw h alive on Mar 12 1939. Death is said to have occurred on the date stated above, at 8.25 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	Unknown
Other contributory causes of importance: Chronic Myocarditis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) E. D. Ensor M. D.

(Address) 4936 Park Heights Ave.

68

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56110

CERTIFICATE OF DEATH

54-E

1942-30 IS

F 56110

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Geiser

(a) Residence: No. 3042 Edmondson Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Blanche

6. DATE OF BIRTH (month, day, year): 9-5-1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: John Geiser

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Amelia

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): B. C. H. Records

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Park Cem. Date Mar 15th 1939

19. UNDERTAKER Charles P Towell
(Address) 2427 Edmondson Ave

20. FILED MAR 14 1939 Huntington Williams MD
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-12 . 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-27 . 39 to 3-12 . 1939

I last saw him alive on 3-11 . 1939. Death is said to have occurred on the date stated above, at 7A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Urinary Bladder Papilloma to Benign	?
Benign Prostate Hypertrophy	?
Arteriosclerotic Heart disease	?
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) L K Woodward M. D.

(Address) Balto. City Hosp.

55

5111 F 56111

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH West. Balt. Gen. Hospital. Registered No. 179
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 16 Ward)

Length of residence in city or town where death occurred 2 yrs. 1 mos. 11 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Joan Kettenring

(a) Residence: No. 909 Eutaw St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Single.

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of "

6. DATE OF BIRTH (month, day, year) Jan 30, 1937.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) "

11. Total time (years) spent in this occupation "

12. BIRTHPLACE (city or town) (State or country) Baltimore md.

FATHER

13. NAME John Kettenring

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Lavinia Washington

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mrs Louise Kettenring

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date March 14, 1937

19. UNDERTAKER Harry H. Wittle

(Address) 4101 Edmondson ave.

Huntington Williams M.D. Registrar.

FILED MAR 14 1939

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1939.

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ..... and that said deceased came (Inquest, Autopsy or Inquiry)
to death on the day stated above at 7:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Methyl Salicylate.	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Injury occurred 3/11, 1939.
Where did injury occur? 909 Eutaw (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury Drank Methyl Salicylate
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) O. Kann, M. D.
Coroner
(Address) 1215 Hanover

Benjamin Franklin Frost

F 56112

F 56112 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 S. Loudon Ave. St. 20-4 Ward)

Length of residence in city or town where death occurred ..... yrs. Life mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Benjamen Benjamin Franklin Frost

If U. S. Veteran specify WAR .....

(a) Residence: No. 207 S. Loudon Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rosa A. Frost

6. DATE OF BIRTH (month, day, year) Sept. 15 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Washington D.C.
(State or country)

FATHER

13. NAME John ~~Kirby~~ Frost

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Mary E. Kirby

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Rosa A. Frost
(Address) 207 S. Loudon Av.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 1/14/39 19.....

19. UNDERTAKER Frederick A. Cole
(Address) 1100 W. Lombard St.

20. FILED ..... Registrar.

JAN 14 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/11 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 19 1939 to 3/11 1939

I last saw h~~im~~ alive on 3/10 1939 Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	

Other contributory causes of importance:
Chronic myocarditis
Senility

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Alden H. Crowther M. D.

(Address) 4209 Fredonia Ave.

35519

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 56113

CERTIFICATE OF DEATH

157a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ... St. ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Erwin King

If U. S. Veteran specify WAR

(a) Residence: No. Tangier St., ... Ward. Virginia

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 9-5-35

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
3	5 6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Earle King

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Emma Parks

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Tangier Va Date Mch 16 1939

19. UNDERTAKER Geo E Bevans Sr

(Address) 1612 Eutaw St

20. FILED ... 19 ... Deputy Registrar.

MAR 14 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 14. 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 7 1939 to Mar 14 1939

I last saw him alive on Mar 14 1939 Death is said to have occurred on the date stated above, at 5:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus (of brain)	
cause unattermined.	
Influenza	
Pneumonia	2nd

Other contributory causes of importance:

Was an operation performed? yes Date of Mar. 9

For what disease or injury? Hydrocephalus

Name of operation Cerebellar exploration

What test confirmed diagnosis? ... Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Kenneth L. Cockrell M. D.

(Address) Johns Hopkins Hosp.

56114

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56114

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 11-4 Ward) 34J-23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William White (42378)

If U. S. Veteran specify WAR

(a) Residence: No. 926 McCulloh St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 27, 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Junker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME James White

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Gertrude ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL MAR 14 1939 19.

Commissioner of Health

19. UNDERTAKER

(Address) Chas H. A. Moore

20. FILED ... 19...

Registrar.

Huntington W. Virginia, Mar

4650

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 27, 1939 to March 10, 1939

I last saw him alive on March 10, 1939. Death is said to have occurred on the date stated above, at 8:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	Jan 1939
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. M. Curtis, M. D.

(Address) Balto. City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56115

CERTIFICATE OF DEATH

95-F 56115

16010-FS

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Robert Odem

If U. S. Veteran specify WAR

(a) Residence: No. 1412 N. Eden St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	single

5a. If married, widowed, or divorced RUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-4-1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
51	51	1	1 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Willie

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Dinah Odem

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT B.C.H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL [illegible] MAR 14 1939

Place Date 19

[illegible] of Health

19. UNDERTAKER

(Address) Per H. A. Moore

20. FILED MAR 14 1939 Huntington Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 23, 1939 to March 10, 1939

I last saw him alive on March 10, 1939 Death is said to have occurred on the date stated above, at 3.00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Lautalle M. D.

(Address) Baltimore City Hospitals

4651

56116 F 56116

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1121 Valley St., St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME John T. Radford

(a) Residence: No. 1121 Valley St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Hellman Radford

6. DATE OF BIRTH (month, day, year) June 2, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NONE

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME John Radford

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Eliz. Hartwell

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT William J. Radford

(Address) 1129 Valley St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 3/15/1939

19. UNDERTAKER C. Vernon Lemmon

(Address) 4611 Park Heights Ave.

20. FILED ... 19... Registrar.

MAR 14 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from June, 1937, to March, 1939

I last saw h[illegible] alive on March 12, 1939 Death is said to have occurred on the date stated above, at 12:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Right Basal Bronchopneumonia	2/5/39
Chr. Myocardial degeneration with generalized Arteriosclerosis	Jan 1939
(Other contributory causes of importance) Senility	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Xray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William R. Traught M.D.

(Address) 10 E. Biddle St

56117 F 56117

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1600 McHenry St. 19-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Osterloh

(a) Residence: No. 1600 McHenry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Theodore Osterloh

6. DATE OF BIRTH (month, day, year) June 28, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	8	14 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Gebhart

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Kolster

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. William Osterloh
(Address) 1600 McHenry St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date March 15 1939

19. UNDERTAKER W. Amoss
(Address) 1003 N. Baltimore St.

20. FILED MAR 14 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1938 to March 12 1939

I last saw her alive on March 12 1939. Death is said to have occurred on the date stated above, at 8.30P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Feb 1, 1939
Other contributory causes of importance: generalized arteriosclerosis	unknown

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Nathan Racusin M. D.

(Address) 206 S. Gilmor St.

56118 E 56118

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1429 Bank St. St. 3-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth 20 yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Giacomina Barnabei

(a) Residence: No. 1429 Bank St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widower

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of late Nazzareno Barnabei

6. DATE OF BIRTH (month, day, year) May 1 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	10	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER
13. NAME Giuseppe Di Lorenzo
14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER
15. MAIDEN NAME Maria ?
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT (Address) Abramo Barnabei (Son) 21 N. Collincton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. March 15 39

19. UNDERTAKER (Address) Frank Della Rocca 52 N. Monley St.

20. FILED MAR 14 1939 19 Huntington Wilkinson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13 1939

22. I HEREBY CERTIFY, That I attended deceased from March 10 1939 to March 12 1939
I last saw her alive on March 12 1939 Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Hemorrhage	
Other contributory causes of importance: arteriosclerosis	

Was an operation performed? no Date of
For what disease or injury? no
Name of operation
What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A. L. Hornstein M. D.
(Address) 733 Arlington St

56119

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56119

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1805 Parsons St., 13-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Alexander Geddes

If U. S. Veteran specify WAR

(a) Residence: No. 1805 Parsons St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Edith M Geddes

6. DATE OF BIRTH (month, day, year): Nov 3-1865

7. AGE: Years 73 | Months 4 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 1286

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: James Geddes

14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER

15. MAIDEN NAME: Sarah Gunn Hulse

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Edith M Geddes
(Address) 1805 Parsons

18. BURIAL, CREMATION, OR REMOVAL
Place: Ballymore Date: Mch 15 19 3

19. UNDERTAKER: H. Thurgood Sons
(Address) North & Fremont

20. FILED APR 11 1939 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1939 to Mar. 13, 1939

I last saw him alive on Mar. 12, 1939 Death is said to have occurred on the date stated above, at P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1932
Other contributory causes of importance: Acute Cardiac Dilatation	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Robert C. Platt M. D.

(Address) Med Int Bldg.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 56120 (59277)

CERTIFICATE OF DEATH

34-D **F 56120**

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 17-E Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert E. Pratt If U. S. Veteran specify WAR

(a) Residence: No. 1304 Argyle ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary L.

6. DATE OF BIRTH (month, day, year) 7-11-78

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John R Pratt

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ella Cryle

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date May 10 1939

19. UNDERTAKER Mrs. Gertrude Holland

(Address) 1631 Druid Hill Ave.

20. FILED MAR 14 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 2 1939 to Mar 11 1939

I last saw him alive on Mar 11, 1939 Death is said to have occurred on the date stated above, at 10 45 p m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Congestive Ht. failure on basis of Syphilitic Aortic Incompetency	??
Other contributory causes of importance:	
Uremia	March 8
Arteriosclerosis + ? of Lung tumor	?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Emmanuel Billingsley M. D.

(Address) Johns Hopkins Hosp.

RAY Bell

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56121 F 56121

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. St. 23-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Ray [redacted] Bell

If U. S. Veteran specify WAR

(a) Residence: No. 19 E. Hamburg St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of Mildred V Bell (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 12 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookbinder, W.P.A.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0064

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ohio (State or country)

FATHER

13. NAME Custer Bell

14. BIRTHPLACE (city or town) Ohio (State or country)

MOTHER

15. MAIDEN NAME Eva Ballou

16. BIRTHPLACE (city or town) Boston (State or country)

17. INFORMANT Mrs. Mildred V Bell

(Address) 19 E Hamburg st

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 15. 1939

19. UNDERTAKER William M Mareck

(Address) 715 Light St

20. FILED . 19 Registrar.

MAR 14 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1939 to ~~Feb~~ March 12 1939

I last saw him alive on March 12, 1939 Death is said to have occurred on the date stated above, at 5 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Feb 25
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Nathan Wolf, M. D.

(Address) Finder & Son

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56122 F 56122

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 4403 Wentworth Rel 2 6-7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Lockard Brown
If U. S. Veteran specify WAR

(a) Residence: No. 4403 Wentworth Rel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 11-1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME William S. Brown

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Frances N. Barton

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Miss Frances N. Brown
(Address) 4403 Wentworth Rel.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem Date March 15 1939

19. UNDERTAKER Charles S. Black
(Address) 742 W. North Ave.

20. FILED Huntington Williams Registrar
MAR 14 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/13, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1938 to March 13, 1939
I last saw h alive on March 12, 1939 Death is said to have occurred on the date stated above, at 8:40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation	

Other contributory causes of importance:
Arteriosclerosis, myocarditis
nephritis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) J. J. Kolenyck M. D.
(Address) 4710 Liberty Hts

6123

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56123

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4600 Resistivum Rd St., 15-43 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? 25 yrs. mos. ds.

2. FULL NAME Israel Glock

If U. S. Veteran specify WAR

(a) Residence: No. 4600 Reistivum Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Sarah Glover

6. DATE OF BIRTH (month, day, year) 1885

7. AGE: Years 54; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Poland

FATHER

13. NAME: Joseph Glover

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: Baila Hinda

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: Michael Reisenstein

(Address) 4600 Reis. Road

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Friendship Date March 17, 1939

19. UNDERTAKER: Jack Rayne Inc

(Address) 1439 E. Baltimore St

20. FILED MAR 14 1939 Huntington Williams Registrar

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 6 days

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Harry Hamman Coroner M. D.

(Address) 1210 Hanover

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56124

F 56124

CERTIFICATE OF DEATH

14-272-a 41559 38

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospl. St. 14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Clarence Scott

(a) Residence: No. 1726 Division St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Alice

6. DATE OF BIRTH (month, day, year) 6-26-1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country)

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) ?
(State or country)

MOTHER

15. MAIDEN NAME Martha ?

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Sacred Heart Cem. Date 3/14 1939

19. UNDERTAKER John J. Fahey & Sons
(Address) 318 Light St.

20. FILED MAR 14 1939 Thursday for Wilkins

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-8 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-1 1939 to 3-8 1939

I last saw him alive on 3-7 1939. Death is said to have occurred on the date stated above, at 12.05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphocytic leukemia	?
Anemia	few days

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. R. Woodward Jr. M. D.

(Address) Balto City Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

56125 #42281

CERTIFICATE OF DEATH

122-2 SF F 56125

Registered No. 26-12

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 28 yrs Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Stanislaw Wernic

(a) Residence: No. no home St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine

6. DATE OF BIRTH (month, day, year) 5/8/1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unk.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Frances Wernic

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Pauline

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Sacred Heart Cem. Date 3/14 1939

19. UNDERTAKER John J. Fahey & Sons
(Address) 30 Campbell St.

20. FILED ... 19... Deputy Registrar.

MAR 14 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-10, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-22, 1939, to 3-10, 1939

I last saw him alive on 3-10, 1939 Death is said to have occurred on the date stated above, at 11.55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Right inguinal Hernia	?
Bronchopneumonia	several days
Uremia	several days

Other contributory causes of importance:

Infected Wound Abdominal Wall due to ... several days

Was an operation performed? Yes Date of 3-3-39

For what disease or injury? ...

Name of operation Herniaplasty

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? Unknown If so, specify ...

(Signed) L. Eschelman M. D.

(Address) Balto. City Hosp.

56126

F 56126

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1568 Ridgely St 21-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph J. Dunnigan

If U. S. Veteran specify WAR .....

(a) Residence: No. 1568 Ridgely St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mh	Male	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lab

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. foundry

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Edw. Dunnigan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Brigit ?

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John Dunnigan
(Address) Elliott St & Kenworth Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Mar 16 - 39

19. UNDERTAKER Tilley & Zeleznik
(Address) 403 Lexington

Huntington Williams, Registrar.

20. FILED MAR 15 1939

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 13, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, and that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation. ..... Date of .....

What test confirmed diagnosis? Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) M Hanna M. D.
Coroner

(Address) 822 W Baltimore St.

56127 HEALTH DEPARTMENT—CITY OF BALTIMORE F 56127

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH Union Memorial Hospital

Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 42-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Jessie C. Elwell

If U. S. Veteran specify WAR .....

(a) Residence: No. 3209 Guilford Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed, or Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, ~~divorced~~
~~HUSBAND~~ of
(or) WIFE of Neal Elwell

6. DATE OF BIRTH (month, day, year) Jan 25 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) McKeesport Pa.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Ella Larkin
(Address) 3209 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cemetery Date Mar 15 1939

19. UNDERTAKER Wm Cook
(Address) 1217 E Pratt St

20. FILED ..... 19..... Registrar.

MAR 15 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/14, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1/19, 1939 to 3/14, 1939

I last saw h~~e~~r alive on 3/14, 1939 Death is said to have occurred on the date stated above, at 8:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	
Pulmonary edema	
Other contributory causes of importance:	
Art. sclerosis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) J. H. Mason Knight, M. D.

(Address) Union Memorial Hosp.

IF 3961

56128

HEALTH DEPARTMENT—CITY OF BALTIMORE

56128

CERTIFICATE OF DEATH ✓ CGK--42756

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 2-1 Ward) 52 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Weaver

If U. S. Veteran specify WAR

(a) Residence: No. 241 S. Castle St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If ~~married~~ widowed, ~~or divorced~~ (or) ~~HUSBAND of~~ WIFE of Geo. Weaver Unknown

6. DATE OF BIRTH (month, day, year) Unknown 3/22/1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Unknown Elkton Md

FATHER

13. NAME Unknown James McKeegan

14. BIRTHPLACE (city or town) (State or country) Unknown Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Md

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Mar 8 1939

19. UNDERTAKER Wm Cook
(Address) 129 E. Paul St

20. FILED , 19 Registrar.

MAR 15 1939

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 3-12 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-9 1939 to 3-12 1939

I last saw h.e.r alive on 3-12 1939. Death is said to have occurred on the date stated above, at 11P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Basal cell Carcinoma Face	?
Generalized arteriosclerosis	?
Other contributory causes of importance: Bronchopneumonia	3/11/39

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Unknown If so, specify

(Signed) E. K. Woodward Jr. M. D.

(Address) Balto City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56129

56129

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1708 E. 29th St. 9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Sarah Rebecca Hardester

(a) Residence: No. 1708 E. 29th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed, or Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ HUSBAND (or) WIFE of George M. Hardester

6. DATE OF BIRTH (month, day, year) Sept 29th 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME James Hubbard

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Susan Mills

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT M. Kapler

(Address) 1708 E. 29th St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Mar 16th 1939

19. UNDERTAKER Wm Rot

(Address) 1217 St Paul St

20. FILED Harrington for Williams Registrar

MAR 15 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 14th 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 1st, 1939, to Mar 14, 1939

I last saw her alive on , 19 . Death is said to have occurred on the date stated above, at 5:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	
Encephalitis	
Other contributory causes of importance:	
Cardio-renal disease	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Strong M. D.

(Address) 3106 Kenyon Rd.

56130 Harry B Lockwood F 56130

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH St Agnes Hospital
CITY OF BALTIMORE: (No. Wilkens & Cat St. 17-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5/ yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mr. Harry B. Lockwood

(a) Residence: No. 113 E. 32nd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Marie

6. DATE OF BIRTH (month, day, year) Nov 24th 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired ft 66

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Salesman

10. Date deceased last worked at this occupation (month and year) 1928 | 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Frank W. Lockwood

14. BIRTHPLACE (city or town) (State or country) Alexandria Va.

MOTHER

15. MAIDEN NAME Margaret Bayless

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Harry B Lockwood
(Address) 113 E 32nd St

18. BURIAL, CREMATION, OR REMOVAL. Place Druid Ridge Date Mar 16th 1939

19. UNDERTAKER Wm Cook
(Address) 120 St Paul St
Huntington Williams Mortuary

20. FILED ..... 19.....

MAR 15 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/14, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/6, 1939, to 3/14, 1939

I last saw h~~im~~ alive on 3/14, 1939 Death is said to have occurred on the date stated above, at 3:15 A.m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis with congestive heart failure. — Date of onset

Other contributory causes of importance:

Hypertrophy of the prostate — Date of onset

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert Shephard M. D.

(Address) St. Agnes Hospital

F 56131

56131 HEALTH DEPARTMENT—CITY OF BALTIMORE

42680

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md. St. 10-3 Ward) Registered No. V 95-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew Finney If U.S. Veteran specify WAR

(a) Residence: No. 1010 E. Monument Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) Aug 1869.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Odd Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Henry Finney

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Bertha Warner

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT (Address) Records Baltimore City Hospitals

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date 3/15 1939

19. UNDERTAKER (Address) Casper Sanders 1413 E Preston St

20. FILED 1939 Henry J. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-10-39 , 19

22. I HEREBY CERTIFY, That I attended deceased from 3-7-39 , 19 , to 3-10-39 , 19

I last saw him alive on 3-10-39 , 19 . Death is said to have occurred on the date stated above, at 8:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis general	prior 3/7/39
Cardio-nephritis	prior 3/7/39

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. L. Schmuck M. D.

(Address) Baltimore City Hospitals.

56132

HEALTH DEPARTMENT—CITY OF BALTIMORE 56132

CERTIFICATE OF DEATH

106-a

1. PLACE OF DEATH: St Agnes Hospital

CITY OF BALTIMORE: (No. ..... St. Baltimore, Md. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME: Patricia Martinelli

If U. S. Veteran specify WAR .....

(a) Residence: No. 3223 Leeds St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Sept 12-1938

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country): Joseph Martinelli W. Va

15. MAIDEN NAME: Angelina Castine

16. BIRTHPLACE (city or town) (State or country): W. Va

17. INFORMANT: Mrs Joseph Martinelli

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cem. Date: Mch 16 1939

19. UNDERTAKER: Geo L Boyer Jr

(Address) 1612 Fulton St

20. FILED APR 15 1939 [illegible] Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mch 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1939, to Mar. 13, 1939

I last saw him alive on Mar. 13, 1939 Death is said to have occurred on the date stated above, at 9:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Laryngo-tracheo-bronchitis	2 Mo.
Laryngeal Oedema	3-13-39

Other contributory causes of importance:

Was an operation performed? Yes. Date of .....

For what disease or injury? Laryngeal oedema

Name of operation: Emergency Tracheotomy.

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Joseph E. Muse M. D.

(Address) St. Agnes Hosp.

56133 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 56133

CERTIFICATE OF DEATH

✓ 46-D

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1115 W 36th St. 13-6 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice M. James.
If U. S. Veteran specify WAR

(a) Residence: No. 1114 W 36th St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm. H. James.

6. DATE OF BIRTH (month, day, year) Dec 3 1879

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
59	3	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER
13. NAME Montfort Chilcoat
14. BIRTHPLACE (city or town) (State or country) md.

MOTHER
15. MAIDEN NAME Elizabeth ?
16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Wm. H. James.
(Address) 1114 W 36th St.

18. BURIAL, CREMATION, OR REMOVAL
Woodlawn Date March 16 1939

19. UNDERTAKER Chenoweth & Son
(Address) 2615-17 Christmas Ave
Huntington, Williams Telephone

20. FILED MAR 15 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 14 1939 to Mar 13 1939
I last saw h[illegible] alive on Mar 13 1939 Death is said to have occurred on the date stated above, at 5:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum.	3/1/38
Other contributory causes of importance: None	

Was an operation performed? Yes Date of
For what disease or injury? Carcinoma of Colon
Name of operation Colostomy
What test confirmed diagnosis? Physical findings & Path. Exam. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. G. Gilleach M. D.
(Address) 1614 Fales Rd. Roland Park

HEALTH DEPARTMENT—CITY OF BALTIMORE

56134

CERTIFICATE OF DEATH

174

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lee Well Barnes

(a) Residence: No. 411 N. Ann St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Florence Barnes

6. DATE OF BIRTH (month, day, year) 1915

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N C

FATHER

13. NAME Williams Barnes

14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME Charity Humphrey

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Harold Barnes
(Address) 411 Ann St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Mar 15th 1939

19. UNDERTAKER Thos O Wilson
(Address) 1000 Brantley Ave

20. FILED MAR 15 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 8 39

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, Autopsy or Inquiry thereon and from the evidence obtained by said inquest, Autopsy or Inquiry find that said deceased came his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stab wound neck	3/8/39
Other contributory causes of importance: —	39

Was an operation performed? — Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur 15 E Biddle St Balto.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury Stabbed by unknown Negro
Nature of injury Stab wound of neck.

24. Was disease or injury in any way related to occupation of deceased?

(If so, specify)

(Signed) George S. Allen M. D.
Coroner

(Address) 20 E Pleasant St

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56135

56135

CERTIFICATE OF DEATH

82-a

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 310 Myrtle Ave St., 7 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Laura A Blue

(a) Residence: No. 310 Myrtle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Cal
5. Single, Married, Widowed, or Divorced (write the word): Widow
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Wm Harris
6. DATE OF BIRTH (month, day, year): [illegible] 1865
7. AGE: Years 74; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —
10. Date deceased last worked at this occupation (month and year): —
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER
13. NAME: Wm Harris
14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER
15. MAIDEN NAME: Dont Know
16. BIRTHPLACE (city or town) (State or country): [illegible]

17. INFORMANT: Laura A Blue
(Address): 310 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Auburn Date: Mar 14 19 39

19. UNDERTAKER: Edw O Wilson
(Address): 1000 Brantley Ave

20. FILED: MAR 10 1939 Registrar. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/11/39

22. I HEREBY CERTIFY, That I attended deceased from Feb 20 19 39 to 3/11/39 19 ..... I last saw h[illegible] alive on 3/11/39. Death is said to have occurred on the date stated above, at [illegible] a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	2/19/39
Other contributory causes of importance:	
Arteriosclerosis	Prob 39

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Wm Frederick Dunn M. D.
(Address) 1000 Eutaw Pl

M. D. B. 1268-9

56136

F 56136

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 N. Carey St., 16-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Blake

(a) Residence: No. 907 N. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Blake

6. DATE OF BIRTH (month, day, year) Aug 8 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lexington Va

FATHER

13. NAME John H Davies

14. BIRTHPLACE (city or town) (State or country) Lexington Va

MOTHER

15. MAIDEN NAME Elizabeth Woodson

16. BIRTHPLACE (city or town) (State or country) Lexington Va

17. INFORMANT Edward Blake

(Address) 907 N Carey St.

18. BURIAL, CREMATION, OR REMOVAL

Pl[illegible] Cem. Date 3/17 1939

19. UNDERTAKER J. Wm. Holland

(Address) 1631 Harwood Hill Ave

Huntington Williams, M.D.

APR 15 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1936 to March 14, 1939

I last saw h[illegible] alive on March 13, 1939. Death is said to have occurred on the date stated above, at 6:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	3/13/39

Other contributory causes of importance:

Cerebral Hemorrhage	3/12/39
Chronic Myocarditis	?
Arterio-Sclerosis	?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible] M. D.

(Address) 11 W. Lexington St

6137

F 56137

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 315 N Carey St. 18-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Claire Harvey

(a) Residence: No. 315 N Carey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 9 1939

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME Charles Harvey

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Harriett Rogers

16. BIRTHPLACE (city or town) (State or country) NC

17. INFORMANT Harriett Harris

(Address) 315 N. Carey St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 3/15/ ..., 1939

19. UNDERTAKER Wm. Geo. McCollum

(Address) 1831 Pennsylvania Ave

20. FILED MAR 15 1939 Harrington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 3 14 ..., 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) find that said deceased came to death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchopneumonia (Primary)	3/ 12/ 37

Other contributory causes of importance —

Was an operation performed? — Date of ...

For what disease or injury? —

Name of operation — Date of ...

What test confirmed diagnosis? Wat Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) George L. Collins M. D.

(Address) 1500 Eutaw Pl

V S 6

56138 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 56138

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 836 Stricker St. 16-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Annie Spriggs

(a) Residence: No. 836 Stricker St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Spriggs

6. DATE OF BIRTH (month, day, year) July 26 1911

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
27	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own Home

10. Date deceased last worked at this occupation (month and year) unknown

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Charles Co. Md

FATHER

13. NAME James Forrest

14. BIRTHPLACE (city or town) (State or country) Chas. Co. Md

MOTHER

15. MAIDEN NAME Mary Burris

16. BIRTHPLACE (city or town) (State or country) Chas. Co. Md

17. INFORMANT Mary Forrest
(Address) 836 Stricker St.

18. BURIAL, CREMATION, OR REMOVAL
Place Charles Co. Md Date 3-15 1939

19. UNDERTAKER Mrs Frances A. Hemsley
(Address) 575 W. Biddle St.

20. FILED 3-16-1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 — 13 — 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-8- 1939 to 3-13- 1939

I last saw her alive on 3-12- 1939. Death is said to have occurred on the date stated above, at 6:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Dec 1938

Other contributory causes of importance:

unknown

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation Lab. and physical examination No

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank A Saunders M. D.

(Address) 1129 N. Stricker St.

9 3

56139 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 56139

CERTIFICATE OF DEATH

148

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. 2913 Riggs Ave. St. 16-7 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Louise Jamison — If U. S. Veteran specify WAR .....

(a) Residence: No. 2913 Riggs Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of John Oliver Jamison

6. DATE OF BIRTH (month, day, year) Oct. 5, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John E. Frist

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Margaret Ann Arthur

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr. John Oliver Jamison (Address) 2710 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cemy. Date 3/16/ 19 39

19. UNDERTAKER John O. Mitchell & Sons (Address) 1900 Eutaw Place

20. FILED ..... 19.... Registrar.

MAR 15 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 19 39

22. I HEREBY CERTIFY, That I attended deceased from March 1st 19 39 to Mar. 13th 19 39

I last saw her alive on Mar 13th 19 39. Death is said to have occurred on the date stated above, at 7.50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma uterus	
& metastasis	
Other contributory causes of importance	

Was an operation performed? Hysterectomy Date of 1 yr ago

For what disease or injury? Carcinoma uterus

Name of operation Hysterectomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos Brandt M. D.

(Address) 3045 W. North Ave.

56140 HEALTH DEPARTMENT—CITY OF BALTIMORE F 56140

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital Registered No.

CITY OF BALTIMORE: (No. St., 16-1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Max Dekelbaum If U. S. Veteran specify WAR

(a) Residence: No. 3526 7th St. Washington, D.C. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Dena

6. DATE OF BIRTH (month, day, year) 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Jacob Dekelbaum

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT David Dekelbaum

(Address) Washington D. C.

18. BURIAL, CREMATION, OR REMOVAL Lee Woods D.C. National Capitol Cemty Date March 15 1939

19. UNDERTAKER Sol Lipsman & Bro

(Address) 1124-26 W North Ave

20. FILED ~~Mar.~~ 19~~3~~ by Hunting [illegible] Registrar.

MAR 15 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1939, to March 15, 1939. I last saw him alive on March 15, 1939. Death is said to have occurred on the date stated above, at 4:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral thrombosis (internal capsule - left)	
Other contributory causes of importance: Bronchopneumonia (terminal)	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) M. D.

(Address)

F 56141

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56141

CERTIFICATE OF DEATH

1. PLACE OF DEATH Sinai Hospital 15-12-46-C Registered No.

CITY OF BALTIMORE: (No. St. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob Meyers If U. S. Veteran specify WAR

(a) Residence: No. 3455 College Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca

6. DATE OF BIRTH (month, day, year) 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hyd. Brooks
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Wash Blvd Date 3/15/39

19. UNDERTAKER Jas Louis Inc.
(Address) 1439 E. Baltimore St.

20. MAR 15 1939, 19 Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1939, to March 15, 1939.

I last saw him alive on March 15, 1939. Death is said to have occurred on the date stated above, at 1:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	
Carcinoma of sigmoid	
Other contributory causes of importance:	

Was an operation performed? yes Date of March 8

For what disease or injury? Carcinoma of sigmoid

Name of operation Colostomy

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elliott Macpherson, M. D.

(Address) Sinai Hospital

56142

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 56142

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH Balto City Hospitals

Registered No. 1872

CITY OF BALTIMORE: (No. Bay View 30. St. 18-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Wells

If U. S. Veteran specify WAR

(a) Residence: No. 872 W. Fairmount Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Wells

6. DATE OF BIRTH (month, day, year) Jan. 25-1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	1	14 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Henry Jones

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Kate ?

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Blanche Harris

(Address) 872 W. Fairmount Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Mar 15, 1939

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 E Schroeder St.

20. FILED MAR 15 1939 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Minute
Valvular Heart disease	Year
Other contributory causes of importance:	
Arteriosclerosis	Year

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 712 N. Bond St.

V S 6

6143

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56143

CERTIFICATE OF DEATH

✓ 210-M

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hospital St. 17-3 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Samuel Willmore

(a) Residence: No. 522 N. Pine St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Estella Willmore

6. DATE OF BIRTH (month, day, year) Dec. 2 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Washer in Laundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co. Maryland

FATHER

13. NAME Wesley Willmore

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Estella Willmore

(Address) 522 Pine St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Mar 17, 1939

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 E. Lexington St.

19 Huntingdon Pennsylvania

MAR 15 1939

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest and that said deceased came (Inquest, Autopsy or Inquiry) to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Accident March 11, injury occurred 1939 . 19

Where did injury occur? Balto, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Crossing Franklin St at Myrtle Av

Nature of injury struck by Auto.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) [illegible]

3144

HEALTH DEPARTMENT—CITY OF BALTIMORE F 56144

CERTIFICATE OF DEATH

√23

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 22-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louise Newman (38566) If U. S. Veteran specify WAR

(a) Residence: No. 729 Dover St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 26, 1911

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	27	8	14 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. Car.

FATHER

13. NAME James Smith

14. BIRTHPLACE (city or town) (State or country) ??

MOTHER

15. MAIDEN NAME Mary Davis

16. BIRTHPLACE (city or town) (State or country) S. Car.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date March 15, 1939

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Eutaw St.

20. FILED ... by Mrs. Williams, Mgr.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from November 1, 1938 to March 12, 1939

I last saw her alive on March 12, 1939. Death is said to have occurred on the date stated above, at 5:25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	1 yr.
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. M. Curtis, M. D.

(Address) Balto. City Hospitals

6145

✓ F 56145

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

-82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4814 Curtis Ave. St., 25-5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Sally Raguckas

(a) Residence: No. 4814 Curtis Avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Raguckas

6. DATE OF BIRTH (month, day, year) Oct. 25, 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0-31

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER FATHER

13. NAME Pocis

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Charles Raguckas
(Address) 4814 Curtis Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 3/17/ 1939

19. UNDERTAKER Chas B. Kuchenbecker
(Address) 637 Sand Lane St.
Huntingtown Williams, M.D.

20. FILED MAR 15 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said inquiry and that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/15/ 1939

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Dr. Irving J. Settleman, M. D.
Coroner

(Address) 1304 E. Chase St.

V S 6

56146

HEALTH DEPARTMENT—CITY OF BALTIMORE

56146

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4310 Biddison Ave St. 26-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Katherine Eikenberg, nee Kasper

If U. S. Veteran specify WAR

(a) Residence: No. 4310 Biddison Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Eikenberg

6. DATE OF BIRTH (month, day, year) Dec 6th 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home and

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Kasper Kasper

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Minnie Brinkman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Dora Sanders

(Address) 4310 Biddison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 3 | 17 | 39 19

19. UNDERTAKER Mr. Weber Son

(Address) 2513 Edmondson Ave

20. FILED 19

Registrar

3-15 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 | 14 | 39 . 19

22. I HEREBY CERTIFY, That I attended deceased from March 9, 19 39, to March 14, 19 39

I last saw h[illegible] alive on March 14, 19 39. Death is said to have occurred on the date stated above, at 8.35 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	3-10-39
Chronic Endocarditis	7.
Other contributory causes of importance:	
Asthma Bronchial	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Michael Fronfield M. D.

(Address) 5702 Belair Rd

3147 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 56147

CERTIFICATE OF DEATH

122-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Sadie Wagman

If U. S. Veteran specify WAR

(a) Residence: No. 933 S. Queen St. Ft. Pl. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/17/1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Registered Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 2 years

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pennsylvania
(State or country)

MOTHER FATHER

13. NAME John H. Wagman

14. BIRTHPLACE (city or town) Pennsylvania
(State or country)

15. MAIDEN NAME Amanda Carr

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Mercy Hospital Records
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Fort Pl Date 3/15/39 19

19. UNDERTAKER C. A. Strauch & Sons
(Address) Fort Pl. & Ft. Pl. St.

20. 3/17/39 19 Huntington Wm

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/15/39 19

22. I HEREBY CERTIFY, That I attended deceased from 3/1/39 19 to 3/15/39 19

I last saw h alive on 3/12/39 19 Death is said to have occurred on the date stated above, at 5 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	3/6/39
Abscess of Body Wall	3/1/39

Other contributory causes of importance:

Arteriosclerosis	
Myocarditis Chronic	3/1/39

Was an operation performed? Yes Date of 3/13/39 - 3/13/39

For what disease or injury? Pneumonia - Bilateral Abscess

Name of operation Incision & Drainage - Bilateral Abscess

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. Stevens M. D.

(Address) Mercy Hospital

MAR 16 1939

EJG

3148 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 56148

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 443 E. Gittinga St. 24-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Lakey

If U. S. Veteran specify WAR

(a) Residence: No. 443 E. Gittinga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (Write the word): Widow

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Hamid Lakey

6. DATE OF BIRTH (month, day, year): April 30, 1850

7. AGE: Years 88 | Months 10 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Portsmouth Va

FATHER

13. NAME: John Waters

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Sarah Regan

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs. Thos. Cuddy

(Address): 443 E. Gittinga

18. BURIAL, CREMATION, OR REMOVAL

Place: Bethedral Cem. Date 3/17, 1939

19. UNDERTAKER: Margaret G. Flynn

(Address): 1432 Eighth St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 3, 1939, to March 17, 1939.

I last saw deceased alive on March 17, 1939. Death is said to have occurred on the date stated above, at 6.00 p.m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency

Date of onset

Other contributory causes of importance:

Arteriosclerosis a Thrombosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John C. Schmuck M. D.

(Address) 1337 S. Charles St

56149 Bowers F 56149

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mat Balto Gen. Hosp St. 2[illegible] Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stephen Harold Bowers

If U. S. Veteran specify WAR

(a) Residence: No. 5521 Norwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 3/13/39

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
2 days	0	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

MOTHER FATHER

13. NAME Pvt Medal Bowers

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

15. MAIDEN NAME Margaret Ellen Nelson

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

17. INFORMANT Wife
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 3/15/39

19. UNDERTAKER Leonard J. Rucks
(Address) 5305 Harford Ave.

20. FILED 19 Registrar.

MAR 13 1939 Huntingtown, Calvert, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 13th, 1939, to Mar 15, 1939

I last saw him alive on Mar 15th, 1939. Death is said to have occurred on the date stated above, at 10:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital heart disease	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. O'Shea, M. D.

(Address) USN

56150 ✓ F 56150

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 oc

1. PLACE OF DEATH Balto City Hospital Registered No. 1677

CITY OF BALTIMORE: (No. Bay View St., 36 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rhuenitz Baby Girl ☐ U. S. Veteran specify WAR

(a) Residence: No. 236 S. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): ✓

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day 4 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Gelten

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Phyllis Rhuenitz

16. BIRTHPLACE (city or town) (State or country) 23 Balto. Md.

17. INFORMANT Phyllis Rhuenitz Mother

(Address) 236 S. Bond St.

18. BURIAL, CREMATION, OR REMOVAL JOHNS HOPKINS MEDICAL SCHOOL MAR 15 1939 19

Place [illegible]

19. UNDERTAKER [illegible]

(Address)

20. FILED Mar 15 1939 Hattie Lee Williams Registrar

3/15 1939 3/c 4654

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis	1 day
Premature Birth	7 Month

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Thos. W. Wood M. D.
Coroner

(Address) 1712 N. Bond St.

56151

HEALTH DEPARTMENT—CITY OF BALTIMORE E 56151

CERTIFICATE OF DEATH

34-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 954-Forrest St., 10-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Richard R. Dorsey

If U. S. Veteran specify WAR

(a) Residence: No. Maryland Penitentiary St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sandy Springs, Md.

FATHER

13. NAME Henry Dorsey

14. BIRTHPLACE (city or town) (State or country) Sandy Springs Md.

MOTHER

15. MAIDEN NAME Rosie Cook

16. BIRTHPLACE (city or town) (State or country) Howard County Md.

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 15 1939

19. UNDERTAKER Commissioner of Health
(Address)

20. FILED ... Registrar.

4653

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/11/39 19

22. I HEREBY CERTIFY, That I attended deceased from November 9, 1938 to March 11 1939

I last saw him alive on March 11, 1939. Death is said to have occurred on the date stated above, at 4.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	
Other contributory causes of importance: Syphilitic aortitis with aortic insufficiency	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) John F. Aubrey, M. D.

(Address) Temple Court Apts. 34th & Hinkford Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

56152

CERTIFICATE OF DEATH

154 F 56152

1. PLACE OF DEATH U.S. MARINE HOSPITAL, BALTIMORE, MARYLAND — Registered No. .....

CITY OF BALTIMORE: (No. ..... St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. 4 mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mo. ..... da.

2. FULL NAME John Kennedy — If U. S. Veteran specify WAR .....

(a) Residence: No. ..... St., ... Ward. Boston, Mass.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr. 29, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Deck-hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Barge

10. Date deceased last worked at this occupation (month and year) Oct. 1925

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ? (State or country) Newfoundland

MOTHER FATHER

13. NAME Samuel Kennedy

14. BIRTHPLACE (city or town) ? (State or country) Newfoundland

15. MAIDEN NAME Mary Brennan

16. BIRTHPLACE (city or town) ? (State or country) Newfoundland

17. INFORMANT Records-U.S. Marine Hospital
(Address) Wyman Park Drive, Balto., Md.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's, Hampden Date March 16 19 39

19. UNDERTAKER E. Leroy Stubbs, Inc.
(Address) 125 E. Monument Ave.

20. FILED MAR 15 1939 Washington Nitkin, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 19 39

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 19 25 to March 14, 19 39

I last saw him alive on March 14, 19 39 Death is said to have occurred on the date stated above, at 3:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, hypostatic, bilateral	3/3/39
Senility	unknown
Other contributory causes of importance:	

Was an operation performed? Yes Date of 6/5/31

For what disease or injury? Osteomyelitis

Name of operation Amputation, 2nd toe, rt, 3d toe, lft

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) I. B. H. [illegible] M. D.

(Address) U. S. Marine Hospital, Balto., Md.

Lena Wells

HEALTH DEPARTMENT—CITY OF BALTIMORE

56153

CERTIFICATE OF DEATH

F 56153

107-a

1. PLACE OF DEATH Franklin Sq. Hosp. 13-b

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Lena Wells

(a) Residence: No. 3406 Bucknell Av. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
F.	W.	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Thomas A. Wells

6. DATE OF BIRTH (month, day, year) Jan. 21, 1853

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	86	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER'S NAME

13. NAME Unknowne

14. BIRTHPLACE (city or town) (State or country) " "

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Mrs John Bull

(Address) 3406 Beech Ave.

18. BURIAL, CREMATION, OR REMOVAL March 16, 1939

Place Western Cemetery

19. UNDERTAKER E. Leroy Stadler, Inc.

(Address) 125 E. North Ave.

MAR 15 1939

Huntington Williams, U.P.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-14, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-12-, 1939 to 3-14, 1939

I last saw her alive on 3-14, 1939 Death is said to have occurred on the date stated above, at 3:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. P. Friedman, M. D.

(Address) Franklin Sq. Hosp.

56154

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-F F 56154

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Vernie R Graham

If U. S. Veteran specify WAR

(a) Residence: No. R.D. New Windsor Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Graham

6. DATE OF BIRTH (month, day, year) Dec. 25 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md

FATHER

13. NAME Isaac Hetrick

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Martha Hammond

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Louis Graham

(Address) New Windsor, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Fairview Cem. Date March 18 1939

19. UNDERTAKER C. M. Walt

(Address) Westfield Md.

MAR 15 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas	
Other contributory causes of importance:	
Cachia	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ....., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. J. Lisanby M. D.

(Address) Mercy Hospital

155 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 56155

CERTIFICATE OF DEATH

1. PLACE OF DEATH Church Home & Inf. 6-2-108 Registered No.....

CITY OF BALTIMORE: (No.....St., 6 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs.....mos.....da. How long in U. S. If of foreign birth?...yrs.....mos.....da.

2. FULL NAME Elizabeth Allen If U. S. Veteran specify WAR .....

(a) Residence: No. 405 N. Lakewood Ave, Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of Thomas Allen

6. DATE OF BIRTH (month, day, year) June 6, 1885

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
54	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph Rotenberger

14. BIRTHPLACE (city or town) (State or country) Westminster Md

MOTHER

15. MAIDEN NAME Anna Sophia Pfaff

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Patient
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place London Pk. Cemetery Date 3/16/1939

19. UNDERTAKER E. J. Tanney & Son
(Address) 938 E. Lafayette Ave.

20. FILED ..., 19... Registrar.

MAR 15 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1939, to Mar 13, 1939

I last saw her alive on Mar 13, 1939. Death is said to have occurred on the date stated above, at 5:30 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	3 years
Pneumonia, Lobar	2 weeks
Old Rheumatic Lesion, Heart	45 yrs

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wesley J. Ketz, M. D.

(Address) Church Home and Inf.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56156

CERTIFICATE OF DEATH

108 F 56156

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyden Hospital St., 23 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME James Henry Wilkes

(a) Residence: No. 1125 Race St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 15, 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER'S MAIDEN NAME

13. NAME John Williams

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Florence Wilkes

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT President Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL JOHNS HOPKINS MEDICAL SCHOOL MAR 15 1939
Place Date 19
Commissioner of Health

19. UNDERTAKER Per U. A. Boone
(Address)

20. FILED MAR 15 1939 19 Huntington Williams M.D.
Registrar

4656

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1939 to March 10, 1939

I last saw h— alive on March 10, 1939 Death is said to have occurred on the date stated above, at 10 40 a.m.

The principal cause of death and related causes of importance were as follows: (Over)

	Date of onset
Lobar Pneumonia	3/6/39
Bilateral Otitis Media	
Pneumococcus Sepsis	3-7-39

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Robert Hurley M. D.
(Address) Lyden Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56157 CERTIFICATE OF DEATH F 56157

1. PLACE OF DEATH Bon Secours Hospital Registered No.
CITY OF BALTIMORE: (No. 2-W Ward) 121 St., (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR
2. FULL NAME Mrs. anna Heyda
(a) Residence: No. 709 N. Port St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married.

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Heyda.

6. DATE OF BIRTH (month, day, year) Aug 2, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	7	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford County. Md.
13. NAME ? Fuka.
14. BIRTHPLACE (city or town) (State or country) Czechoslovakia.
15. MAIDEN NAME Skotte
16. BIRTHPLACE (city or town) (State or country) Czechoslovakia.
17. INFORMANT (Address) John Jos. Heyda. 709 N. Port St.
18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 3/16/39
19. UNDERTAKER (Address) C. E. Schimmel 2603 E. Madison, St.
MAR 15 1939 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-12- 1939
22. I HEREBY CERTIFY, That I attended deceased from 3-6- 1939 to 3-12- 1939
I last saw alive on 3-12-39 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-10-39
Peritonitis	3-6-39
Other contributory causes of importance: Ruptured appendix	3-6-39

Was an operation performed? yes Date of 3-6-39
For what disease or injury? Appendicitis
Name of operation appendectomy
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so specify

(Signed) George H. Brantlik M. D.
(Address) Bon Secours Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56158

CERTIFICATE OF DEATH

46-F

F 56158

Registered No.

1. PLACE OF DEATH Md. Gen'l. Hosp.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 22-12 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Truman J. Smelser

(a) Residence: No. 2705 Cylburn Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

3a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of Gertrude Smelser

6. DATE OF BIRTH (month, day, year) Sept. 18, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Key Foreman do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W. M. Dairy do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore, (State or country) Md.

FATHER

13. NAME David Benton Smelser

14. BIRTHPLACE (city or town) Carroll County, (State or country) Md.

MOTHER

15. MAIDEN NAME Clara Shaeffer

16. BIRTHPLACE (city or town) Carroll County, (State or country) Md.

17. INFORMANT Mrs. Gertrude Smelser
(Address) 2705 Cylburn Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemetery Date 3/17/39

19. UNDERTAKER Wm. J. Tichner & Sons
(Address) North & Penna Aves.

20. FILED MAR 15 1939 Hunter for Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-14, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-20, 1939 to 3-14, 1939

I last saw him alive on 3-14, 1939 Death is said to have occurred on the date stated above, at 6.15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Head of Pancreas.	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 1-24-39

For what disease or injury? Cholecystostomy

Name of operation Cholecystogastrostomy 3-7-39

What test confirmed diagnosis? C Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. L. Ewald M. D.

(Address) Md. Gen'l. Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56159

CERTIFICATE OF DEATH

93-C F 56159
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3817 Fernhill ave St., 15-60 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Wheeler

If U. S. Veteran specify WAR

(a) Residence: No. 3817 Fernhill ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND~~ (or) WIFE of Thomas W Wheeler

6. DATE OF BIRTH (month, day, year) Sept 26-1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓ 0

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

MOTHER'S MAIDEN

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME John W Armacost

FATHER

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Rachel Tracey

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Pinton Rhoten

(Address) Hampstead Md

18. BURIAL, CREMATION, OR REMOVAL Place Grace Church, Bel Air Date 3-16 1939

19. UNDERTAKER Edw C Pinton

(Address) Hampstead, Md

MAR 15 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1937 to March 14, 1939

I last saw her alive on March 13, 1939. Death is said to have occurred on the date stated above, at 6:45 AM —

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis —	
Cerebral Hemorrhage	2/8/38
Chronic Nephritis	?
Myocardial Failure —	3/13/39

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wesley Edel M. D.

(Address) Baltimore Md

6160 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 56160

× 54-B

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. Gen Hospital 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. 1 mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bernice M. Carleton

(a) Residence: No. Windy Hill, MD St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of LANCE TARLETON.

6. DATE OF BIRTH (month, day, year) MARCH. 2. 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	40	0	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

FATHER

12. BIRTHPLACE (city or town) (State or country) WINDY HILL MD

MOTHER

13. NAME THOMAS H. MORGAN

14. BIRTHPLACE (city or town) (State or country) TALBOTT Co MD

15. MAIDEN NAME ISABELLE FRAZIER

16. BIRTHPLACE (city or town) (State or country) MD

17. INFORMANT THOMAS H. MORGAN

(Address) WINDY HILL MD

18. BURIAL, CREMATION, OR REMOVAL

Place WINDY HILL CEM. Date MAR. 17. 1939

TALBOT Co. MD

19. UNDERTAKER E. Howard Strong

(Address) 705 Light St

20. FILED ..... 19.....

MAR 15 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15th 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9th 1939 to March 15th 1939

I last saw h[er] alive on March 15th 1939. Death is said to have occurred on the date stated above, at 6:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage from Fibroid tumors	3-12-39
Other contributory causes of importance:	

Was an operation performed? Yes (Yes) Date of 2-24-39

For what disease or injury? Fibroid tumors

Name of operation (1) Supra vaginal hysterectomy (2) Bilateral salpingectomy

What test confirmed diagnosis? Surgical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. H. Shearer M. D.

(Address) W. 13. S. H.

35-8939

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56161

CERTIFICATE OF DEATH

47-C F 56161

Registered No.....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 14 - 2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sloris Harris

If U. S. Veteran specify WAR .....

(a) Residence: No. 5-31 Wilson St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-13-35

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	2		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Lisbon Harris

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Mary Bunny

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records —
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Type Potter's Va. Date Mar 16 1939

19. UNDERTAKER Adolphus Saunders
(Address) 1130 Druid Hill Ave.

20. FILED MAR 15 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1939, to Mar 13, 1939

I last saw her alive on Mar 13, 1939. Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphosarcoma(?) Nasopharynx	1/1/39 abt
Extension of tumor to Lt eye	
Metastasis to Lung	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) W. F. Proctor M. D.

(Address) The Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

56162

CERTIFICATE OF DEATH

F 56162

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Mary Kilson

(a) Residence: No. Easton Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	S.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Child

6. DATE OF BIRTH (month, day, year) Not Known.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	?	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Easton Md

13. NAME Not Known. " "

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Not Known.

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT County Health Officer.

(Address) Easton Md. (Dr. L. S. Welty)

18. BURIAL, CREMATION, OR REMOVAL

Place EASTON - Md Date 3/16/39, 19

19. UNDERTAKER

(Address)

MAR 15 1939 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-15, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-6, 1939, to 3-15, 1939.

I last saw her alive on 3-15, 1939. Death is said to have occurred on the date stated above, at 3:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis, tuberculous	3-6-39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert Shirley, M. D.

(Address) Sydenham Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56163

CERTIFICATE OF DEATH

107-W-14

F 56163

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1328 Pennsylvania Ave 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theresa Smith

If U. S. Veteran specify WAR

(a) Residence: No 1328 Pennsylvania Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Smith

6. DATE OF BIRTH (month, day, year) Sept 29th 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
80	79	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Smith

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Theresa Hoffman

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mary M Smith
(Address) 1002 N Monroe St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date March 16 39

19. UNDERTAKER Leo J Cook
(Address) 1014 Pattenson Pk Ave

MAR 15 1939

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1939, to May 13, 1939

I last saw her alive on May 13, 1939. Death is said to have occurred on the date stated above, at 8.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	5/1/39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E William Frey M. D.

(Address) 1928 Penna. Ave

56164

HEALTH DEPARTMENT—CITY OF BALTIMORE

56164

CERTIFICATE OF DEATH

✓ x 46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL St., 11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 2 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MARY SMITH

If U. S. Veteran specify WAR

(a) Residence: No. SKIDMORE, MD St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	MARRIED

5a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of GEORGE SMITH

6. DATE OF BIRTH (month, day, year) 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54 55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) Jan. 1, 1937

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME WILLIAM COOK

14. BIRTHPLACE (city or town) (State or country) MD.

15. MAIDEN NAME EMMA GREEN

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT HUSBAND

(Address) Same

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Mar. 19, 1937

19. UNDERTAKER J. B. Johnson

(Address) Annapolis

20. FILED Mar 19 1937 Thomas J. Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1937 to Mar. 15, 1937

I last saw her alive on MAR. 14, 1937 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus (Primary)	
Intestinal obstruction	Jan. 2

Other contributory causes of importance:

Degeneration of myocardium

Was an operation performed? Yes Date of Jan. 2, Jan. 8

For what disease or injury? Intestinal obstruction

Name of operation Laparotomy

What test confirmed diagnosis? Biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. J. Cornbrooks Jr., M. D.

(Address) University Hosp.

F 56165

56165. HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 93-c

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1612 W Mulberry St. 19-1 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carlyle Cunningham

If U. S. Veteran specify WAR

(a) Residence: No. 1612 W Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Ma	negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lab.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N Car.

FATHER

13. NAME Columbus Cunningham

14. BIRTHPLACE (city or town) (State or country) N. Car.

MOTHER

15. MAIDEN NAME Bessie Howard.

16. BIRTHPLACE (city or town) (State or country) N. Car.

17. INFORMANT E J Cunningham
(Address) 21 W 19th St Richmond Va

18. BURIAL, CREMATION, OR REMOVAL
Place Richmond. Va Date Mch 16 39

19. UNDERTAKER James a stages
(Address) 142 W. Third St

20. FILED MAR 16 1939 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 12. 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Degenerative Myocarditis	
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? Exam Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M J Hanna Coroner M. D.

(Address) 1822 W Baltimore St

F 56166

166

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHN HOPKINS HOSP St., 7-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME ALBERT. E. DEMAT

If U. S. Veteran specify WAR .....

(a) Residence: No. 523 N. CHESTER. ST St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of AMELIA DEMAT

6. DATE OF BIRTH (month, day, year) MAR. 13/1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MACHINISTS

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT NATIONAL BREWERY

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) B ALTO. MD.

FATHER

13. NAME ? DEMAT

14. BIRTHPLACE (city or town) (State or country) BALTO. MD.

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) B ALTO. MD.

17. INFORMANT AMELIA DEMAT. (WIFE)

(Address) 523 N. CHESTER ST

18. BURIAL, CREMATION, OR REMOVAL

Place ST. MATHIAS Date MAR. 17. 39

19. UNDERTAKER Lilly & Zeilenhe...

(Address) 407 E. WORTH ST

FILED MAR 16 1939 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR. 14 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Pelvis	
Internal Injury to Abdoman	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, Suicide or Homicide? Accident Date of injury March 13, 1939 19 ...

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Coldision of Autos. at Orleans & Broadway Av.

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... Coroner. M. D.

(Address) ...

56167

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56167

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 15-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Sadie Effiebelle Heisterman

(a) Residence: No. 1604 N. Fulton Avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of -------

6. DATE OF BIRTH (month, day, year) Aug. 18th, 1918

7. AGE Years	Months	Days	If LESS than 1 day or min.
20	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles W. Heisterman

14. BIRTHPLACE (city or town) (State or country) A.A. County Maryland

MOTHER

15. MAIDEN NAME Lula Hutchinson

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Lula Heistermen

(Address) 1604-N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 3/17/39 19

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1735-Harford Ave.

MAR 16 1939 19 Huntington Williams M.D. Registrar

V 5 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-13-39

Other contributory causes of importance: Status Epilepticus

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Laurence B. Wolfe Coroner, M. D.

(Address) 1331 E. North Ave

6168

HEALTH DEPARTMENT—CITY OF BALTIMORE

F56168

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 Burnett St. 23-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 8 mos. 17 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME ANDREW F LEHN

If U. S. Veteran specify WAR

(a) Residence: No. 112 BURNETT St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of MARGARET LEHN

6. DATE OF BIRTH (month, day, year) JUNE 26 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CANDY MAKER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. BLUE RIBBON CO.

10. Date deceased last worked at this occupation (month and year) 3 yrs ago

11. Total time (years) spent at this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO MD

FATHER

13. NAME PETER LEHN

14. BIRTHPLACE (city or town) (State or country) GERMANY.

MOTHER

15. MAIDEN NAME NOT KNOWN

16. BIRTHPLACE (city or town) (State or country) GERMANY.

17. INFORMANT MARGARET LEHN
(Address) 112 BURNETT ST.

18. BURIAL, CREMATION, OR REMOVAL
Holy Cross A.A. Date 3-18 1939

19. UNDERTAKER BERNARD C. HARLE
(Address) 121 E WEST ST

20. FILED 19 Hunter for Tillman Registrar

MAR 16 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MARCH 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 39 to March 15, 39

I last saw him alive on March 14, 1939 Death is said to have occurred on the date stated above, at 3:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy.	

Other contributory causes of importance:

Arteriosclerosis - Hypertension - Myocarditis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John C. Beauchamp M. D.

(Address) 1337 S. Charles St.

69

F 58169

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1215 Riverside Ave St., 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lewis A. Bukwman

If U. S. Veteran specify WAR

(a) Residence: No. 1215 Riverside Ave. St., 48 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Susie Bukwman

6. DATE OF BIRTH (month, day, year): Feb. 9th 1861

7. AGE: Years 78 | Months 1 | Days 13 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Market Vendor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Frederick Md.

FATHER

13. NAME: Isiah Bukwman

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mrs Marie Wroten 1215 Riverside Ave

18. BURIAL, CREMATION, OR REMOVAL. Place: Baltimore Date: Mar 17th 1939

19. UNDERTAKER (Address): Charles F. Dill 3109 Frederick Ave. Huntington Williams, Mgr

MAR 16 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 15 1939

22. I HEREBY CERTIFY, That I attended deceased from 1936, 19..., to Mar. 15, 1939

I last saw h[im] alive on Mar 15 1939. Death is said to have occurred on the date stated above, at 12:35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lues	2
Arteriosclerosis	2
Carcinoma - Left arm	8 yrs.
Other contributory causes of importance:	
Myocarditis	2
Patulous Thrombosis	2 days

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wroten Fokker M. D.

(Address) 102 E. Fort ave

F 56170

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56170

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1200 Valley St. St., 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5d yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Annie Holzschuh

(a) Residence: No. 1200 Valley Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Holzschuh

6. DATE OF BIRTH (month, day, year) Dec 29 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79	2	16.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bavaria

13. NAME Simon Knauf

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Margaret Schwenger

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Little Sisters of the Poor (Address) 1200 Valley Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Mar 18. 1939

19. UNDERTAKER Rita Windefeld (Address) 914 Greenmount Ave

20. FILED ..... 19 ..... Registrar.

MAR 16 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15 1939 - 7 a.m. 19

22. I HEREBY CERTIFY, That I attended deceased from June 1934 to Mar 15 1939.

I last saw her alive on Mar 10 1939. Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Endocarditis	2 yrs
Other contributory causes of importance: Asthenia	1 mo

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Phys Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. C. Carter M. D.

(Address) 1114 Harford Ave

56171 F 56171

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 159

CITY OF BALTIMORE: (No. West Balto Gen 15-4 St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME John Carl Hoffman — If U. S. Veteran specify WAR

(a) Residence: No. 2009 Ridgehill Ave St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 3/13/39

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Edward A. Hoffman

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Doris Brown

16. BIRTHPLACE (city or town) (State or country) Chambersburg Pa

17. INFORMANT (Address) Edward A. Hoffman Balto Md

18. BURIAL, CREMATION, OR REMOVAL Place Loudon P.K. Date Mar 17 1939

19. UNDERTAKER Wm. J. Sickles Sons (Address) Northern Ave

20. FILED ... 19... MAR 16 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/15/39. 19

22. I HEREBY CERTIFY, That I attended deceased from 3/13/39. 19... to 3/15/39. 19...

I last saw him alive on 3/15/39. Death is said to have occurred on the date stated above, at 11:10 a.m.

The principal cause of death and related causes of importance were as follows: (Date of onset)

Premature 7 mo.

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify —

(Signed) J. C. Ehrat, M. D.

(Address) W. Balto

56172 HEALTH DEPARTMENT—CITY OF BALTIMORE F 56172

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1919 Cederic Road St., 15-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nettie May Gerlach

If U. S. Veteran specify WAR

(a) Residence: No. 1919 Cederic Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph F. Gerlach

6. DATE OF BIRTH (month, day, year) June 16th 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	8	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Java, N.Y.

13. NAME Carlos Twichell

14. BIRTHPLACE (city or town) (State or country) Buffalo, N.Y.

15. MAIDEN NAME Helen Dewey

16. BIRTHPLACE (city or town) (State or country) North Java, N.Y.

17. INFORMANT Mr. Joseph F. Gerlach

(Address) 1919 Cederic Road

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date March 17th 1939

19. UNDERTAKER Wm. J. Tickner & Sons

(Address) North & Penna Aves.

20. FILED MAR 16 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb'y 1, 1938 to March 15, 1939

I last saw her alive on March 15, 1939. Death is said to have occurred on the date stated above, at 3a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of both breast	June
Metastasis in Lungs	1936
Hypostatic pneumonia	
two days duration	

Other contributory causes of importance: None

Was an operation performed? Yes Date of June 1936

For what disease or injury? Amputation of both breasts

Name of operation

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter Stubblett M. D.

(Address) 2220 Garrison Blvd.

56173

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56173

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 227 N Gilmore St., 19-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Rosella Johnson

(a) Residence: No. 227 N Gilmor St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Negro.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Johnson

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
47	47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charles Co Md.

FATHER

13. NAME Jack Mathews

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Olevia ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Agnes Johnson

(Address) 227 N. Gilmore St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Mar 17, 1939

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 N Schroeder St.

20. FILED MAR 16 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 17, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Neg. Myocarditis	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. O. Hamer M. D. Coroner

(Address) 1822 W Baltimore St

56174 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 56174

CERTIFICATE OF DEATH

181

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hosp St. 2000 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alice Lee Redmiles

If U. S. Veteran specify WAR

(a) Residence: No. 154 Irving St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	Wh	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Oct. 17, 1927

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	11	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at school

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Edward R. Redmiles

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER

15. MAIDEN NAME Lena Barker

16. BIRTHPLACE (city or town) (State or country) Charlottesville Va.

17. INFORMANT Mrs Lena Redmiles

(Address) 156 Irving St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodland Pk. Cemetery Date Mar. 18 1939

19. UNDERTAKER W. W. Chambers Co

(Address) Riverdale, Md.

FILED ... 19 ... Registrar

APR 10 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 15. 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquery thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquery (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
2nd & 3rd Degree burns Face & body	3/15

Other contributory causes of importance:

Was an operation performed? no. Date of

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 3/15 1939

Where did injury occur? 154 Irving St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home. (Fire Dept. not called)

Manner of injury Playing with matches & clothing ignited

Nature of injury 2nd & 3rd degree burns.

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M. Hanna M. D.

Coroner

(Address) 1818 W Baltimore St

S 6

75

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 56175

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1032 N. Collington Ave. St., 8-4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Minnie A. Warr

(a) Residence: No. 1032 N. Collington Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Wm. H. Warr

7. DATE OF BIRTH (month, day, year) May 4-1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	10	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME Amelia Lang

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edward H. Warr
(Address) 1032 N. Collington Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date Mar. 16 19 39

19. UNDERTAKER John G. Miller
(Address) 2334 Jefferson St.

20. FILED MAR 16 1939 19.... Registrar. Thomas Jos. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1939 to March 13, 1939.
I last saw her alive on March 13, 1939. Death is said to have occurred on the date stated above, at 2.05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	1938
Diabetes Mellitus	1938
Other contributory causes of importance: Chronic Bronchitis	1939

Was an operation performed? No Date of None.
For what disease or injury? None.
Name of operation None.
What test confirmed diagnosis? clinical symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? None
No If so, specify .....

(Signed) Frank N. Ogden M. D.
(Address) 2701 N. Calvert St.

56176

HEALTH DEPARTMENT—CITY OF BALTIMORE

56176

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 Laurens st St., 14-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John B. Curry —

If U. S. Veteran specify WAR .....

(a) Residence: No. 505 Laurens st St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nannie Curry.

6. DATE OF BIRTH (month, day, year) Mar 25th 1878

7. AGE: 61 Years (60) | Months — | Days 7D | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month, day, year) Jan 7th 1939

11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME George Curry —

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME not known.

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Nannie Curry —

(Address) 505 Laurens st.

18. BURIAL, CREMATION, OR REMOVAL

Place Int Auburn Date Mar 18 1939

19. UNDERTAKER George T. B. Gibson

(Address) 1735 Druid Hill Ave

20. FILED Mar 16 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 15th 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 7th 1939 to Mar 15th 1939

last saw h— alive on Mar 14th 1939. Death is said to have occurred on the date stated above, at 5P. m.

The principal cause of death and related causes of importance were as follows:

	Duration
Cerebral Hemorrhage	6 days
Acute Hypertension	3 Mos
Acute Nephritis (Chronic)	

Other contributory (but not related) conditions:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation none

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry F. Brown M. D.

(Address) 1835 Madison Ave.

MAR 16 1939

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56177

CERTIFICATE OF DEATH

F 56177

Registered No. .....

1. PLACE OF DEATH Bon Secours Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Lyttle & Payson St. 220 W Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 11 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Wilbur Clay - Wilbur C. Clay If U. S. Veteran specify WAR .....

(a) Residence: No. Rehbaun Ave, Halethorpe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace Clay

6. DATE OF BIRTH (month, day, year) March 3-1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	-	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & Lab

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm & Saw Mill county

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME OF FATHER John H. Clay

14. BIRTHPLACE (city or town) (State or country) Howard County Maryland

15. MAIDEN NAME OF MOTHER Annie Trueblood

16. BIRTHPLACE (city or town) (State or country) Howard County Maryland

17. INFORMANT Mrs. Grace Clay (wife)
(Address) Rehbaun Ave - Halethorpe

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date Mar 16 39

19. UNDERTAKER F. C. Shipley & Son
(Address) Bon Secours Hospital

20. FILED MAR 16 1939 19.. Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-13 .1939

22. I HEREBY CERTIFY, That I attended deceased from 3-2 .1939 to 3-13 .1939

I last saw him alive on 3-13 .1939. Death is said to have occurred on the date stated above, at 5.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post-operative shock + circulatory collapse	3-13-39
Other contributory causes of importance: Pancreatic Cyst + hepatitis	2-15-39

Was an operation performed? Yes Date of 3-13-39

For what disease or injury? Pancreatic cyst.

Name of operation Exploration, drainage of cyst.

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) George H. Bromwell M. D.

(Address) Bon Secours Hospital

178 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 56178

CERTIFICATE OF DEATH

93-c

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4021 Park Heights St. 15-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harry Snyder

(a) Residence: No. 4021 Park Heights St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gitta

7. DATE OF BIRTH (month, day, year) 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Isaac

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Tillie Feinstein

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hattie Snyder

(Address) 4021 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Hill Date 3/16/39 19

19. UNDERTAKER Jos. Lewis Bro

(Address) 1439 E. Baltimore St

20. Filed MAR 16 1939 Registrar. Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/16/39 19

22. I HEREBY CERTIFY, That I attended deceased from April 1937 to March 16th 1939

I last saw him alive on March 16 1939 Death is said to have occurred on the date stated above, at 6:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	April 1937

Other contributory causes of importance:

Coronary Thrombosis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Isaac Snyder M. D.

(Address) 1639 E. Baltimore St

HEALTH DEPARTMENT—CITY OF BALTIMORE

56179

CERTIFICATE OF DEATH

131 F 56179

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Emergency Hospital St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

U. S. Veteran (specify WAR .....)

2. FULL NAME Arthur Parker

(a) Residence: No. 637 W. Fayette St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55 (!)			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General 2013

10. Date deceased last worked at this occupation (month and year) !

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Staunton, Va

FATHER

13. NAME — —

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME — —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT (Address) Hospital records

18. BURIAL, CREMATION, OR REMOVAL JOHNS HOPKINS MEDICAL SCHOOL Date MAR 15 1939, 19

19. UNDERTAKER (Address) Commissioner of Records

For H. A. Moore

MAR 16 1939 Huntingtown, Williams, MD Registrar.

4651

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 days.
Other contributory causes of importance: Chr. Nephritis, Chr. Nephritis	2 yrs.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical history Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A. Abrams, M. D.
Coroner

(Address) 2360 Eutaw Place

56180 F 56180

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121 CC

1. PLACE OF DEATH Balto City Hospital — Registered No. 1877

CITY OF BALTIMORE: (No. Bay View St., 63 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Josephine De Bonte — If U. S. Veteran specify WAR

(a) Residence: No. 453 N. Montford Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William De Bonte

6. DATE OF BIRTH (month, day, year) Oct. 15-1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Louis Lantz

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Emma Bernion

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT William De Bonte

(Address) 453 N. Montford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Lawn Date 3/17/39

19. UNDERTAKER John C. Stellwagen Sons

(Address) 1733 E. Baltimore St.

20. FILED MAR 16 1939

Hunting for William De Bonte (Deputy)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis General	Day
Perforated Appendix } Gangrene,	March 11-1939

Other contributory causes of importance:

Was an operation performed? Yes. Date of March 13-1939

For what disease or injury? Perforated Appendix

Name of operation Appendectomy Date of March 13-1939

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Broadway

56181

HEALTH DEPARTMENT—CITY OF BALTIMORE 56181

CERTIFICATE OF DEATH

28720 JS

95 B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Eliza Mudgins

(a) Residence: No. 837 W. Lexington St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	Widowed

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James Henry Mudgins

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

OTHER STATISTICS

13. NAME John Pierce

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Therina May

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date March 16 1939

19. UNDERTAKER Mrs R. A. Elliott-Daughter

(Address) 1127 N. Carrollton Ave

20. FILED ... 19 ... Registrar.

MAR 16 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 1, 1937 to March 12, 1939.

I last saw her alive on March 12, 1939. Death is said to have occurred on the date stated above, at 6 55 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-8-39
Other contributory causes of importance: Hypertensive cardiovascular disease	1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. De Saultels M. D.

(Address) Baltimore City Hospitals

56182 Robert Allen Quarles F 56182

HEALTH DEPARTMENT—CITY OF BALTIMORE

#42774 SF

CERTIFICATE OF DEATH

47a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 231 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Robert Quarles

If U. S. Veteran specify WAR

(a) Residence: No. 1035 Sharp St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	Widower

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Annie

7. DATE OF BIRTH (month, day, year) 5/8/~~1868~~ 1879

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
~~70~~ 59 70	10	5	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country) Va.

14. NAME Lemuel

15. BIRTHPLACE (city or town) (State or country) Va.

16. MAIDEN NAME Lucinda ?

17. BIRTHPLACE (city or town) (State or country) Va.

18. INFORMANT Hospital Records

(Address)

19. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 3/16 1939

20. UNDERTAKER Isaiah L Brannon

(Address) 108 W Monument St

21. FILED Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/13/39 . 19

22. I HEREBY CERTIFY, That I attended deceased from 3-9, 1939, to 3-13, 1939

I last saw him alive on 3-12, 1939. Death is said to have occurred on the date stated above, at 8.25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Larynx	?
Other contributory causes of importance	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Nature no If so, specify

(Signed) L. Hollander M. D.

(Address) Balto. City Hosp.

F 56183

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-F 56183

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 4113 Mass. Ave. St. 20-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary J. Farrell

If U. S. Veteran specify WAR

(a) Residence: No. 4113 Mass. Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 15, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	9	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME Jos. A. Farrell

14. BIRTHPLACE (city or town) Ireland
(State or country)

15. MAIDEN NAME Johanna Ryan

16. BIRTHPLACE (city or town) Baltimore, Maryland
(State or country)

17. INFORMANT Joseph Farrell

(Address) 4113 Massachusetts Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 3/18/, 1939

19. UNDERTAKER Margaret G. Flynn

(Address) 2107 N. Milton St.

20. FILED ... 19... by ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/15/, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2/19, 1939, to 3/15, 1939

I last saw h— alive on 3/11, 1939. Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
2 Broncho pneumonia	3/13/39

Other contributory causes of importance

Chronic myocarditis
Secondary Anemia

Was an operation performed? N Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible], M. D.

(Address) 4209 Frederick Ave

6184 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 56184

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3 W. Lanvale St. 6-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Frank

If U. S. Veteran specify WAR ...

(a) Residence: No. 3 W. Lanvale St. Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Frank

7. DATE OF BIRTH (month, day, year) Oct 7, 1854

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
85	4	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME ...

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Rebe Conaway

(Address) 2601 Maryland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date May 17, 1939

19. UNDERTAKER J. Thomas Kerr

(Address) 2601 Maryland Ave

20. FILED MAY 16 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May. 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 3. 1939 to Mar 14 1939

I last saw h... alive on Mar 14, 1939 Death is said to have occurred on the date stated above, at 7.30 P M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Other contributory causes of importance:	

Was an operation performed? — Date of ...

For what disease or injury? ...

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Gustav E Freise M. D.

(Address) 2601 E Fairmount Ave

56185 #2

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56185

CERTIFICATE OF DEATH

54

1. PLACE OF DEATH Johns Hopkins Hospital — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 13-2 Ward)

Length of residence in city or town where death occurred Lifetime How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Louis Meyer — If U. S. Veteran specify WAR .....

(a) Residence: No. 2305 Brookfield St., Cse Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-14-72

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	1	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Louis Meyer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Johanna Rosenthal

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records — Johns Hopkins Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Bel. Hebrew Cem. Date Mch. 17, 1939

19. UNDERTAKER Harold Sonneborn & Son
(Address) 1902 Eastern Ave

20. FILED ..... 19..... Registrar.

MAR 16 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1938 to Mar. 15, 1939

I last saw her alive on Mar. 15, 1939. Death is said to have occurred on the date stated above, at 3:35 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1939
Diabetes mellitus	
central nervous system degenerative disease.	1937?
Other contributory causes of importance: Generalized arterio-sclerosis. Neurological Bedder	1935

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Carl E. Burkland, M. D.

(Address) J. H. H.

F 56186 HEALTH DEPARTMENT—CITY OF BALTIMORE F 56186

CERTIFICATE OF DEATH

123

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Bon Secours Hosp St. 13-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Wm. Samuel Back

(a) Residence: No. Embassy Apts St. Balt Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Liliane B. Back

7. DATE OF BIRTH (month, day, year) June 30 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	8	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motion Picture

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Exhibitor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila. Pa.

13. NAME Leo Back

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Amelia Strauss

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. W. Saxton

(Address) Embassy Apts

18. BURIAL, CREMATION, OR REMOVAL

Place Het Shalom Date Mch. 19 19 39

19. UNDERTAKER Harid Sonderman & Son

(Address) 1902 Eutaw Place

20. FILED MAR 16 1939 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-16-39

22. I HEREBY CERTIFY, That I attended deceased from 3-8-39, 19—, to 3-16-39, 19—.

I last saw him alive on 3-16-39, 19—. Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Coronary perforated Diverticulitis	
Peritonitis	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 3-10-39

For what disease or injury? Coronary Diverticulitis

Name of operation Abdominal Exploration

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) George H. Brouillet M. D.

(Address) Bon Secours Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56187

CERTIFICATE OF DEATH

70-a F 56187

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 9-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Cecelia Agnes Eilvis

(a) Residence: No. 1907 Homewood Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

U. S. Veteran specify WAR ...

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) October 22, 1923

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	15	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William A. Eilvis

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Rachel Barry

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Rachel Eilvis
(Address) 1907 Homewood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date 3/18/39

19. UNDERTAKER Mary E. Schofield
(Address) 2501 E. Baltimore

20. FILED Huntington Williams, M.D.
MAR 16 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, find that said deceased came (Inquest, Autopsy or Inquiry) her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Idiopathic Purpura	

Other contributory causes of importance:
Internal Hemorrhage

Was an operation performed? No Date of ...

For what disease or injury? —

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
— If so, specify ...

(Signed) Paul Schenker, M. D.
(Address) Coroner

56188

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56188

CERTIFICATE OF DEATH

183 SC

1. PLACE OF DEATH Balto. Harbor

Registered No. 1577

CITY OF BALTIMORE: (No.) Pier #8 Lancaster St., 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Turner Lee Walker

(a) Residence: No. 226 N. Fremont St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 18-1908

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	30	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pvt

10. Date deceased last worked at this occupation (month and year) Feb. 20-1939

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mc Zanesville U.S.

MOTHER FATHER

13. NAME Wm Walker

14. BIRTHPLACE (city or town) (State or country) U.S.

15. MAIDEN NAME Della Summers

16. BIRTHPLACE (city or town) (State or country) U.S.

17. INFORMANT Julia Walker Sister
(Address) 916 Lombard St. Phila. Pa.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn cem Date 3/6 1939

19. UNDERTAKER Adolphus Hartsfield
(Address) 208 Bond St. Balto

20. FILED MAR 16 1939 19 ... Registrar. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowned	March 8, 1939

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Not determined Date of injury Jan. 31, 1939

Where did injury occur? Balto. Harbor
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Pier #8 Lancaster St.

Manner of injury ...

Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. W. Wood M. D.
Coroner

(Address) 1712 N. Broadway

Skipwith

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 56189

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 5-1 Ward)

Registered No. 50

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Laura Skipwith

If U. S. Veteran specify WAR ...

(a) Residence: No. 30 N. Spring St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 1-4-67

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	2	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NO

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME William Williams

14. BIRTHPLACE (city or town) (State or country) Unc.

15. MAIDEN NAME Laura Chester

16. BIRTHPLACE (city or town) (State or country) Unc.

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date March 18 1939

19. UNDERTAKER Adolf E Boyce

(Address) 1241 Orleans St

MAR 16 1939

19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 15 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 12 1939 to Mar 15 1939

I last saw her alive on Mar 15 1939 Death is said to have occurred on the date stated above, at 11 10a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Hypertension, essential	-

Other contributory causes of importance:

Carcinoma of breast	

Was an operation performed? Yes Date of Mar 15, 1939

For what disease or injury? Carcinoma of breast.

Name of operation Radical mastectomy - right.

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify ...

(Signed) David Barrow Jr. M. D.

(Address) Johns Hopkins Hospital

56190

HEALTH DEPARTMENT—CITY OF BALTIMORE

56190

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp St. 18-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry Waters Carr

If U. S. Veteran specify WAR

(a) Residence: No. 1141 Bolleins St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Ma	Wh.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie E L Carr

6. DATE OF BIRTH (month, day, year) Jan 9. 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	7	5.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Laurel Md.

FATHER

13. NAME Plummer Carr.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Angelina Brashears

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Marion B Carr

(Address) 2511. Queen Anne Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Mar 17 1939

19. UNDERTAKER Henry H Wilhelm

(Address) 4107 Edmondson Ave.

20. FILED APR 15 1939

Huntington Williams, M.D. Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 14. 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry find that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. J. Haiman Coroner, M. D.

(Address) 1822 W Baltimore St

HEALTH DEPARTMENT—CITY OF BALTIMORE

56191

CERTIFICATE OF DEATH

159 F 56191

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 756 W. Saratoga St. 4-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Baby Wilkes

(a) Residence: No. 756 W. Saratoga St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	~~Married~~ Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 15, 1939

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

13. NAME Willie Wilkes

14. BIRTHPLACE (city or town) South Carolina
(State or country)

15. MAIDEN NAME Nellie Saratoga

16. BIRTHPLACE (city or town) Prince William Co
(State or country) Virginia

17. INFORMANT Willie Wilkes
(Address) 756 W Saratoga

18. BURIAL, CREMATION, OR REMOVAL Removal
Place ... Date MAR 1 1939, 19...

19. UNDERTAKER ... For H. A. Moore
(Address)

20. FILED ... 19... Hunting for Robert Williams M.D. Registrar.
MAR 16 1939 4660

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 15 9:30 PM, 1939, to PM March 15, 1939

I last saw him alive on March 15, 1939 Death is said to have occurred on the date stated above, at 2:30 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity 6 mo	
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so specify ...

(Signed) Charles N. Dorsey Jr. M.D.

(Address) University Hospital

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 50

CERTIFICATE OF DEATH

6192 · F 56192

E OF DEATH:

nty

or town Baltimore City (If outside city or town limits, write RURAL and give town)

et address, hospital, or institution: 422 Fusselman St

gth of stay in hospital or inst. (yrs., mos., or days)

gth of stay in this community (yrs., mos., or days) 19 Yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Baltimore 20-1

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 422 Fusselman St. (If rural give location)

(e) If foreign born, how long in U. S. A.? ——— years

ULL NAME Mrs Alice Mary Parr

veteran, name war

3 (c) Social Security No.

5. Color or race Wh

6 (a) Single, married, widowed, or divorced. Married

ame of ~~husband~~ or wife Paul A Parr

6. (c) If alive, give age 49 years

date of deceased (mo., day, yr.) 6 2 1890

Years	Months	Days	If less than one day
41	9	12	____ hr. ____ min.

lace Baltimore (Town, county, and state)

l occupation Housewife

stry or business

ame Charles Bond

rthplace Md

Maiden Name Ida Barnes

rthplace Md

nformant R A Parr

Address 422 Fusselman St

Burial (Burial, cremation, or removal) Date thereof 3/18/39 (month) (day) (year)

emetery or crematory London Park Cem.

ocation Baltimore Md

Funeral director Gladhill & Co.

Address Middletown Md.

(b) Hunting Williamsport Md

R 16 1939 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. Date of death Mar 16 1939, at 7:26 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 19 1939 to Mar 16 1939 and that I last saw him alive on ~~Mar~~ Mar 16 1939

Immediate cause of death Carcinoma of Breast with Metastasis to Liver and Lungs

Duration 6 mo.

Due to: ———

Other conditions Coronary Thrombosis.

(Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of Breast

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ✓

(b) Date of occurrence ✓

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury ✓

23. Signature Hyslop Caldwell M. D. (Or other)

Address 2202 Garrison Blvd Date signed 3/16/39

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56193

CERTIFICATE OF DEATH

1/2 F 56193

1. PLACE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3229 Montebello Terrace Ward)

Length of residence in city or town where death occurred 37 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Laura R. Cramer

If U. S. Veteran specify WAR .....

(a) Residence: No. 3229 Montebello Terrace Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph E Cramer

6. DATE OF BIRTH (month, day, year) Mar 24 1865

7. AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	74	11	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Frederick Md

13. NAME Henry Duffy

14. BIRTHPLACE (city or town) (State or country) Frederick Md

15. MAIDEN NAME Muhoon

16. BIRTHPLACE (city or town) (State or country) Frederick md

17. INFORMANT Charles Cramer
(Address) 3946 Hickory Ave

18. BURIAL, CREMATION, OR REMOVAL md
Place Mt Olivet Frederick May 17 39

19. UNDERTAKER Albert W Zerger
(Address) 440 E North Ave

20. FILED ..... 19..... Hunter Williams Registrar
MAR 16 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 14 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr 6, 39 19..... to Mar 14 19 39

I last saw h[illegible] alive on Mar 14, 19 39 Death is said to have occurred on the date stated above, at 2.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	

Other contributory causes of importance:

Bronchial Asthma

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Arthur C Monnyagen M.D.

(Address) 8005 North Ave

M. D. B 1268-9

56194

HEALTH DEPARTMENT—CITY OF BALTIMORE

56194

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hotel Belvedere St. 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ½ ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME John T. Beavers

(a) Residence: No. Riverside Hospital St., Ward.
(Usual place of abode) Newport News Va. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Casey

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About 50	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Durham. N. C.
(State or country)

FATHER

13. NAME James E. Beavers

14. BIRTHPLACE (city or town) North Carolina
(State or country)

MOTHER

15. MAIDEN NAME Ida Shepherd

16. BIRTHPLACE (city or town) North Carolina
(State or country)

17. INFORMANT Mrs. George Jenkins
(Address) 421 Southway

18. BURIAL, CREMATION, OR REMOVAL
Place Newport News, Va Date 3/17/39 19

19. UNDERTAKER Keezell & Son
(Address) 805 W. Calvert St.

FILED MAR 17 1939 Huntington Williams M.D. Registrar

via Automobile. Escort, J. W. Caffe

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3-16-39

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Samuel R. Wolfe M. D.
Coroner

(Address) 1321 E. North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

56195

CERTIFICATE OF DEATH

× 95-a ✓ F 56195

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md. 12-6

Registered No.

CITY OF BALTIMORE: (No. U.S.Marine Hospital, St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 6 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles H. Applegarth

If U. S. Veteran specify WAR

(a) Residence: No. Osso, Virginia St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	~~Married~~ Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) July 7, 1852

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	86	8	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lighthouse Keeper -Ret.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 15 yrs. ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ~~Indiana~~ Dorchester County, Md.

13. NAME George A. Applegarth

14. BIRTHPLACE (city or town) (State or country) Dorchester County, Maryland

15. MAIDEN NAME Mary Hubbard

16. BIRTHPLACE (city or town) (State or country) Dorchester County MARYLAND

17. INFORMANT Records - U.S.Marine Hospital
(Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL
Place St. John's Cemetery Date , 19

19. UNDERTAKER J. W. Meeker & Son
(Address) Lemmon Ave

20. FILED MAR 17 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 15, 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from October 8, 1938, 19 to March 15, 1939, 19

I last saw him alive on March 15, 1939. Death is said to have occurred on the date stated above, at 7:58a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac disease, bundle branch block.	undet.
Arteriosclerosis, general.	"
Hypertension, arterial,	"
Senility.	
Other contributory causes of importance:	

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Eric C. Johnson, M. D.

(Address) U.S. Marine Hospital
Baltimore, Md.

F 56196

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓165 F 56196

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 27-19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Joseph N. Besnoska

(a) Residence: No. 4909 Ivanhoe Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Ruth Besnoska

6. DATE OF BIRTH (month, day, year) August 25, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Joseph N. Besnoska

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Marie Bruckner

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Ruth Besnoska

(Address) 4909 Ivanhoe Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar. 18, 39

19. UNDERTAKER Samuel W. Gray.

(Address) 619 N. Bouldin St.

20. FILED MAR 17 1939 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest found that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulation (By hanging)	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of Injury 3/15/39

Where did Injury occur? 4909 Ivanhoe Ave. Balto, Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of Injury Hanged self with an elastic cord.

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber Coroner, M. D.

(Address) Coroner

S 6

197

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56197

CERTIFICATE OF DEATH

47-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2614 Foster av 21-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theodore Sztundak

If U. S. Veteran specify WAR

(a) Residence: No. 2614 Foster av St., Ward.

(Usual place of abode) md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Married

6a. If married, widowed, or divorced) HUSBAND of (or) WIFE of Carolina

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor 20th

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Nicolas

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mary Laskowski

(Address) 2614 Foster ave

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date 3/18 39

19. UNDERTAKER John J. Buda

(Address) 2829 Hudson St

20. FILED MAR 17 1939 Registrar. Hunter for Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1939 to March 15, 1939

I last saw h— alive on March 14, 1939. Death is said to have occurred on the date stated above, at 3:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchogenic Carcinoma Left Lung	
Chronic Pulmonary Tuberculosis	Rt Lung
Pleurisy with Effusion	
Myocarditis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Casimir Skowronski M. D.

(Address) 3674 Eastern ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

56198

CERTIFICATE OF DEATH

82-a F 56198

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 878 McKim St 12-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Melvina Kelly

If U. S. Veteran specify WAR

(a) Residence: No. 2313 Hargrove Alley Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Kelly

6. DATE OF BIRTH (month, day, year) 1886

7. AGE	Months	Days	If LESS than 1 day, hrs. or min.
53	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1870

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) La

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Thomas Miller

(Address) 878 McKim St

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date 3-18, 1939

19. UNDERTAKER [illegible]

(Address) [illegible]

FILED MAR 17 1939

Huntington Williams, M.D. Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 14, 39

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Apoplexy	Mar 13, 39

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Jerge L. Allen M. D.

(Address) 502 Cathedral St

F 56199

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53E F 56199

Registered No. 187

1. PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. Bay View St., 26 Ward 10-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank L. Morgan

If U. S. Veteran specify WAR

(a) Residence: No. 729 E. Preston St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 21-1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	11	23 15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper in Kitchen

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant

10. Date deceased last worked at this occupation (month and year) Sept. 1939

11. Total time (years) spent in this occupation 0 7 0

12. BIRTHPLACE (city or town) (State or country) Midland Md.

MOTHER FATHER

13. NAME Charles N. Morgan

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Elizabeth McC Williamson

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mary McKay Sister

(Address) 729 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL

Greenmount Cathedral Cemetery May 20, 1939

19. UNDERTAKER Edwin W. Conklin & Son

(Address) 924 E. Eager St.

20. FILED MAR 17 1939 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Thyroid	Year
Reynauds Disease	Year

Other contributory causes of importance:

Metastasis to bone

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 1712 N. Bond St.

200

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 56200

CERTIFICATE OF DEATH

106B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2315 Annapolis Road Ward) 25-3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Thomas G. Gray

If U. S. Veteran specify WAR —

(a) Residence: No. 2315 Annapolis Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Ann Gray

6. DATE OF BIRTH (month, day, year) Feb 22. 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	0	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grass Blower

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Can Co

10. Date deceased last worked at this occupation (month and year) Jan 15. 1939

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Zachariah T. Gray

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Margaret R. Hawthorn

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Margaret Ann Gray.
(Address) 2315 Annapolis Road

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Mar 18. 1939

19. UNDERTAKER Mr. & Mrs. John N. Teufel & Son
(Address) 801 W. Fayette St.

20. FILED 19 Thurlow Hill Registrar.
MAR 17 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1939 to March 15, 1939

I last saw him alive on March 15, 1939. Death is said to have occurred on the date stated above, at 5.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchiectasis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify occupation predisposes

(Signed) William S. Thistlethwaite, M. D.

(Address) 1326 W. Lombard St

F 56201

56201

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 203F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 154 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Fred Bedford

(a) Residence: No. 1622 Presstman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Louise Bedford

6. DATE OF BIRTH (month, day, year) —

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	—		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer (Gen'l)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Bldg Contr

10. Date deceased last worked at this occupation (month and year) 3/14/39

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Pimlico Md

MOTHER

13. NAME Louise Bedford

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Mary —

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Louise Bedford (Address) 1622 Presstman St

18. BURIAL, CREMATION, OR REMOVAL

Place Nat. Umbland Pk Date 3/19 1939

19. UNDERTAKER Knight-Hunt Co Inc Charles St. Alexander (Address) 2271 [illegible] Huntingdon Pikesville, Md.

FILED 17 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock, Internal Hemorrhage	15 min
Other contributory causes of importance: Multiple fractures of skull & left fibia;	15 min

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Yes Date of injury 3/14 1939

Where did injury occur? Balto City (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In Industry (Building Construction) Class A Class 30

Manner of injury Fell from 5th floor (accidental).

Nature of injury Multiple fractures

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Michael A. Shkana, M. D. Coroner

(Address) 7360 Eutaw Place

S 6 † Platform in which deceased was standing was struck by material in elevator shaft in air. Released fell 5 stories when platform descended to original position.

202

HEALTH DEPARTMENT—CITY OF BALTIMORE

56202

CERTIFICATE OF DEATH

82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 27-12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. — mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elbert Ray Nuttle

If U. S. Veteran specify WAR None

(a) Residence: No. 309 Cedarcroft Rd St., City Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of ~~WIFE~~ of Mrs E. R. Nuttle

7. DATE OF BIRTH (month, day, year): Mar. 18, 1884

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	11	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Vice-president

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Fidelity Deposit Co.

10. Date deceased last worked at this occupation (month and year): February 1934

11. Total time (years) spent in this occupation: 29

12. BIRTHPLACE (city or town) (State or country): Md. Denton Md

13. NAME: William L. Nuttle

14. BIRTHPLACE (city or town) (State or country): Caroline Co Md

15. MAIDEN NAME: Ella Williamson

16. BIRTHPLACE (city or town) (State or country): Augusta Maine

17. INFORMANT: Marguerite V. Nuttle (wife)

(Address) 309 Cedarcroft Rd

18. BURIAL, CREMATION, OR REMOVAL

Place: Druid Ridge Date: Mar-17 1939

19. UNDERTAKER: (H. T. WOODEN SON.) 108 W. NORTH AVENUE

(Address)

20. FILED: MAR 17 1939 19 Huntington Williams M.D. Registrar.

L.P.G.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 15 1939 to Mar 15 1939

I last saw h— alive on Mar 15 1939 Death is said to have occurred on the date stated above, at 9¼ m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset 3/15/39

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) S. D. Sunday, M. D.

(Address) Union Memorial Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

1438

F 56203

CERTIFICATE OF DEATH

82-a F 56203

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 E. Balto St. 1-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. da. How long in U. S. If of foreign birth? 33 yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Goodman

(a) Residence: No. 211 E. Balto St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lena H. Goodman

7. DATE OF BIRTH (month, day, year)

AGE: Years 74 | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Pastor 680

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Poland

13. NAME of father: Alexander Goodman

14. BIRTHPLACE (city or town) (State or country): Poland

15. MAIDEN NAME of mother: Sarah

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: Lenar S. Goodman

(Address) 2200 Bryant Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Southern Mc Date 3/17/39

19. UNDERTAKER: Chas. Sauer Inc

(Address) 1439 E. Balto St.

20. FILED MAR 17 1939 Hartington Miller, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-16-39. 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15 19 39 to Mar. 16 19 39.

I last saw him alive on Mar 16 19 39. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	Mar 15
Pulmonary edema	Mar 15
	years

Other contributory causes of importance:

Residuals of left hemiplegia	Feb 15
Hardened Arteries	—

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19.....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) J. T. Rees M. D.

(Address) 24 E Mosy

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56204

CERTIFICATE OF DEATH

93c

F 56204

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 143 N. Front St., 5-1 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? 25 yrs. mos. ds.

2. FULL NAME Reuben C Linn

If U. S. Veteran specify WAR .....

(a) Residence: No. 143 N. Front St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida

DATE OF BIRTH (month, day, year) 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	81			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Abraham

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Hannah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Miss Kate C Linn

(Address) 1437 Front

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 3/17/39 19

19. UNDERTAKER Jas. Penza Inc

(Address) 1439 E. Baltimore St

20. FILED ..... 19..... Registrar.

MAR 17 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/17/39

22. I HEREBY CERTIFY, That I attended deceased from 1934 19.... to March 17 1939

I last saw h... alive on March 16 1939. Death is said to have occurred on the date stated above, at 2.45 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) General Cerebro Sclerosis	1934
(b) Chr. myocarditis	1934

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Date of injury 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Milton K. Solomon, M. D.

(Address) 129 S. Broadway

F 56205

205

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 Argyle St., 10-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Cordelia (Delia) Scott

If U. S. Veteran specify WAR .....

(a) Residence: No. 811 Argyle St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Col.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) Aug 1, 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER FATHER

13. NAME Samuel Scott.

14. BIRTHPLACE (city or town) (State or country) ~~Md~~ West Indies

15. MAIDEN NAME Rosana Soloman

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Frederick Scott.

(Address) 522 N. Central Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date 3/20 1939

19. UNDERTAKER Joseph G. Locke

(Address) 1307 N. Central Ave

DATED MAR 17 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-15-39

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Uremia Cerebral Apoplexy — Date of onset 3/12/39

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

(If so, specify)

(Signed) George Allen, M. D. Coroner

(Address) 56 W. Saratoga St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56206

CERTIFICATE OF DEATH

186a F 56206

1. PLACE OF DEATH Balto. City Hospitals

Registered No. 1572

CITY OF BALTIMORE: (No. Bay View St., 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna B. Kleinicke

If U. S. Veteran specify WAR

(a) Residence: No. 3011 Erdman Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Charles B. Kleinicke (d)

6. DATE OF BIRTH (month, day, year) Jan. 5-1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Henry Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Deitrich

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Marie Kleinicke

(Address) 3011 Erdman Ave.

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Cem. March 18 1939

Place Date 19

19. UNDERTAKER Henry Stocker Sons Inc.

(Address) 1301 E Eager St.

MAR 17 1939 Huntingtown Williams, M.D.

Filed Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	3 days.
	2
Fracture Neck left femur	Jan. 18-1939

Other contributory causes of importance:

Was an operation performed? Yes Date of Feb. 9-1939

For what disease or injury Fracture Neck left femur

Name of operation Fixation Wire Date of Jan. 18-1939

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Jan. 18, 1939

Where did injury occur? 3011 Erdman Ave. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Slipped on grease on floor

Nature of injury As above

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood M. D.

Coroner

(Address) 1712 N. Broadway

S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56207

CERTIFICATE OF DEATH

94B F 56207

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 810 E. Preston St. St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John T. Rooney

If U. S. Veteran specify WAR

(a) Residence: No. 810 E. Preston St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of the late Susan B. Rooney

DATE OF BIRTH (month, day, year) March-20-1859

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
9Yrs.	11Mo.	26Days	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. special Police

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Western Md. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME James Rooney

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Ann. OBrian

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Mrs. Ann M. Murphy 810 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL. ew Cathedral Cem Place March-20-1939 Date 19

19. UNDERTAKER (Address) Henry Hoeche & Sons Inc. 1301 E. Eager St.

20. FILED MAR 17 1939 19 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March-16-1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12 19 39 to March 16 19 39

I last saw h[illegible] alive on March 16 19 39 Death is said to have occurred on the date stated above, at 6.55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Disease	3/14/39
Arteriosclerosis	?

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel [illegible] M. D.

(Address) 714 E. Preston St

HEALTH DEPARTMENT—CITY OF BALTIMORE

56208

CERTIFICATE OF DEATH

F 56208

93c

8-5

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1616 Darley Ave. St., 8 Ward)

Length of residence in city or town where death occurred about 70Yrs. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Fischer

If U. S. Veteran specify WAR .....

(a) Residence: No. 1616 Darley Ave. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Margaret Fischer

DATE OF BIRTH (month, day, year) June-29-1852

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86Yrs.	8Mo.	15Days	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME not known

14. BIRTHPLACE (city or town) (State or country) not known

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Frank M. Fischer

(Address) 4423 Harcourt Rd.

18. BURIAL, CREMATION, OR REMOVAL. oly Redeemer Cem. March-18-1939

Place Date

19. UNDERTAKER Henry Adcock & Sons Inc.

(Address) 1301 E. Eager St.

20. FILED MAR 17 1939 Victor Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March-14-1939

22. I HEREBY CERTIFY, That I attended deceased from January 22, 1936 to March 14, 1939

I last saw him alive on March 14, 1939. Death is said to have occurred on the date stated above, at 6.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	Unknown
Chronic Myocardi+is	2 years
Other contributory causes of importance:	
Acute Myocardial Failure	6 hours

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clincial Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) Physician M. D.

(Address) 2942 East Fayette Street

56209 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 56205

50

CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 739 W. Lexington St. 4-2 Ward)

Length of residence in city or town where death occurred 46 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Margaret Mikolaitis

(a) Residence: No. 739 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Mikolaitis

DATE OF BIRTH (month, day, year) Unknown 1893

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

13. NAME Joseph Dapkunas

14. BIRTHPLACE (city or town) (State or country) Lithuania

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Mr Charles Mikolaitis

(Address) # 739 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Mar 18, 1939

19. UNDERTAKER John J. Cowan & Son

(Address) Hollins & Eppleton Sts

20. FILED Mar 17 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 15th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1939 to March 15, 1939

I last saw her alive on March 15, 1939 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	1938

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-ray + physical signs Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Williams S. Tripoli M. D.

(Address) 1326 W. Lombard St.

MAR 17 1939

1C

6210 F 56210

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91-a

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. University Hospital St. 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 2 mos. 27 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frank Morris Real

(a) Residence: No. 1150 Ridgely St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 16, 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph Real

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Ida Bentley

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mr Joseph Real

(Address) # 1150 Ridgely St,

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Mar 18, 1939

19. UNDERTAKER John J. Cowan & Son

(Address) 901 Hollins Street

20. FILED ....., 19.. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 16th, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest found that said deceased came to h[illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation & Pulmonary Edema	24 hrs

Other contributory causes of importance:

Sub-Acute Bacterial Endocarditis (Virulent) 6 mos

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation Clinical findings Date of .....

What test confirmed diagnosis? / Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury ....., 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Michael A. O'Leary, M. D.

Coroner

(Address) 7360 Eastern Ave

56211 HEALTH DEPARTMENT—CITY OF BALTIMORE 56211

CERTIFICATE OF DEATH

178-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Mercy Hospital St. 3-W Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME John Clark
(a) Residence: No. 1309 E. Baltimore St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): unknown
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: unknown
6. DATE OF BIRTH (month, day, year): unknown
7. AGE: Years 58 | Months — | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: 007
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): unknown

FATHER
13. NAME: unknown
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Mrs Bertha Flack
(Address): 1309 E. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL
Place: St Matthews Date: March 17-39

19. UNDERTAKER: Wendel Bros
(Address): 1206 E. Baltimore St

20. FILED 19 Registrar.
MAR 17 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 12, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxiation by Illuminating Gas	3-12-39

Other contributory causes of importance:

Was an operation performed? No. Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? General Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3-12-39
Where did injury occur? 1020 E. Baltimore St
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury Gas heater turned on
Nature of injury Asphyxiation

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel A. McCe Coroner, M. D.
(Address)

5989

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 56212

CERTIFICATE OF DEATH

159 F 56212

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 28-1 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Eileen Mary Arndt

If U. S. Veteran specify WAR

(a) Residence: No. 4127 Sunnyside ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 3-14-39

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Wm Arndt

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Rita Small

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 3/17/1939

19. UNDERTAKER C. Vernon Leaman.
(Address) 4611 Park Heights.

FILED APR 17 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 14, 1939 to Mar 15, 1939

I last saw her alive on Mar 15, 1939 Death is said to have occurred on the date stated above, at 1150 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (twin)	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Ethel Walker, M. D.

(Address) Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56213

CERTIFICATE OF DEATH

✓ 46-B F 56213

1. PLACE OF DEATH St. Agnes' Hospital 2 1919

CITY OF BALTIMORE: (No. Wilkens & Caton St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edward F. Wilhelm

(a) Residence: No. 2600 Ken Oak Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Schultz

DATE OF BIRTH (month, day, year) Feb 25 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	—	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Frank Wilhelm

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Annie Wolfe

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Miss F. Wolfe

(Address) 2600 Ken Oak Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 3/18/39 19

19. UNDERTAKER Thos J. Kenny

(Address) 16 00 Hollins St.

20. FILED MAR 17 1939 Wm. H. Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16. 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 12. 1939. to March 16. 1939.

I last saw him alive on March 16, 1939. Death is said to have occurred on the date stated above, at 2 20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach primary with metastasis to liver, gall bladder, head of pancreas.	
Other contributory causes of importance: Generalized arteriosclerosis	

Was an operation performed? Yes Date of 12/12/38

For what disease or injury? Gall bladder disease

Name of operation Exploratory laparotomy - appendectomy

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert Sheppard, M. D.

(Address) St. Agnes Hospital

6214 **HEALTH DEPARTMENT—CITY OF BALTIMORE** # 56214

CERTIFICATE OF DEATH

89-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyden Hospital St. 43-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Webb

If U. S. Veteran specify WAR

(a) Residence: No. 3947 Roland Ave., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) June 29, 1926

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
12 yrs	8 mos	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME George Webb

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Mary Carl

16. BIRTHPLACE (city or town) (State or country) Hamhill, Mass

17. INFORMANT George Webb.

(Address) 3947 Roland Ave

18. BURIAL, CREMATION, OR REMOVAL

Forest Lawn Cemetery Date March 20, 1939

19. UNDERTAKER Edmonston & Son.

(Address) 3615 Edmondson Ave

20. FILED MAR 17 1939 19— Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1939, to March 17, 1939

I last saw him alive on March 17, 1939 Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Acute Endocarditis	3/2/39
Pneumonia Hemophilus	3/4/39
Other contributory causes of importance: Cardiac Failure	3/17/39

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Hyde G. Bell Jr. M. D.

(Address) Lyden Hosp.

Huntington Williams, M.D.

6215 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 56215

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1543 Clifton Ave St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elnora M. Haae.

(a) Residence: No. 1543 Clifton Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of George Haae.

DATE OF BIRTH (month, day, year) Feb 9 1885.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	1	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) md.

13. NAME John W. Haae.

14. BIRTHPLACE (city or town) (State or country) md.

15. MAIDEN NAME Belle Smith

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT George Haae.
(Address) 1543 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Interment Date March 20 1939

19. UNDERTAKER Chesnutt & Son
(Address) 3615 Reisterstown Ave.

20. FILED ..... 19.. by ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mch 16 1939 to Dec 17 1939

I last saw h... alive on Mch 16 1939. Death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chr.	Dec 15
Arterio-sclerosis & Hypertension	
Other contributory causes of importance:	
Failing Heart Action	1 dy.

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ed. Smith M. D.

(Address) 1105 N. North Ave

6216 F 56216

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1237 St. Matthew St., 5-1 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret (Maggie) Cook

(a) Residence: No. 1237 St. Matthew St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Archabald

7. DATE OF BIRTH (month, day, year) June 7 1867

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	9	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto
(State or country)

13. NAME Frank Schnabel

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Magdalyn ?

16. BIRTHPLACE (City or town) Germany
(State or country)

17. INFORMANT Louise Merson

(Address) 1237 St. Matthew St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Mar 20, 1939

19. UNDERTAKER Martin V. E. Diffpel

(Address) 37 S Anne St.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 1st 1939, to March 16 1939

I last saw her alive on March 15 1939 Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerotic Cardio-Vascular Disease	?
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Albert Jeannette, M. D.

(Address) 1729 W Fayette

217

HEALTH DEPARTMENT—CITY OF BALTIMORE

56217

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3601 Tesh St. St. 13-E Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William H. Hare

If U. S. Veteran specify WAR

(a) Residence: No. 3601 Tesh St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Susan Hare

DATE OF BIRTH (month, day, year) May 2 1850

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
88	10	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

13. NAME Henry Hare

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME Susan Hare

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Margaret Garfield

(Address) 3601 Tesh St.

18. BURIAL, CREMATION, OR REMOVAL md

Manchester, Carroll Co. Date March 18 1939

19. UNDERTAKER Glenwood Sta.

(Address) 3615-17 Chesterfield Ave.

20. Date MAR 17 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) March 15, 1939

I HEREBY CERTIFY, That I attended deceased from March 12 1939 to Mar 15-th 1939

I last saw him alive on March 14 1939. Death is said to have occurred on the date stated above, at 11.30 P.m.

The principal cause of death and related causes of importance were as follows:

Bronch. Pneumonia — Date of onset 3 days

Other contributory causes of importance:

Senility. General Arterial Deg. Chronic Prostatic hypertrophy — over

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Symptoms & Physical find Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Tuerck, M. D.

(Address) 3614 Falls Rd Balto Md

HEALTH DEPARTMENT—CITY OF BALTIMORE

56218 56218

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5306 Lefferle St. 26-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Ottilia A Weber

If U. S. Veteran specify WAR .....

(a) Residence: No. 5306 Lefferle St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	W

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb 4 1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	1	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Peter A Weber.

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Pasch

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Bertram Chubb

(Address) 5306 Lefferle

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 3-18 19 39

19. UNDERTAKER Leonard D Roach

(Address) 2205 Hartford Road

20. FILED 3-17 1939 19.... Registrar.

Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-15 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1939 to 3/15 1939

I last saw her alive on 3/15/39. Death is said to have occurred on the date stated above at 2 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis - Sclerosis	
Chronic Infections	
Arthritis	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Lee Lobey M. D.

(Address) 5703 Harford Rd

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 56219

VGK--42788

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 20-K Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Hazelgrove

If U. S. Veteran specify WAR

(a) Residence: No. 2128 Vine St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna

DATE OF BIRTH (month, day, year) 8-4-1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
57	57	7	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Warner

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Jenny Sterling

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date 3/18/39 19

19. UNDERTAKER Geo L Beyer Jr

(Address) 15 E Biddle St.

20. FILED 19 Registrar.

MAR 17 1939

Hunting for Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1939, to March 16, 1939

I last saw him alive on March 16, 1939. Death is said to have occurred on the date stated above, at 1:39 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) H. A. De Lauballe M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

20

F 56220

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 140 N. Hilton St. St., 20 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Savilla Thomas.

If U. S. Veteran specify WAR .....

(a) Residence: No. 3619 - 11th St N.W Wash DC. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William G. Thomas.

6. DATE OF BIRTH (month, day, year) July 27-1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER'S FATHER

13. NAME Edward Bell

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Richmond

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs W. G. Thomas.

(Address) 3619 - 11th St N.W Wash DC.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Wash DC. Date Mch. 18 1939

19. UNDERTAKER Geo. T. Beyer Jr

(Address) 1512 Hollins St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 15, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Mar 15

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis Exam Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) M. J. Hanna M. D.

Coroner

(Address) 1822 W Baltimore St

56221

HEALTH DEPARTMENT—CITY OF BALTIMORE 56221

CERTIFICATE OF DEATH

√131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1717 Crystal Ave 8-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles Louis Maier

If U. S. Veteran specify WAR .....

(a) Residence: No. 1717 Crystal Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6. If married, widowed, or divorced: HUSBAND of (or WIFE of) Annie Maier

DATE OF BIRTH (month, day, year) Feb-14-1862

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	1	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 015

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Ludwig Maier

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs Annie Maier

(Address) 1717 Crystal Ave

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Comp. 3-18-39

UNDERTAKER Wendell E Humphreys

(Address) 1701 N. Broadway

FILED ..... By .....

MAR 17 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March-15-1939

22. I HEREBY CERTIFY, That I attended deceased from June, 1932 to Mar 15, 1939

I last saw him alive on Mar 15, 1939. Death is said to have occurred on the date stated above, at 8.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	3/13/39

Other contributory causes of importance:

Chronic Nephritis

Chronic Hypertension

Chronic Myocarditis

Was an operation performed? X Date of X

For what disease or injury? X

Name of operation X

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? NO Date of injury X, 19...

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify He had no Occupation

(Signed) Otto F Duker M. D.

(Address) 928-6, North Ave

56222 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 56222

CERTIFICATE OF DEATH

✓ 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3822 Barrington Rd W 5-16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. 9 mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Emma Darrough

If U. S. Veteran specify WAR .....

(a) Residence: No. 3822 Barrington Rd Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow.

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of George T. Darrough

7. DATE OF BIRTH (month, day, year): Mar. 9, 1844

8. AGE: Years 95 | Months 0 | Days 7 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

13. NAME OF FATHER: Frederick Byers

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME OF MOTHER: Rebecca Wells

16. BIRTHPLACE (city or town) (State or country): .....

17. INFORMANT: Mrs. Frank Munroe

(Address): 3822 Barrington Rd.

18. BURIAL, CREMATION, OR REMOVAL: Place Lorraine Cem. Date Mar 18 1939

19. UNDERTAKER: Wm. J. Fickus Sons

(Address): Forest Park Ave.

FILED MAR 17 1939, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 16. 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1937, 19... to March 16, 1939

last saw her alive on March 16, 19... Death is said to have occurred on the date stated above, at 1.45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis.	1937
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edwin H. Mortimer Jr. M. D.

(Address) 2706 St Paul St

56223 F 56223

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sadie Reeder

If U. S. Veteran specify WAR .....

(a) Residence: No. 308 N Pearl St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Reeder

6. DATE OF BIRTH (month, day, year) Feb 25-1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	0	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D C

MOTHER FATHER

13. NAME John Washington

14. BIRTHPLACE (city or town) (State or country) Dunkirk Md

15. MAIDEN NAME Hattie Watson

16. BIRTHPLACE (city or town) (State or country) Frederick Md

17. INFORMANT Mrs Hattie White

(Address) 308 Pearl St

18. BURIAL, CREMATION, OR REMOVAL Place Arbutus Memorial Date 3/18 39

19. UNDERTAKER William A Jackson

(Address) 716 Pennsylvania Ave

FILED 3/18 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-15, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Apoplexy	3/15/39

Other contributory causes of importance: No

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation No Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George L. Allen M. D.

Coroner

(Address) 508 Riesenthal St

56224 HEALTH DEPARTMENT—CITY OF BALTIMORE 56224

59 12646 JS

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 21-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Genevieve Gardner

(a) Residence: No. 1211 Washington Blvd. St., Ward.
(Usual place of abode) 94-25 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Franklin T.

7. DATE OF BIRTH (month, day, year) 7-18-1859

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	7	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Queen Anne Co. Md.

13. NAME William Reed

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Henrietta Skinner

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Centreville Md Date March 18 1939

19. UNDERTAKER Williams Cook
(Address) 1173 St Paul Street

20. FILED 19 Registrar.

MAR 18 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938 to March 15, 1939

I last saw her alive on March 15, 1939. Death is said to have occurred on the date stated above, at 9 22 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	3-10-39
Other contributory causes of importance: Diabetes mellitus	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Q. De Sautelle M. D.

(Address) Baltimore City Hospitals

56225

HEALTH DEPARTMENT—CITY OF BALTIMORE 56225

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 22-15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Father H Kahl

If U. S. Veteran ..... specify WAR .....

(a) Residence: No. 2219 Arden Road St., ... Ward. .....

(Usual place of abode) Lake (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary R Kahl

DATE OF BIRTH (month, day, year) June 12 1884

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	9	5	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Traveling Boarding

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R R Co

10. Date deceased last worked at this occupation (month, day, year) 1939

11. Total time (years) spent in this occupation 30

9. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Dietrich Kahl

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Henrietta Kahl

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Mary R Kahl

(Address) Maryland

17. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 3/18 39

18. UNDERTAKER Wm Cook

(Address) 1217 St Paul Street

FILED ..... 19... [illegible] Registrar.

MAR 18 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 17th 1939

22. I HEREBY CERTIFY, That I attended deceased from March 1939 to March 17 1939

I last saw him alive on March 17 1939 Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Cardiac decompensation	
Cardiac failure	
Anasarca	
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? EKG Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D Slatterder Jr. M. D.

(Address) University Hospital.

HEALTH DEPARTMENT—CITY OF BALTIMORE

56226

CERTIFICATE OF DEATH

23 F 56226

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 15-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Margaret Ennels (38665)

If U. S. Veteran specify WAR

(a) Residence: No. 1825 Kavanaugh St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb. 14, 1921

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	1	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Md.

13. NAME Walter

14. BIRTHPLACE (city or town)
(State or country) Md.

15. MAIDEN NAME Olive Watts

16. BIRTHPLACE (city or town)
(State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Dawson Md Date 3/18/39 19

19. UNDERTAKER E. L. Robinson
(Address) Dawson Md.

20. FILED MAR 18 1939 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from November 3, 1938 to March 16, 1939

I last saw her alive on March 16, 1939 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Sept 1938
Tuberculosis of Larynx	Nov. 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

Spec.—9-30—A. & Co.—250 Bks.

56227 HEALTH DEPARTMENT—CITY OF BALTIMORE F 56227

CERTIFICATE OF DEATH.

48

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 911 Warner St. 21-1 WARD)

2-FULL NAME Georgia Cordelia Wings

(a) RESIDENCE NO. 911 Warner St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fe	Col	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Wing.

6 DATE OF BIRTH (month, day, and year) Mar 22 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
68	69	11	24 27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) Laundry work / Home work

(c) Name of employer unemployed

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Geo. A. Handy

11 BIRTHPLACE OF FATHER (city or town) Easton (State or country) Md

12 MAIDEN NAME OF MOTHER Delia Lewis

13 BIRTHPLACE OF MOTHER (city or town) Trappe (State or country) Md.

14 Informant Carrie Woodson

(Address) 909 Warner St

15 FILED MAR 18 1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 16 39

17

I HEREBY CERTIFY, That I attended deceased from Nov 13, 1938, to Mar 16, 1939

that I last saw her alive on Mar 16, 1939

and that death occurred, on the date stated above, at 10 30 P. m.

The CAUSE OF DEATH* was as follows:

Adeno-Carcinoma of Uterus

(duration) one yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Jan 24 39

Was there an autopsy? no

What test confirmed diagnosis? Exploratory Operation

(Signed) Lt Carroll M. D.

3/17 39 (Address) 911 Warner St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 3-20 39

20 UNDERTAKER James A Hayes — ADDRESS 142 W. Hill

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56228

CERTIFICATE OF DEATH

36 F 56228

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St., 3-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Helen Papierniak

(a) Residence: No. 828 S. Bond St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 15 1921

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
17	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gilman Wis.

FATHER

13. NAME Frank Papierniak

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Frances Kozak

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Frank Papierniak

(Address) 828 S. Bond St.

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Date March 21 19 39

19. UNDERTAKER Fred W. Ozog-ewski

(Address) 1930 Eastern Ave Baltimore, Md

20. FILED MAR 18 1939 19 ... Registrar.

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	12 hrs
Other contributory causes of importance: Gen. Septicaemia (Mycrococcus)	3 days

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A. Shamma M.D., M. D. Coroner

(Address) 2360 Eutaw Place

56223 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

131 F 56229

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 748 Melville Avenue St. 9-3 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Belle A. Drisgill

(a) Residence: No. 748 Melville Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas J. Drisgill

DATE OF BIRTH (month, day, year) Dec. 18, 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	2	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Matthews County Va.

13. NAME James Waithman

14. BIRTHPLACE (city or town) (State or country) New Jersey

15. MAIDEN NAME Elizabeth Soper

16. BIRTHPLACE (city or town) (State or country) New Jersey

INFORMANT Miss Louise Drisgill

(Address) 748 Melville Avenue

17. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Mar. 18, 1939

18. UNDERTAKER Henry Sander & Son, Inc. Geo. T. Sander.

(Address) Baltimore St. & Broadway

19. FILED ....., 19.... Registrar.

MAR 18 1939 Health Dept. Baltimore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 13 1939 March 16 1939

I last saw h[illegible] alive on March 15, 1939 Death is said to have occurred on the date stated above, at 1:30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal Disease.	?
Other contributory causes of importance: Coronary Thrombosis	1 day

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury, 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Joseph Pokorny M. D.

(Address) 1220 E Monument St.

F 56230

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. John Hopkins Hospital St. 7-5 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Betty Ann Kridenoff
(a) Residence: No. Old Phila. Rd. nr. Sellers Ave. Ward (Cont. Balto Co Md)
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ---------- 1928

6. DATE OF BIRTH (month, day, year) July 9th 1939

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		8	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER
13. NAME Jesse Kridenoff
14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER
15. MAIDEN NAME Lillian Hammerbacher
16. BIRTHPLACE (city or town) (State or country) Pittsburg Pa.

17. INFORMANT Mr. Jesse Kridenoff
(Address) Old Phila. Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date 3/18/39 . 19

19. UNDERTAKER John G. Connelly
(Address) Essex, Md.

20. FILED MAR 18 1939 . 19 Huntington Williams M.D. Registrar.

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia (Primary)	

Other contributory causes of importance: —

Was an operation performed? No Date of —
For what disease or injury? — Date of —
Name of operation —
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? — If so, specify .....

(Signed) Paul Schreiber Coroner . M. D.
(Address) Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

56231

CERTIFICATE OF DEATH

× 1250-1498

F 56231

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Ruth Anne Walter

If U. S. Veteran specify WAR .....

(a) Residence: No. Ryland Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Earl Walter

DATE OF BIRTH (month, day, year) Jan 19 1903

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	1	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Pa

13. NAME John Klaus

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Ruth Stokes

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Earl Walter

(Address) Catonsville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Pine Lawn Pa Date March 21, 1939

19. UNDERTAKER H. Howard Hobbs

(Address) Pine Lawn Pa

20. FILED 3 18 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/18/39, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-16-, 1939 to 3-18, 1939

I last saw her alive on 3-18, 1939 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute yellow atrophy of liver	1939
Parturition - 2 days.	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? ? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, Suicide, or Homicide? — Date of injury —, 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D. Stathers Jr M. D.

(Address) University Hospital

O.K. Paul Schaefer

HEALTH DEPARTMENT—CITY OF BALTIMORE

56232

CERTIFICATE OF DEATH

95-B F 56232

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 136 N. Potomac St., 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John F. Quail

If U. S. Veteran specify WAR

(a) Residence: No. 136 N Potomac St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Marie Quail

DATE OF BIRTH (month, day, year) May. 17-1871

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	9 10	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME John. W. Quail

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) "

INFORMANT Marie Quail

(Address) 136 N. Potomac St.

BURIAL, CREMATION, OR REMOVAL

Place Queen Anne Co. Date 3/19 1939

UNDERTAKER John. A. McKean

(Address) 3000 E. Balto. St. Huntington Williams, Mgr.

FILED MAR 18 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/16th, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/16 1939 to 3/16 1939

I last saw him dead 3/16 1939 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic C.V. disease	
Coronary thrombosis	
Hypertension	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas O. Gatch, M. D.

(Address) 801 N Calvert Street

F 56233

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-F F 56233

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 27-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Wilhelmina Mayer

If U. S. Veteran specify WAR

(a) Residence: No. 4012 Parkview Ave St., Ward. B1

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

6a. If married, widowed, or divorced RUSBAND of (or) WIFE of Otto Mayer

6. DATE OF BIRTH (month, day, year) Oct 10, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	5	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Friedrich Ossenbring

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Wilhelmina Wernghaus

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Oscar Mayer

(Address) Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL

Place Oakwood Cem. Date March 9, 19 39

19. UNDERTAKER Peter Ulrich

(Address) 2002 Eutaw

20. FILED , 19 Harry Trotti Registrar.

MAR 10 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1939, to March 6, 1939

I last saw h[illegible] alive on 3/1/39, 1936. Death is said to have occurred on the date stated above, at 1 05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of	1938
Common bile duct	

Other contributory causes of importance:

Was an operation performed? Yes Date of 3/4/39

For what disease or injury? See above

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harvard W. Jones, M. D.

(Address) Church Home & Infirmary

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56234

CERTIFICATE OF DEATH

131

F 56234

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2603 E. Jefferson St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Johanna Krepp

(a) Residence: No. 2603 E. Jefferson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	W

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Krepp

6. DATE OF BIRTH (month, day, year) May 6. 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	10	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Don't know

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Gertrude Winterberg

(Address) 2603 Jefferson St

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date March 20 3

19. UNDERTAKER John Ulrich

(Address) 2008 Orleans

FILED MAR 18 1939 19 Harrington for Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/17/ 1939

22. I HEREBY CERTIFY, That I attended deceased from 2/28/ 1939 to 3/17/ 1939

I last saw h. alive on 3/10/ 1939 Death is said to have occurred on the date stated above, at 10:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Chronic parenic congestion - Lungs	
Senility	

Other contributory causes of importance:

Cardio - vascular - renal disease: Arteriosclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Benj. B. Moore M. D.

(Address) 447 N. Eutaw Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

56235

CERTIFICATE OF DEATH

F 56235

11-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 3543 Newland Road St., 12-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. 11 mos. 12 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Camilla L. Strong

If U. S. Veteran specify WAR

(a) Residence: No. 3543 Newland Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of J. Page Strong

DATE OF BIRTH (month, day, year) April 4, 1886

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	11	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME Thomas W. Gordon

14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

15. MAIDEN NAME Margaret Casey

16. BIRTHPLACE (city or town)
(State or country) Ireland

INFORMANT Dr. J. Page Strong
(Address) 3543 Newland Road

BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 3/20 19 39

UNDERTAKER Henry H. Mears & Son
(Address) 505 N. Calvert St.

FILED MAR 18 1939 In Huntington Hill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16th, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 13th, 1939, to March 16, 1939.

I last saw h[illegible] alive on March 16, 1939. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (lobar)	3/14/39
Griffin	3/13/39
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify.

(Signed) Leonard E. Beach, M. D.
(Address) 2229 St Paul St.

56236

HEALTH DEPARTMENT—CITY OF BALTIMORE 56236

42226 JS

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..da. How long in U. S. If of foreign birth? ..yrs. ..mos. ..da.

If U. S. Veteran specify WAR

2. FULL NAME Evangeline Johnson

(a) Residence: No. 2020 Pennsylvania Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas

DATE OF BIRTH (month, day, year) 3-17-1867

AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	71	11	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Lew Hendricks

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Alice Basketville

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT B. C. H. Records
(Address)

17. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn — Date 3-20-39

UNDERTAKER Mrs. Frances A. Humphy
(Address) 571 W. Baltimore St.

FILED ..., 19.. Registrar.

MAR 18 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-14-1939

22. I HEREBY CERTIFY, That I attended deceased from 2-21-1939 to 3-14-1939

I last saw her alive on 3-13-1939 Death is said to have occurred on the date stated above, at 6.50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3/10/39
Marked hypertrophic arthritis	?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
None If so, specify

(Signed) L. K. Woodward M. D.

(Address) Balto. City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

56237

CERTIFICATE OF DEATH

36 F 56237

Registered No.

1. PLACE OF DEATH Provident Hospital 10-L
CITY OF BALTIMORE: (No. 1514 Vernon St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Mosley
If U. S. Veteran specify WAR

(a) Residence: No. 1421 E. Preston St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

3. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Mosley

DATE OF BIRTH (month, day, year) April 8-1915

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	11	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brunswick Va
13. NAME William Mosley
14. BIRTHPLACE (city or town) (State or country) Va
15. MAIDEN NAME Fannie Mosley
16. BIRTHPLACE (city or town) (State or country) Va
17. INFORMANT Mary Mosley
(Address) 1421 E Preston St
18. BURIAL, CREMATION, OR REMOVAL Alberta Va Mar 3 19 39
19. UNDERTAKER Rayner Sanders
(Address) 1413 E Preston St
20. FILED MAR 18 1939 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-16-1939
22. I HEREBY CERTIFY, That I attended deceased from 3-8-39 19 to 3-16-39 19
I last saw him alive on 3-16-39 19. Death is said to have occurred on the date stated above, at 11.50 a.m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	?
Other contributory causes of importance: Infected Hand	?

Was an operation performed? Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. F. Mahoney M. D.
(Address) Provident Hospital Baltimore Md.

HEALTH DEPARTMENT—CITY OF BALTIMORE

56238 CERTIFICATE OF DEATH 2752 (MB) F 56238

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME William Weidel

(a) Residence: No. 316 S. Castle St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia

DATE OF BIRTH (month, day, year) 7/24/1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
84	84	7	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0062

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pa.
(State or country)

13. NAME William

14. BIRTHPLACE (city or town) Pa.
(State or country)

15. MAIDEN NAME Jimimah ?

16. BIRTHPLACE (city or town) Pa.
(State or country)

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ST. MATHIAS Date MAR. 17, 1939

19. UNDERTAKER Lilly & Zeilerbach
(Address) 403 S. WOLFE St.

20. FILED MAR 18 1939 Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1939, to March 15, 1939

I last saw him alive on March 15, 1939. Death is said to have occurred on the date stated above, at 10.02 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	3-6-39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. De Santolle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

56239

CERTIFICATE OF DEATH

97 F 56239

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5704 Roland Ave (Ward) 27-13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Jones

If U. S. Veteran specify WAR

(a) Residence: No. 5704 Roland Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Widow

6. If married, widowed or divorced: HUSBAND of (or) WIFE of Renrick Jones.

DATE OF BIRTH (month, day, year) July 4, 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	8	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Swindon England

13. NAME Thomas Gibbs

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Lucy Morton

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Adolph Beseke

(Address) 5704 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Cem. Date Mar. 20, 1939

19. UNDERTAKER Wm. Tickner & Sons

(Address) Hook & Reaves.

20. FILED 19 Registrar.

MAR 18 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 16, 1939.

22. I HEREBY CERTIFY, That I attended deceased from Feb 7 1939 to Mar 16 1939

I last saw her alive on Mar 16 1939 Death is said to have occurred on the date stated above, at 2.35 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Mdy.	
Other contributory causes of importance: Exhaustion	3/14/39

Was an operation performed? no Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

3/17/39 (Signed) H. H. Campbell M. D.

(Address) 1644 Hanover St

HEALTH DEPARTMENT—CITY OF BALTIMORE

56240

CERTIFICATE OF DEATH

95-F 56240

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3731 Roland Ave St., 43-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James J. Reynolds

If U. S. Veteran specify WAR

(a) Residence: No. 3731 Roland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mildred M. Reynolds

DATE OF BIRTH (month, day, year) Dec 19 1897

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	4	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore City Fire Dept

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

13. NAME James J. Reynolds

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Margaret Banahan

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Mildred M. Reynolds
(Address) 3731 Roland Ave

18. BURIAL, CREMATION, OR REMOVAL
Dove Cathedral Date March 21 1939

19. UNDERTAKER Ellenpoorth Son
(Address) 3015-17 Christian Ave

20. FILED MAR 18 1939 Hunter Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 10 1939 to Mar 17 1939

I last saw him alive on Mar 17 1939 Death is said to have occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Thrombosis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John H. Harrison M. D.

(Address) 3732 Roland Ave

M. D. B. 1268-9

56241 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C F 56241

Registered No.

1. PLACE OF DEATH 6300 Wideminer Ave

CITY OF BALTIMORE: (No. ..... St., 27-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 69 yrs. ... mos. ... ds.

2. FULL NAME Edmund Christian Stork

(a) Residence: No. 6300 Widenmer Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~ of) Mamie Stork

6. DATE OF BIRTH (month, day, year) November 12 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Odd

10. Date deceased last worked at this occupation (month and year) / 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ... (State or country) Germany

MOTHER FATHER

13. NAME ...

14. BIRTHPLACE (city or town) ... (State or country) Unknown

MOTHER

15. MAIDEN NAME (illegible)

16. BIRTHPLACE (city or town) ... (State or country) ?

17. INFORMANT Edmund Marcus Stork

(Address) 6300 Wideminer Road

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 3-21-39

19. UNDERTAKER Israel J. Pryt

(Address) 1305 Harford Road

20. FILED MAR 18 1939 Huntington Hilleman M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1939, to March 17, 1939.

I last saw him alive on March 17, 1939. Death is said to have occurred on the date stated above, at 8 10/D m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	-

Other contributory causes of importance:

Arteriosclerosis	

Name of operation none Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) Eldred Roberts M. D.

(Address) 6100 Yorkwood Road

56242

HEALTH DEPARTMENT—CITY OF BALTIMORE

42842-PS

CERTIFICATE OF DEATH

✓95-B F 56242

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 22-1 Ward)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? over 45 yrs. ... yrs. ... mos. ... ds.

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Emma Wilson
If U. S. Veteran specify WAR .....

(a) Residence: No. 7 W. York St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of William

DATE OF BIRTH (month, day, year) Unknown

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71 ?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Va.
(State or country)

13. NAME Alfred Fallin
14. BIRTHPLACE (city or town) Va.
(State or country)

15. MAIDEN NAME Mary Rice
16. BIRTHPLACE (city or town) Va.
(State or country)

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Catonsville Md. Date 3/19 1939

19. UNDERTAKER Mrs. Geo. F. Holland
(Address) 1631 Druid Hill Ave.

FILED MAR 18 1939 M. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1939. to March 16, 1939
I last saw her alive on March 16, 1939. Death is said to have occurred on the date stated above, at 7.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	1938

Other contributory causes of importance:

Was an operation performed? No Date of ...
For what disease or injury? ...
Name of operation ... Clinical
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. A. de Lautelle M. D.
(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

56243

CERTIFICATE OF DEATH

X/107-a P 56243

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. W-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances Lemley

If U. S. Veteran specify WAR

(a) Residence: No. Seminary Ave. St., Ward. Lutherville, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Edward

7. DATE OF BIRTH (month, day, year): Oct. 25, 1882

8. AGE: Years: 56; Months: 4; Days: 20; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Cuba Md.

13. NAME: ?

14. BIRTHPLACE (city or town) (State or country): ?

15. MAIDEN NAME: Margaret Jordan

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT: Mr. G. Herbert Lemley

(Address): 5046 Carver St. Salisbury Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Pleasant Rest Date: 3/19/1939

19. UNDERTAKER: Mrs. Geo. E. Pollard

(Address): 1631 Druid Hill Ave.

20. FILED: MAR 16 1939 H. E. Lee Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1939 to March 15, 1939

I last saw her alive on March 15, 1939 Death is said to have occurred on the date stated above, at 7 45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia (Strep. hemolytic)	3/5/39
Pyo-arthritis, right shoulder	3/6/39?
Other contributory causes of importance: Bronchio-pneumonia (?)	3/13/39

Was an operation performed? Yes Date of 3/13/39

For what disease or injury? Pyo-arthritis, r. shoulder

Name of operation Incision & Drainage

What test confirmed diagnosis? Cult. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Everett L. Diggs M. D.

(Address) University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56244

244

CERTIFICATE OF DEATH

186-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3912 Cottage Ave St. 15-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Catherine S. Wolfe

(a) Residence: No. 3912 Cottage Ave St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

3. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of George W. Wolfe

DATE OF BIRTH (month, day, year) June 5th 1843

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
95	9	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME ? Munson

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME ? Brown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Matthews

(Address) 3912 Cottage Ave - Pimlico

18. BURIAL, CREMATION, OR REMOVAL

Place Elmwood Cemetery Shepardstown W Va Date Mar 19th 1939

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED MAR 19 1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 17th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar. 16 1939 to Mar. 17 1939

I last saw her alive on March 17, 1939 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of neck of right femur	3-3 pm 3-16-39
Shock following fracture	
by fall	
Senility	
Other contributory causes (not related to principal cause)	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Yes Date of injury 3-16 1939

Where did injury occur? 3912 Cottage Ave City (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Fell in bathroom

Nature of injury Fracture about head of R Femur

24. Was disease or injury in any way related to occupation of deceased? No

(If so, specify) .....

(Signed) James S. Ashenhurst M. D.

(Address) 4012 Pimlico Heights Ave

5 359544

HEALTH DEPARTMENT—CITY OF BALTIMORE 56245

CERTIFICATE OF DEATH

53-E

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St. 12-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dr Harry T Baker

If U. S. Veteran specify WAR

(a) Residence: No. 2210 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 11-14-77

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61 62	4	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Professor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Goucher College

10. Date deceased last worked at this occupation (month and year) [illegible]

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Maine

13. NAME Jesse Baker

14. BIRTHPLACE (city or town) (State or country) Maine

15. MAIDEN NAME Ellen Cochran

16. BIRTHPLACE (city or town) (State or country) Maine

INFORMANT Records
(Address)

BURIAL, CREMATION, OR REMOVAL Rockland Me Date 3/18 1939

UNDERTAKER Wm Cook Sons
(Address) 134 W Fayette Baltimore, Md.

FILED 19 Registrar.

MAR 19 1939

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) March 18 1939

22. I HEREBY CERTIFY, That I attended deceased from March 7 1939 to March 18 1939

I last saw him alive on March 18 1939 Death is said to have occurred on the date stated above, at 4 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple myeloma	1934?
Bronchopneumonia	
Renal failure	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Cole E. Burkland M. D.

(Address) J. H. H.

6246 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 56246

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2770 Fenwick Ave, 9-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Louisa L Reitz

(a) Residence: No. 2770 Fenwick Ave, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of William A Reitz

DATE OF BIRTH (month, day, year) Jan 21, 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	1	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Minnie Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Rahnmund

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George Klein

(Address) 2770 Fenwick Ave

18. BURIAL, CREMATION, OR REMOVAL

Date Mch 19 1939

19. UNDERTAKER J Wm Cook & Co

(Address) 1217 Park Ave

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1939 to March 18, 1939

I last saw her alive on March 15, 1939. Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Hypertension	
Chronic Intestinal Nephritis	
Senility	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury? —

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Weintraub M. D.

(Address) 1730 E. Fayette St

R 19 1939

F 56247

56247 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

✓108

CERTIFICATE OF DEATH

1. PLACE OF DEATH South Balto. Gen. Hosp. 2-2

CITY OF BALTIMORE: (No. ..... St., 23 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Violet May Handschuh

(a) Residence: No. 3100 Old Annapolis Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of .....
(or) WIFE of .....

7. DATE OF BIRTH (month, day, year) Dec 4th 1937

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1	3	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Oswald Handschuh

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Ellen Gosnell

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Oswald Handschuh
(Address) 3100 Old Annapolis Rd

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Mar 21st 1939

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St.

20. FILED Huntington Williams Registrar.

MAR 19 1939

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 3-18-1939

22. I HEREBY CERTIFY, That I attended deceased from 3-16 1939 to 3-18 1939

I last saw h CK alive on 3-16 1939. Death is said to have occurred on the date stated above, at 4.45 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia - left upper & lower lobes; right lower lobe (staphlycocal)	March, 39
Empyema (staphlycocal) left	2
Pyo-pericardium (staphlycocal)	2
Other contributory causes of importance:	

Was an operation performed? Yes Date of 3-18-39

For what disease or injury? Empyema - left chest

Name of operation Closed drainage

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Louis J. Krall, M. D.

(Address) South Balto. Gen Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

56248 — 56248

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1510 Mt Royal Ave Ward)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran —— specify WAR .....

2. FULL NAME Henry L. Brack

(a) Residence: No. 1510 Mt Royal Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emma S. Brack

7. DATE OF BIRTH (month, day, year) June 24 1856

AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	82	8	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate Broker (Self)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Christian Brack

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna Marie Bohl

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT William F Brack

(Address) 1510 Mt Royal Ave

BURIAL, CREMATION, OR REMOVAL Baltimore Cem Date March 20 1939

UNDERTAKER William Cook

(Address) 1217 St Paul Street

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 1934 to June 1938

I last saw h[illegible] alive on June 1938 Death is said to have occurred on the date stated above, at 6A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	2.1930
Arteriosclerosis, general	2.1930
Diabetes Mellitus	2.1930
Other contributory causes of importance:	
Cystostrophy of prostate	1933
Cystitis	1933

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward Davis Smith Jr M. D.

(Address) 18 E. Eager St.

Stinson

19 1939

56249 E 56249

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B 40624 JS

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 20-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran ... specify WAR ...

2. FULL NAME Betty Burton

(a) Residence: No. 1823 Penrose Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John

DATE OF BIRTH (month, day, year) 4-28-1849

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	89	10	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME John Bradford

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Esther Ridley

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Mar 20th 1939

19. UNDERTAKER Wm. Cook
(Address) 1217 St Paul St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-18, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-5, 1939, to 3-18, 1939

I last saw her alive on 3-17, 1939. Death is said to have occurred on the date stated above, at 7.40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	?
Advanced Senility	?

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
None If so, specify ...

(Signed) L. Knudsen M. D.

(Address) Balto City Hosp.

4 1939

6250 HEALTH DEPARTMENT—CITY OF BALTIMORE E 56250

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4212 Harcourt Road Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Martha E. Flowers

(a) Residence: No. 4212 Harcourt Road Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Female	White	Married

6. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of William R. Flowers

DATE OF BIRTH (month, day, year) Mar 18th 1878

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	11	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Josiah Bell

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Cornelia Mitchell

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Ida V. Flowers

(Address) Northwood Apts

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 3/20/39

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Mar 18 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 17th 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938, to Mar 17, 1939. I last saw her alive on Mar 17, 1939. Death is said to have occurred on the date stated above, at 1135 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral & Senile cortical sclerosis cerebral hypertension	?
Chronic Nephritis	?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Clyde Wortham M. D.

(Address) 1100 N. Wolfe

6251 HEALTH DEPARTMENT—CITY OF BALTIMORE 56251

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6211 Eunice Ave 27-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Walter Thomas Bohannon

(a) Residence: No. 6211 Eunice Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Irene Bohannon

DATE OF BIRTH (month, day, year) Feb. 22nd 1861

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	0	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Park Attendant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Balto

10. Date deceased last worked at this occupation (month and year) Mar 39

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Thomas A. Bohannon

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Maggie Legg

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Irene Bohannon

(Address) 6211 Eunice Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Mar 20th 1939

19. UNDERTAKER Wm Cook

(Address) 129 E Mulberry St

20. FILED Hunting for Williams (Registrar)

MAR 18 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 18th 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 14 1939 to Mar 18 1939

I last saw him alive on Mar 18 1939 Death is said to have occurred on the date stated above, at 1a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure.	
Other contributory causes of importance: Influenza + Pneumonia	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Chas Durant M. D.

(Address) 4704 Garrison Blvd

3/18/39

5252 F 56252

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St. 22-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Miss Julia Westphal

(a) Residence: No. 6203 Bellona ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb 21, 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	1 0	2527	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None - Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seamstress

10. Date deceased last worked at this occupation (month and year) 1918

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Unknown Westphal

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Phillip Sterling

(Address) 6203 Bellona ave

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Mar 20 1939

UNDERTAKER Wm Bolz

(Address) 1217 St Paul st

FILED 19 Registrar.

R 19 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1939, to March 18, 1939.

I last saw her alive on March 18, 1939. Death is said to have occurred on the date stated above, at 3:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Duodenal ulcer	
Hypostatic pneumonia	March 16
Cardiac insufficiency	

Other contributory causes of importance:

Was an operation performed? yes Date of March 13, 1939

For what disease or injury? Duodenal ulcer

Name of operation posterior gastro enterostomy

What test confirmed diagnosis? Operative Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F L Graff M. D.

(Address) Md General Hospital

56253 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 56253

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Sinai Hospital St., B'd'y Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Virginia Shumsky — If U. S. Veteran specify WAR

(a) Residence: No. 648 W. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Michael Shumsky

DATE OF BIRTH (month, day, year) April, 1891

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	11		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania Europe

13. NAME ? Bite

14. BIRTHPLACE (city or town) (State or country) Lithuania Europe

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Lithuania Europe

INFORMANT Virginia Shumsky

(Address) 648 W. Lombard Street

17. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date March 20, 39

18. UNDERTAKER Joseph Kazmarkan Jr

(Address) 6612 Wash. Blvd.

19. FILED Huntington Williams M.D. Registrar.

19 1939 16

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2/4/39, 1939, to March 16, 1939

I last saw h[illegible] alive on March 16, 1939 Death is said to have occurred on the date stated above, at 5.25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Hemorrhage or thrombosis softening	5 wks
Other contributory causes of importance: Hypertensive C. V. Disease	10 yrs.

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Elliot Katz, M. D.

(Address) Sinai Hospital

6254 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 56254

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2208 Severn St. 25 Ward

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME John HARRIS

(a) Residence: No. 2208 SEVERN St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	COLORED	MARRIED

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. LABORER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month, year) 1938

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) MARYLAND

13. NAME OF FATHER John Harris

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME OF MOTHER Martha Harris

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Charles Harris

(Address) 2208 Severn St

18. BURIAL, CREMATION, OR REMOVAL

Place W. L. Auburn Date Mar. 18 1939

19. UNDERTAKER Edward O Dillon

(Address) 1000 Druid Park Drive

19. FILED MAR 18 1939 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/16/39

22. I HEREBY CERTIFY, That I attended deceased from January 1939 to March 16, 39

I last saw h... alive on March 16, 1939 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/15/39
Other contributory causes of importance: Cirrhosis	3/15/39

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

(Signed) Richard D Harris, M. D.

Address 1500 Mount Blvd

56255 ✓ F 56255

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Baltimore Gen. Hosp. St. 16-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME George E. Chiles

If U. S. Veteran specify WAR

(a) Residence: No. 2815 W. Lanvale St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary C. Chiles

6. DATE OF BIRTH (month, day, year): January 6, 1887

7. AGE — Years: 52 | Months: 2 | Days: 11 | If LESS than 1 day, hrs. or min.:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk 0004

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Chesapeake S. S. Co.

10. Date deceased last worked at this occupation (month and year): March 1, 1939

11. Total time (years) spent in this occupation: 27 yrs.

12. BIRTHPLACE (city or town) (State or country): Virginia

13. NAME: George E. Chiles

14. BIRTHPLACE (city or town) (State or country): Virginia

15. MAIDEN NAME: Eva Lee

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Mary C. Chiles
(Address): 2815 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Pk. Date: 3/ 20/ 1939

19. UNDERTAKER: Geo W Little
(Address): 2700 Edmondson Ave.

FILED MAR 19 1939 Huntington Williams Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/ 17/ , 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/17/ 1939

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) el. Sittman , M. D. Coroner

(Address) 1304 E. Chase Street

56256 F 56256

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

Registered No. .....

1. PLACE OF DEATH Sinai Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Belvedere & Belvedere Sts 5-6 Ward)

Length of residence in city or town where death occurred 42 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Louis Epstein

(a) Residence: No. 2227 Clifton Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed,~~ or Divorced (write the word)
Male	White	Divorced

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida

7. DATE OF BIRTH (month, day, year) 1877

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Alvin Epstein

(Address) 2228 Presstman St

18. BURIAL, CREMATION, OR REMOVAL Lopez Southern Ave Date March 19 1939

19. UNDERTAKER Sol Levinson & Bro

(Address) 1124-26 W Baltimore

20. FILED ..... 19 ..... Registrar.

MAR 19 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 1939 to March 18 1939

Last saw him alive on 3-18 1939 Death is said to have occurred on the date stated above, at 9:05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis	Feb 26
Leukemia (?)	
Uremia	
Contributory Bacterial Endocarditis ?	
Other contributory causes of importance:	
Post operative shock	

Was an operation performed? Yes Date of Feb. 24, 1939

For what disease or injury? Benign prostatic hypertrophy

Name of operation Perineal prostatectomy

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Elliott Nicholson M. D.

(Address) Sinai Hospital

56257 HEALTH DEPARTMENT—CITY OF BALTIMORE F 56257

23

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 14-3 Ward)

Length of residence in city or town where death occurred 19 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Carlotta Walker (40571)

(a) Residence: No. 1900 Druid Hill Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of William

DATE OF BIRTH (month, day, year) Oct. 1, 1900

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	5	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W. (0)37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Va.

13. NAME John Taylor

14. BIRTHPLACE (city or town) ..... (State or country) Va.

15. MAIDEN NAME Annie

16. BIRTHPLACE (city or town) ..... (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Lancaster, Va. Date 3-20-, 1939

19. UNDERTAKER Charles H. Cosden
(Address) 514 N. Calhoun St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 4, 1939, to March 17, 1939

I last saw her alive on March 17, 1939. Death is said to have occurred on the date stated above, at 4:35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	Dec. 1938
Tuberculosis of larynx	Jan. 1939

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) L. M. Curtis, M. D.

(Address) Balto. City Hospitals

56258 F 56258

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3404 Callaway Ave. St. 15-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annabelle M. Schillinberg

If U.S. Veteran specify WAR

(a) Residence: No. 3404 Callaway Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Fielder I. Schillinberg

DATE OF BIRTH (month, day, year) Dec. 27, 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	2	20 18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John Samuel Macher

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Frances Poole

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mr. Fielder I. Schillinberg
(Address) 3404 Callaway Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date Mar. 20, 39

19. UNDERTAKER George J. Smith
(Address) 1900 Eutaw Place

MAR 19 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from July, 1938 to March 17, 1939

I last saw her alive on March 17, 1939. Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	July 8
Secondary Complications of Jaundice & Fever	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? X Ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Dr. C. W. Smith, M. D.

(Address) 4509 Liberty Heights Ave.

56259

HEALTH DEPARTMENT—CITY OF BALTIMORE

56259

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 37-S. Carey St St., 18-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Arabell R. Gallop.

If U. S. Veteran specify WAR None.

(a) Residence: No. 37-S. Carey St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Married.

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas Gallop.

DATE OF BIRTH (month, day, year) June-29-1869.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	8	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Reisterstown Md.

13. NAME John Westley

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Thomas Gallop.

(Address) 37-S. Carey St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Carmel. Date March 20 1939.

19. UNDERTAKER Charles J. Schwalb.

(Address) 505 N. Monroe St.

20. FILED 19 Registrar.

MAR 13 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16. 1939.

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1939. to March 16 1939.

I last saw h alive on March 15 1939. Death is said to have occurred on the date stated above, at 7.00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	March 1, 39
Other contributory causes of importance:	
chronic nephritis	unknown
Hypertension	unknown

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Nathan Rosen M. D.

(Address) 206 S. Gilmor St.

56260

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 56260

CERTIFICATE OF DEATH

95-3

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Bon Secours Hosp. St. 20-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Linda Young

If U. S. Veteran specify WAR

(a) Residence: No. 2024 Boyd St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas Young

DATE OF BIRTH (month, day, year) 3-12-1863

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

13. NAME OF FATHER John Churchill

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME OF MOTHER Not Known

16. BIRTHPLACE (city or town) (State or country) Eng Land

17. INFORMANT Raymond Reed

(Address) 2024 Boyd St

18. BURIAL, CREMATION, OR REMOVAL

Place Cariosity Date 3/20/39

19. UNDERTAKER Gent & Sheppy

(Address) Fulton Ave Balto

FILED 19 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-18-39, 19

22. I HEREBY CERTIFY, That I attended deceased from 3-16-39, 19, to 3-18-39, 19

I last saw her alive on 3-18-39, 19. Death is said to have occurred on the date stated above, at 8.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Uremia due to Chronic Cardio-Vascular Disease	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) George H. Brouillet, M. D.

(Address) Bon Secours Hospital

6261

HEALTH DEPARTMENT—CITY OF BALTIMORE

56261

CERTIFICATE OF DEATH

+ 93-C

Registered No.

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Aves St. 3500 Bd Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Louis H. Lisette

(a) Residence: No. Carnahan & Tod Aves. St., Ward. Catonsville Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced WIFE of (or) HUSBAND of Clara C Smith

DATE OF BIRTH (month, day, year) March 7-1888

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	-	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Prop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

12. NAME OF FATHER Joseph Smith

13. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Katie Boehm

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

INFORMANT Mrs. Clara C. Smith

(Address) Paradise & Frederick Aves

BURIAL, CREMATION, OR REMOVAL. Place Woodlawn Cem. Date 3/20/39

UNDERTAKER Gill & Gilbert & Sons

(Address) 1300 EUTAW PLACE. Co.

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-16-, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-13, 1939 to 3-16, 1939.

I last saw him alive on March 16, 1939. Death is said to have occurred on the date stated above, at 11:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	
Acute congestive heart failure	
Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert Sheppard, M. D.

(Address) St. Agnes Hospital

56262

HEALTH DEPARTMENT—CITY OF BALTIMORE F 56262

CERTIFICATE OF DEATH

46-e F 56261

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. ..... St., 13-7 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Irene [redacted] Mulcahy

If U. S. Veteran specify WAR .....

(a) Residence: No. 3833 Keswick Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Mulcahy.

6. DATE OF BIRTH (month, day, year) April 30, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	10	17.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. of

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Cumberland Maryland

13. NAME John Stanton

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Katherine Kerwin

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT John Mulcahy

(Address) 3833 Keswick Road

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Mar 20 19 39

19. UNDERTAKER Albert W Gregory

(Address) 440 E North Ave

20. FILED MAR 19 1939 19 ..... Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 12 1939 to March 17 1939

I last saw h[illegible] alive on March 17 1939 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of colon.	
generalized Debility.	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 1/30/39 & 2/16/39

For what disease or injury? Carcinoma of Colon.

Name of operation 1st stage Mikulicz & Excision

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Richard Worthington Jr. M.D.

(Address) Union Memorial Hospital

56263

HEALTH DEPARTMENT—CITY OF BALTIMORE F 56263

CERTIFICATE OF DEATH

+ 72-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. St. 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 weeks yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. B Blanche Yingling

If U. S. Veteran specify WAR

(a) Residence: No. Jacksonville Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6. If married, widowed, or divorced WIFE of Harry Hizmo Yingling

DATE OF BIRTH (month, day, year) July 1 1879

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	8	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife at Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 0 3

12. BIRTHPLACE (city or town) (State or country) Washington Balto Co Md.

13. NAME Mrs Lou E Strickland

14. BIRTHPLACE (city or town) (State or country) Carroll Co Md.

15. MAIDEN NAME Katherine Stall

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Louie E Strickland

(Address) Lutherville Balto Co Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Locust Ridge Date Mch 22 1939

19. UNDERTAKER John Barnes Sons

(Address) Towson Md.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1939 to March 19, 1939

I last saw her alive on March 19, 1939. Death is said to have occurred on the date stated above, at 11 15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkin's Disease	
Other contributory causes of importance:	

Was an operation performed? Yes Date of Feb 17, 1939

For what disease or injury? Suspected carcinoma of the ovary

Name of operation Splenectomy;

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Harry Hoover M. D.

(Address) University Hospital

MAR 19 1939 Registrar for Williams, M.D.

Faiella

HEALTH DEPARTMENT—CITY OF BALTIMORE

56264 56264

CERTIFICATE OF DEATH

53-C

Registered No.....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph F. Faiella If U. S. Veteran specify WAR .....

(a) Residence: No. 15 E Littendon Ave St., ... Ward. Hal. 7 (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of — (or) WIFE of Rose Faiella

DATE OF BIRTH (month, day, year) 3-6-89

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50		13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bldr

9. Industry or business in which work was done, as silk mill, saw mill, bank Const. Contractor

10. Date deceased last worked at this occupation (month, year) 1939. 11. Total time (years) spent in this occupation 20.

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME OF FATHER Giuseppe Joseph Faiella

14. BIRTHPLACE (city or town) (State or country) Italy Palermo

15. MAIDEN NAME OF MOTHER Mary Mazza

16. BIRTHPLACE (city or town) (State or country) Italy Casa Basso

17. INFORMANT (Address) Relative Rosa Faiella Bruny N.Y.

18. BURIAL, CREMATION, OR REMOVAL Place Yonkers N.Y. Date 3/22/39 19

19. UNDERTAKER (Address) Philip Henrich Sons 2016 Eastern Ave

FILED ..... 19 ..... Registrar.

19 1939

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 19 1939

22. I HEREBY CERTIFY, That I attended deceased from March 19 1939 to March 19 1939

I last saw him alive on Mar 19 1939 Death is said to have occurred on the date stated above, at 9:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor - Glioma - Malignant	1937
Other contributory causes of importance:	

Was an operation performed? Yes Date of 3-15-39

For what disease or injury? Brain Tumor

Name of operation Craniotomy

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wilhemina Gray Watson M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56265

6265

CERTIFICATE OF DEATH

71-a

Registered No.

1. PLACE OF DEATH Mercy Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 27-3 Ward)

Length of residence in city or town where death occurred ... yrs. 2 mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Joan Shuler

(a) Residence: No. 3221 Cheadle Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan 14 1934

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		2	5	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~~

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

13. NAME Bernard M. Shuler

14. BIRTHPLACE (city or town)
(State or country) Maryland

15. MAIDEN NAME Doris Fellure

16. BIRTHPLACE (city or town)
(State or country) Maryland

17. INFORMANT Bernard M. Shuler

(Address) 3221 Cheadle

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Mar 21st 1939

19. UNDERTAKER Wm Cook

(Address) 1217 E. Paul St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1939 to March 1, 1939

I last saw her alive on March 1, 1939. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aplastic anemia	3-8-39
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Course Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. I. Lowenburg M. D.

(Address) Mercy Hospital

MAR 20 1939

HEALTH DEPARTMENT—CITY OF BALTIMORE

56266 F 56266

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 620 St. Pulaski St. 16-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nellie E Shawn

If U. S. Veteran specify WAR .....

(a) Residence: No. 620 St Pulaski St., ... Ward. .....

(Usual place of abode) Life (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3. If married, widowed, or divorced HUSBAND of (or) WIFE of John D Shawn

DATE OF BIRTH (month, day, year) May 28-1894

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44	9	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) July 1938

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME OF FATHER John Scott

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT John D. Shawn 620 St. Pulaski

BURIAL, CREMATION, OR REMOVAL Loudon Park Date 3/21 19 39

UNDERTAKER William Cook (Address) 217 St Paul Street

FILED MAR 20 1939 Registrar. Hattie for Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1938, to March 19, 1939

I last saw h[illegible] alive on March 18, 1939. Death is said to have occurred on the date stated above, at 5A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	1924
Uraemia poisoning	1934
Cardiac hypertrophy	1937
Cerebral thrombosis	1938
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H G Jones M. D.

(Address) 2815 St Paul St

56267 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 56267

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 732 Northern Parkway Ward 27-8)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine F Tippett

If U. S. Veteran specify WAR .....

(a) Residence: No. 732 Northern Parkway Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Bruce

DATE OF BIRTH (month, day, year) Nov 11 - 1868

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	3	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Leonardtown Md

13. NAME Frances Freeman

14. BIRTHPLACE (city or town) (State or country) Leonardtown Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs George F. Mahler

(Address) 732 Northern Parkway

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Mar 22nd 193

19. UNDERTAKER Wm Cook

(Address) 12 N St Paul St

20. FILED ... 19... [illegible] Registrar

MAR 20 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19 1939

22. I HEREBY CERTIFY, That I attended deceased from March 10 1939, to March 19 1939

I last saw her alive on March 19 1939. Death is said to have occurred on the date stated above, at 2:55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Renal Vascular disease	2 yrs
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) J. W. Wheaton, M. D.

(Address) 4307 York Rd

HEALTH DEPARTMENT—CITY OF BALTIMORE

56268 56268

CERTIFICATE OF DEATH

× 131

1. PLACE OF DEATH Mercy Hospital

Registered No.

CITY OF BALTIMORE: (No.) St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Archibald Middleton

If U. S. Veteran specify WAR

(a) Residence: No. Boyertown, Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 2, 1896

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	2	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own farm

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Richard Middleton

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Lavinia Greenfield

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT William Middleton

(Address) Fairfield, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Charlestown Md Date 3-20-, 39

19. UNDERTAKER Mrs R. A. Elliott-Daughter

(Address) 1124 N. Caroline St

20. FILED 19 Registrar.

MAR 20 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 27, 1939, to March 16, 1939

I last saw him alive on March 16, 1939. Death is said to have occurred on the date stated above, at 10:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular	?
Renal Disease	?
Chronic Nephritis	?
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Laboratory Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. L. Levin M. D.

(Address) Mercy Hospital

F 58269

#42798

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-J-107-C SF

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James William Dupree

If U. S. Veteran specify WAR

(a) Residence: No. 1214 McCulloh St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

DATE OF BIRTH (month, day, year) 9/19/1884 ~~1/19/1871~~

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~64~~ 55 ~~69~~		~~4~~ 5	~~5~~ 18	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Preacher

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baptist

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ga.
(State or country)

13. NAME Bristol

14. BIRTHPLACE (city or town) Ga.
(State or country)

15. MAIDEN NAME Eliza ?

16. BIRTHPLACE (city or town) Ga.
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 3-20 1939

19. UNDERTAKER Chas. P. Lieckfeldt
(Address) 1200 McCulloh ste

20. FILED 1939 Registrar.

MAR 20 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/17/39, 19

22. I HEREBY CERTIFY, That I attended deceased from March 10 1939 to March 17 1939

I last saw him alive on March 17, 1939. Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-10-39
Other contributory causes of importance:	Unk

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. De Saulles M. D.

(Address) Baltimore City Hospitals

6270

F 56270

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓161-a cc

1. PLACE OF DEATH Balto. City Hospitals — Registered No. 1572

CITY OF BALTIMORE: (No.) Bay View St., 27-13 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Baby Girl Howard

(a) Residence: No. 5913 Falls Road St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): ✓

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: ✓

6. DATE OF BIRTH (month, day, year)

7. AGE — Years | Months | Days | If LESS than 1 day, ✓ hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Valentine Howard

14. BIRTHPLACE (city or town) (State or country): Howard Co. Md

MOTHER

15. MAIDEN NAME: Mary Margaret Brennan

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT (Address): Mrs. Mary E. Herrmann Mother 710 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL: Place: St. Mary's Ground Date: 2/20/39

19. UNDERTAKER (Address): Eugene J. Davis 711 Dartmouth Ave

20. FILED ... 19 ... Registrar ...

FEB 20 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 17, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis	March 17 1939
Prenat Term	March 17 1939

Other contributory causes of importance: ✓

Was an operation performed? No Date of ✓

For what disease or injury? ✓

Name of operation: Clinical Date of ✓

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury ✓, 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. E. Wood M. D.
Coroner

(Address) 1712 N. Broadway

F 56271

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-W

1. PLACE OF DEATH South Balto. Gen. Hosp. Registered No.

CITY OF BALTIMORE: (No. ... St. ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Robert E. De Antonio

If U. S. Veteran specify WAR

(a) Residence: No. 1236 S. Charles St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 26 1938

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	22 20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Guy J. DeAntonio

14. BIRTHPLACE (city or town) (State or country) New York State

15. MAIDEN NAME Viola A Sperka

16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMANT Mr Guy J. DeAntonio
(Address) 1236 S Charles St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Mar 20 1939

19. UNDERTAKER William M March
(Address) 715 Eigo St

20. FILED Hunting for Williams
Registrar.

R 20 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-18-1939

22. I HEREBY CERTIFY, That I attended deceased from 2-26, 1939 to 3-18, 1939.

I last saw him alive on 3-18, 1939 Death is said to have occurred on the date stated above, at 1a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Bronchopneumonia	2-28-39
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Louis J. Krall, M. D.

(Address) South Balto Gen. Hosp.

272

Dr A. Browne Carolina and Madison

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56272

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1826 N. Spring St. 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Hoyle

If U. S. Veteran specify WAR

(a) Residence: No. 1826 N. Spring St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Hoyle

6. DATE OF BIRTH (month, day, year) Mar. 3-1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70		13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto Co - Maryland

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Whye

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Elsie Hoyle

(Address) 1826 N. Spring St

18. BURIAL, CREMATION, OR REMOVAL.

Place Mt Calvary Date 3/20 1939

19. UNDERTAKER Caspar Sanders

(Address) 1413 E. Preston St

FILED MAR 20 1939 Huntington Williams Registrar.

GHS.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-16-1939

22. I HEREBY CERTIFY, That I attended deceased from 2/11 1939 to 3/16 1939

I last saw her alive on 3/16 1939 Death is said to have occurred on the date stated above, at 6.30 m. P

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	3/13/39
Other contributory causes of importance:	
chr. interstitial nephritis	?
chr. myocarditis	?

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) M. D.

(Address) 10 W E. Madison St

56273 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 56273

CERTIFICATE OF DEATH

V 131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Southern Home & Hospital St. 12-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John W. Sullivan
If U. S. Veteran specify WAR

(a) Residence: No. Southern Home- 2510 Greenmount ave, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of ~~[illegible]~~ Juliet C. Sullivan

DATE OF BIRTH (month, day, year) Mar. 14, 1869

AGE	70 Years	Months	Days 4	If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trolley motorman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 078

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phoenix Md.

13. NAME John D. Sullivan

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Sophia Price

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records Southern Home. (Address) 2510 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL Place Jessop, Balto. Co. Date Mar. 21, 39

19. UNDERTAKER John O. Mitchell & Sons Inc. (Address) 1900 Eutaw Place.

20. FILED Huntington Williams M.D. Registrar.

1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March, 18, 19 39

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1. 19 39. to March 18 19 39.

I last saw him alive on Mar 18 19 39. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial nephritis.	1yr.
Other contributory causes of importance:	
Myocarditis. Ch.	3yr.

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Ward C. Blake M. D.

(Address) Medical Arts Building.

F 56274

56274

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

180

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 919 E Chase St Chase & Wolfe St. St., 10-1 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.
If U. S. Veteran specify WAR

2. FULL NAME James Quigley
(a) Residence: No. Chase & Wolfe St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or ~~WIFE of~~) Mary Roche

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER
13. NAME Martin Quigley.
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Helen —
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Anne Quigley
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Marys Govans Date Mar. 20 1939

19. UNDERTAKER Rita Weidefeld
(Address) 914 Gorsuch Ave Baltimore, Md.

19 Registrar

MAR 20 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry ~~and~~ that said deceased came his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia (due to inhalating smoke)	
Other contributory causes of importance:	

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3/16/ 1939
Where did injury occur Chase & Wolfe St.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury Fire in home & deceased
Nature of injury inhaled smoke

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schenken Coroner, M. D.
(Address) Coroner

6275

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 56275

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md. Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. U. S. St. 20 Ward)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR WW

2. FULL NAME Thomas Richard Jones

(a) Residence: No. 216 S. Furrow Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of ~~XXXXXXX~~ Lucy Fogel

7. DATE OF BIRTH (month, day, year) September 19, 1895

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	6	28	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kingston, Pa.
(State or country) Pennsylvania

13. NAME Thomas Richard Jones

14. BIRTHPLACE (city or town) Wales
(State or country)

15. MAIDEN NAME Elizabeth Ann James

16. BIRTHPLACE (city or town) Wales
(State or country)

17. INFORMANT Records-U. S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto National Date 3-20-1939

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Hollins Sts

20. FILED [illegible] 1939 [illegible] Registrar.

[illegible] 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1939 to March 17, 1939

I last saw him alive on March 17, 1939. Death is said to have occurred on the date stated above, at 7:11p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac disease, cardiorenal	May
vascular, arteriosclerotic	1938
Bronchial asthma	1917
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin. Find. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) I. M. D. Anderson M. D.

(Address) U. S. Marine Hospital, Baltimore, Md.

56276

F 56276

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

173

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 18-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence Hall

If U. S. Veteran specify WAR

(a) Residence: No. 1014 Vine St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: M

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Louisa Hall

7. DATE OF BIRTH (month, day, year) 1901

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coke

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Sarah Hall

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Lena Burley

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Elizabeth Hutchins

(Address) 2508 Ridgely St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 3/20 39

19. UNDERTAKER Thos. E. Kelson

(Address) 1203 Pressman St

20. FILED 19

Registrar.

~~MAR 20 1939~~

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 15 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot wound of Chest	Mar 11 39

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Yes Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 3-11 19 39

Where did injury occur? 1233 Southern St Balto

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Was shot with 38" Caliber

Nature of injury Gun shot wound of Chest

24. Was disease or injury in any way related to occupation of deceased?

(Yes or no)

(Signed) Geo. L. Allen M.D.

(Address) 20 W. Lexington St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F56277

CERTIFICATE OF DEATH

Registered No. E 56277

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Elijah Quick (33400)

(a) Residence: No. 1350 N. Calhoun St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Elmira

DATE OF BIRTH (month, day, year) March 27, 1904

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	11	20 18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Car.

13. NAME James

14. BIRTHPLACE (city or town) (State or country) N. Car.

15. MAIDEN NAME Catherine McCann

16. BIRTHPLACE (city or town) (State or country) N. Car.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Rocky mount N.C. Date 3/21/39

19. UNDERTAKER T. G. Kelson
(Address) 1503 Presstman St

20. FILED 3 28 1939 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1938 to March 17, 1939

I last saw him alive on March 17, 1939 Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	Nov. 1937
Other contributory causes of importance: Tuberculosis of larynx	Jan. 1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

56278 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 56278

CERTIFICATE OF DEATH CGK-34659-107-a

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 1622 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Lucy Weems

(a) Residence: No. 640 N. Carey St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward

DATE OF BIRTH (month, day, year) 8-25-1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
59	59	6	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME James Coates

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 3/22/39

19. UNDERTAKER Thos. E. Kelsey
(Address) 1203 Pennsylvania Ave

20. FILED 19 Registrar

MAR 20 1939 [illegible] Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) March 18. 1939

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1939 to March 18, 1939.

I last saw her alive on March 18, 1939. Death is said to have occurred on the date stated above, at 4:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-12-39
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Santelle M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

56279

F 56279

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1421 N Bruce St. 15-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Buchanan Keyes

(a) Residence: No. 1421 N Bruce St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lucy Keyes

6. DATE OF BIRTH (month, day, year): May 19, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Va.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Mary Belle Keyes

(Address) 1421 N Bruce St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 3/21 19 37

19. UNDERTAKER: Thomas E. Kelson

(Address) 1363 Pressman St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/17 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2 1937 to Mar 17 1937

I last saw h[illegible] alive on Mar 17 1937 Death is said to have occurred on the date stated above, at 5 of ½ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	2-2-37

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) William Frey, M. D.

(Address) 728 Penna Ave

F 56280

6280

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1524 Byrd Street St., 24-4 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Goldie Elmire Curley

(a) Residence: No. 1524 Byrd Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Willis Gurley

6. DATE OF BIRTH (month, day, year) Sept 7, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	5 6	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Md.

13. NAME Thomas Kirby

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Margret Tanner

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Walter Gurley

(Address) 5206 Chesterfield Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 3/21/39 19

19. UNDERTAKER J. Jno Zell & Gurley

(Address) 130 E Fort Ave.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/17/39

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquir thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Diabetes Mellitus	

Other contributory causes of importance:

Myocarditis

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) S. Littman M. D.
Coroner

(Address) 1304 E. Chase Street

F 56281

56281 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 186-a cc

1. PLACE OF DEATH Balto. City Hospitals Registered No. 1877
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bay View St., 24th Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John William Davis If U. S. Veteran specify WAR

(a) Residence: No. 1508 Byrd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 25-1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	9	21 22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME William M. Davis

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Elizabeth E. Bailey

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Margaret E. Willis Sister
(Address) 1506 Byrd St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 3/20 1939

19. UNDERTAKER L. Frew McCully
(Address) 130 E. Fort Ave.
Attending for Williams, M.D.

MAR 20 1939 Registrar.

E 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	March 3-1939.
Fracture of Skull	March 3-1939.
	March 3-1939

Other contributory causes of importance: Vertigo, Convulsions

Was an operation performed? No Date of

For what disease or injury?

Name of operation Autopsy Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following: Accident Date of injury March 3, 1939.
Accident, suicide, or homicide?

Where did injury occur Greenside & Pratt Sts.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Sidewalk

Manner of injury Fell on sidewalk

Nature of injury As above

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood M. D.
Coroner

(Address) 1712 N. Broadway

6282 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 56282

CERTIFICATE OF DEATH

93-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Roland Park Apartments Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Betty Fish

If U. S. Veteran' specify WAR

(a) Residence: No. Roland Park Apartments Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Femal	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Paul F Fish

6. DATE OF BIRTH (month, day, year) Dec. 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Belgium

FATHER

13. NAME Moses Kerbar

14. BIRTHPLACE (city or town) (State or country) Belgium

MOTHER

15. MAIDEN NAME Kerbar

16. BIRTHPLACE (city or town) (State or country) Belgium

17. INFORMANT Mr Paul F Fish

(Address) Roland Park Apts

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem Date Mar. 20 1939

19. UNDERTAKER Sherid Sonnheim & Son

(Address) 1702 Eutaw Place

MAR 20 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1939

22. I HEREBY CERTIFY, That I took charge of the remains deceased above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (Acute)	3/16/39

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury? None

Name of operation Duration of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Ehrs, M. D. Coroner

(Address) 612 N. 40 St.

Registrar

LHS

HEALTH DEPARTMENT—CITY OF BALTIMORE 56283

83

CERTIFICATE OF DEATH

11-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenham Hospital St. 19-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Grace married matthews

If U. S. Veteran specify WAR

(a) Residence: No. 1710 Pierce St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) February 27-1938

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1		18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Lindywood matthews

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Cora Turpin

16. BIRTHPLACE (city or town) Denton (State or country) Maryland

17. INFORMANT mother

(Address) 1710 Pierce St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date May 21, 39

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 N Schroeder St

FILED MAR 20 1939 19 Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 5, 1939 to March 18, 1939

I last saw her alive on March 18, 1939 Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenzal pneumonia	2/5/39
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Dyer G. Tull, M. D.

(Address) Lyndenham Hosp

M. D. R. 7268-9

284

F 56284

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2047 N. Arlington St., 18 Ward)

Registered No.

(If death occurred in a hospital or institution, give Its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Hunt Chisley

(a) Residence: No. 204 N. Arlington Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: colored

5. Single, Married, Widowed, or Divorced (write the word): widow

6a. If married, widowed, or divorced HUSBAND OF (or) WIFE OF: Samuel Chisley

6b. DATE OF BIRTH (month, day, year): 3.4.1888

7. AGE: Years 51 | Months — | Days 13 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private family

10. Date deceased last worked at this occupation (month and year): January 1939

11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (city or town) (State or country): Baltimore md.

13. NAME: James Hunt

14. BIRTHPLACE (city or town) (State or country): Annapolis md

15. MAIDEN NAME: Elizabeth Clark

16. BIRTHPLACE (city or town) (State or country): Annapolis md

17. INFORMANT (Address): Gertrude Chisley Johnson 204 N. Arlington ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Auburn Date: Mar 20, 1939

19. UNDERTAKER (Address): Mrs Katie R. Williams 322 N. Schroeder St Huntington Indiana

20. FILED [illegible] 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year): 3-17-39 . 19

22. I HEREBY CERTIFY, That I attended deceased from 3.15.39 . 19 . to 3.17.39 . 19 .

I last saw her alive on 3.16.39 . 19 . Death is said to have occurred on the date stated above, at 3:50 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3.14.39

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis: Phy. Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) James M. Fair M. D.

(Address) 4001 N. Carrollton ave

F 56285

56285 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hospital 17-1 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 4 yrs. 11 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Willard McCray
(a) Residence: No. 554 W Biddle St., Ward 17
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-9-37

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	9	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER
13. NAME Luther McCray
14. BIRTHPLACE (city or town) (State or country) S C

MOTHER
15. MAIDEN NAME Clarissa McKnight
16. BIRTHPLACE (city or town) (State or country) SC

17. INFORMANT Luther McCray
(Address) 554 W Biddle St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date 3/20 19 39

19. UNDERTAKER W. Leonard Jackson
(Address) 710 Pennsylvania Ave

20. FILED 19 Registrar.
MAR 20 1939 Thomas [illegible], M.D.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 3-18-39

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence [illegible] (Inquest, Autopsy or Inquiry) that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Bronchial)	3/15/39

Other contributory causes of importance:

Was an operation performed? — Date of —
For what disease or injury?
Name of operation — Date of
What test confirmed diagnosis? Sputum Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) George [illegible] M. D.
(Address)

F 56286

6286

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 409 N Spring St. 5-1 Ward)

Length of residence in city or town where death occurred yrs. mos. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Rosa Lee Lucker

(a) Residence: No. 409 N Spring St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 2—1939

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Roosevelt Lucker

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Laura Carrington

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Laura Lucker (Address) 407 W Spring St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Cem Date 3-20 1939

19. UNDERTAKER Mrs Edna G. Bailey (Address) 1 or 2 Jefferson St

FILED MAR 20 1939

Registrar

Henry Ortmann, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage (Primary)	Mar 18 39

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. L. Collins M. D. Coroner

(Address) 508 Cathedral St

287

F 56287

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hosp St. 20-5 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary C. Hickey

(a) Residence: No. 2410 Wilkens Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	Wh.	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James Hickey

6. DATE OF BIRTH (month, day, year) June 1. 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
68	64	9.	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md

MOTHER FATHER

13. NAME Thomas Englebee

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Margaret Hamilton
(Address) 2408 Wilkens Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 3/21/39

19. UNDERTAKER [illegible]
(Address) 2515 W Fayette St

25. FILED MAR 20 1939 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 18, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Degeneration Myocardial	?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) M. J. Hanna M. D.

(Address) 1817 W Baltimore St

8 6

56288 HEALTH DEPARTMENT—CITY OF BALTIMORE F 56288

CERTIFICATE OF DEATH

115-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 9-6 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Mary L Gray

If U. S. Veteran specify WAR

(a) Residence: No. 1603 E. 32 St., ...Ward.....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Gray

6. DATE OF BIRTH (month, day, year) Dec 13 1886

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
52	3	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Richard Downs

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Mary Casey

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Husband John J Gray
(Address) 1603 E. 32nd St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date March 21, 1939

19. UNDERTAKER Frank V. Pepetone
(Address) 281 S E. Balto St

20. FILED ....., 19..... .....Registrar.

MAR 20 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1939 to Mar. 18, 1939

I last saw her alive on Mar. 18, 1939 Death is said to have occurred on the date stated above, at 2.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septic Throat	Feb. 12 1939
Other contributory causes of importance: Septicemia	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? bact + clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph L. Yohunteen M.D.

(Address) 1 N Broadway

56289 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56289

CERTIFICATE OF DEATH

164-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 431 Drury La St. 28-4 Ward)

Length of residence in city or town where death occurred 49 yrs. 3 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Effie Marie Dix

(a) Residence: No. 431 Drury La St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	Wh	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James L Dix

6. DATE OF BIRTH (month, day, year) Dec 8. 89

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	3	9.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Wm H Hedrick

14. BIRTHPLACE (city or town) (State or country) Fla.

MOTHER

15. MAIDEN NAME Mary Jane Taylor

16. BIRTHPLACE (city or town) (State or country) N. J.

17. INFORMANT Elmer J. Hedrick

(Address) 431 Drury Lane.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Jan 20 1939

19. UNDERTAKER Henry H Wittle

(Address) 701 Edmondson Ave

20. FILED Huntingtown Williams Jr. Registrar.

JAN 20 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 11 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the date stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating Gas Poison	

Other contributory causes of importance: Temporary Insanity

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 3/11 1939

Where did injury occur? 431 Drury Lane Baltimore Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Gas Poison in Kitchen Range

Nature of injury Suffocation.

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) H Hamm M. D.
Coroner

(Address) 18 E Lexington Baltimore Md

Grave #2

F 56290

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

175

Registered No. 1822

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No.) 1308 E. Pratt St., 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Alfred Pickard

(a) Residence: No. 1308 E. Pratt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Construction

10. Date deceased last worked at this occupation (month and year) Mar. 1939

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) (State or country) Latvia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Nick Walesky brother-in-law

(Address) 1308 E. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL

Place PUBLIC CEMETERY MAR 20 1939 19

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

20. FILED ... 19 ... Registrar.

MAR 20 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia by Carbon Monoxide Gas	March 5, 1939

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation Clinical Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury March 5, 1939

Where did injury occur? 1308 E. Pratt St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Gas turned on by Eric Teidzen

Nature of injury Asphyxia Carbon Monoxide Gas

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Gay St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

56291

CERTIFICATE OF DEATH

7-5-210-M

F 56291

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Luther Foulkes

(a) Residence: No. UnKnown St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	UnKnown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0017

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not Known

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL MAR 20 1939
JOHNS HOPKINS MEDICAL SCHOOL
Place Date ... 19
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED MAR 20 1939 Huntington Williams, M.D.
Registrar.
16613

S 8

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Fracture of Skull	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident March 15, 1939 ... 19

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Collision Autos. at Bond & Lombard Sts. Auto struck Lamp Post

Nature of injury Post struck man on Sidewalk

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ... M. D.
Coroner

(Address) 0757

HEALTH DEPARTMENT—CITY OF BALTIMORE

56292

CERTIFICATE OF DEATH

92-4T 56292

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 149 W. Luzerne Ave St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Henry F. Schroeder

If U. S. Veteran specify WAR

(a) Residence: No. 149 W. Luzerne Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

3. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Elizabeth Schroeder

DATE OF BIRTH (month, day, year) NOV. 27. 1852

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	86	3	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0003

10. Date deceased last worked at this occupation (month and year) 1919

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Perstamünde, Germany

13. NAME ? Schroeder

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME ? Meeker

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Margaret Schlegel

(Address) 149 W. Luzerne Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date March 20 1939

19. UNDERTAKER D. Q. Carrington

(Address) 2 W. 25th St.

MAR 20 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1939 to March 17 1939

Last saw h alive on March 17 1939. Death is said to have occurred on the date stated above at 4 P. M.

The principal cause of death and related causes of importance were as follows:

Myocardial degeneration & Senility

Date of onset 4 yrs

Other contributory causes of importance: Acute Cardiac Dilatation 1

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury ~~occurred in industry~~, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, what?

(Signed) Edward Thursby M. D.

(Address) 900 W. Patterson Park Ave

No 4127

56293 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓E 56293

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH Home for Incurables Registered No.....

CITY OF BALTIMORE: (No. ..... St. 13-7 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Blanche Virginia Miller If U. S. Veteran specify WAR .....

(a) Residence: No. Home for Incurables St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel T. Mr. Louis Miller

DATE OF BIRTH (month, day, year) Mar. 12, 1867

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	0	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

13. NAME OF FATHER Mr John Romney

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME OF MOTHER Margaret A. Hoover Nolan

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Home for Incurable Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place London Pk Date 3/22/39 19

19. UNDERTAKER George J. Roth Inc
(Address) 745 Hartford Ave

20. FILED MAR 20 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 1, 1937, to March 19, 1939

I last saw her alive on March 18, 1939. Death is said to have occurred on the date stated above, at 6 28 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nervous Vomiting	Feb 2/39
Arteriosclerotic Heart Disease	1935
Arthritis Deformans	1933

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W. Grafton Hergenger M. D.

(Address) 214 Medical Arts Building

F 56294

HEALTH DEPARTMENT—CITY OF BALTIMORE F 56294

CERTIFICATE OF DEATH

92-a cc

Registered No. 1877

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 504 S. East Ave. St.) 26-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Kalinski

If U. S. Veteran specify WAR

(a) Residence: No. 504 S. East Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Julia Kalinski

6. DATE OF BIRTH (month, day, year) Dec 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 6 years past

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Josephine Kalinski daughter

(Address) 504 S. East Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date March 21 1939

19. UNDERTAKER John M. Weber

(Address) 1401 S. Chester St

20. FILED ... Registrar

by Hunter for Williams

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17. 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	12 hours
Other contributory causes of importance: Valvular heart disease	6 Months

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. W. Wood M. D.

Coroner

(Address) 1712 N. Broadway

6295

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56295

CERTIFICATE OF DEATH

92-2

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1923 Bank Street St. 2-1 Ward)

Length of residence in city or town where death occurred 8 yrs. ... mos. ... da. How long in U. S. if of foreign birth 40 yrs. ... mos. ... da.

2. FULL NAME Josephine Majerowicz

If U. S. Veteran specify WAR .....

(a) Residence: No. 1923 Bank Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Walenty Majerowicz

DATE OF BIRTH (month, day, year) March 3 187?

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67		14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Stanislaw Rodowski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Theresa Francikowska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mr. John Majerowicz (Son
(Address) 1908 Eastern Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Date March 21 19 39

19. UNDERTAKER John M Weber
(Address) 401 S. Chester St

20. FILED 19 ..... Registrar.
20 1939 Hamilton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17 19 39

22. I HEREBY CERTIFY, That I attended deceased from March 1 19 39 to March 17 19 39
I last saw h... alive on ... 19 ... and death is said to have occurred on the date stated above, at 10:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Chronic Nephritis	
Senile Debility	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? .....

Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hamilton Williams M. D.

(Address) 401 S. Chester St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56296

CERTIFICATE OF DEATH

93-4 F 56296

1. PLACE OF DEATH Jenkins Memorial Hospt. 8-5
CITY OF BALTIMORE: (No. 1000 Eaton Ave. St. ..... Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry J. Ellis
If U. S. Veteran specify WAR

(a) Residence: No. 1835 N. Bond St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) June 9-1865

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	9	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland
13. NAME John Ellis
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME Mary Ann Kennedy
16. BIRTHPLACE (city or town) (State or country) Ireland
17. INFORMANT Jenkins Mem. Hospt.
(Address) 1000 Eaton Ave.
18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date March 23-39
19. UNDERTAKER Chas. F. Evans & Son Inc
(Address) 118 N. Milton Ave
20. FILED MAR 20 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18th 1939

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1939 to March 18th 1939
I last saw him alive on March 17th 1939. Death is said to have occurred on the date stated above, at 11:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Degenerative Cardio Vascular disease	
Chronic Myocarditis	
Cerebral Vascular accident	
Other contributory causes of importance:	

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) Robert L. Sheppard, M. D.
(Address) St. Agnes Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

56297

CERTIFICATE OF DEATH

100 F 56297

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 114 Tremont Road St. 28-L Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME JANE ELIZABETH REYNOLDS

(a) Residence: No. 114 Tremont Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Peter Reynolds

DATE OF BIRTH (month, day, year) May 21, 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	9	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C.O.D.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Robert Moon

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Mary Ellen Denny

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Reynolds

(Address) 114 S. Tremont Road

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date March 21 19 39

19. UNDERTAKER Chas. R. Fraser Son Co.

(Address) 111 W. Mt. Royal Ave

20. FILED Hunter Tor Williams, M.D. Registrar.

MAR 20 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1939 to March 18, 1939

I last saw her alive on March 17, 1939. Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	3/10/39
Other contributory causes of importance: Phlebitis (Left Femoral vein)	3/1/39

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Eugene L. Parsons M. D.

(Address) 514 Drury Lane

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56298

298

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3008 N. Calvert St. St. 12-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR

2. FULL NAME John R. Trotter

(a) Residence No. 3008 N. Calvert St. St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Trotter.

7. DATE OF BIRTH (month, day, year) Feb 16 1879

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	1	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotlands

13. NAME James Trotter

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Loan

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Anna Trotter (wife)

(Address) 3108 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 3/21/39

19. UNDERTAKER C. E. Schumacher

(Address) 2603 E. Madison St.

20. FILED MAR 20 1939 Hunting for Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1939 to March 18, 1939

I last saw h~~im~~ alive on March 18, 1939 Death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilatation of Heart.	3/18/39
Other contributory causes of importance: Myocarditis - nephritis	1/39
general edema.	

Was an operation performed? no Date of

For what disease or injury? no

Name of operation

What test confirmed diagnosis? Autopsy? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

.....If so, specify

(Signed) Herbert M. Foster M. D.

(Address) 2730 St. Paul St

HEALTH DEPARTMENT—CITY OF BALTIMORE

56299

CERTIFICATE OF DEATH

108 F 56299

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 11-A Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Stafford S. Blackwell

If U. S. Veteran specify WAR

(a) Residence: No. 1311 Druid Hill Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

7. DATE OF BIRTH (month, day, year) Oct 18 - 1917

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21	6	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital Ward

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brunswick Co. Va.

13. NAME of Father Emmett Blackwell.

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME of Mother Lucia Harkins

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Susie Blackwell.

(Address) 1623-7th Lemmon St.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Mem. Pk. Date March 21-39

19. UNDERTAKER Adolphus Halstead

(Address) 918 Druid Hill Ave.

FILED MAR 20 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-18- , 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-6-39 19 to 3-18-39 19

I last saw him alive on 3-16- , 1939 Death is said to have occurred on the date stated above, at 7.10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Left Upper) (Primary)	3-2-39
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. F. Maloney M. D.

(Address) Provident Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56300

CERTIFICATE OF DEATH

107-C F 56300

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 14-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Reno Biggest
If U. S. Veteran specify WAR

(a) Residence: No. 240 N. Mount St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married-seperated

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Caroline

DATE OF BIRTH (month, day, year) 1872 ?

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67 ?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. gardener
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Frederick Co., Md.
(State or country)

13. NAME Solomon Biggest

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Lavina white

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date MAR 20 1939

19. UNDERTAKER [illegible] Moore
(Address)

20. FILED MAR 20 1939 [illegible]

4066

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13. 1939

22. I HEREBY CERTIFY, That I attended deceased from October 2 1936 to March 13 1939
I last saw him alive on March 13. 1939. Death is said to have occurred on the date stated above, at 7.25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-10-39
Other contributory causes of importance: Arteriosclerosis	1936

Was an operation performed? No Date of
For what disease or injury?
Name of operation Clinical
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W. R. De Sautelle M. D.
(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56301

CERTIFICATE OF DEATH

50 F 56301 42141

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Williams

If U. S. Veteran specify WAR

(a) Residence: No. 708 Harford Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Charlie

DATE OF BIRTH (month, day, year) 6-11-1895

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
43	43	9	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va. (State or country)

13. NAME Robert Shannon

14. BIRTHPLACE (city or town) Ga. (State or country)

15. MAIDEN NAME Bertie Brown

16. BIRTHPLACE (city or town) Va. (State or country)

17. INFORMANT B.C.H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 20 1939

[illegible]

19. UNDERTAKER For H. A. Moore

(Address)

20. FILED MAR 20 1939 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13 1939

22. I HEREBY CERTIFY, That I attended deceased from February 18 1939 to March 13 1939

I last saw her alive on March 13 1939. Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast	1938

Other contributory causes of importance:

Was an operation performed? Yes Date of 1938

For what disease or injury? Carcinoma of breast

Name of operation Amputation of breast

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Santalla M. D.

(Address) Baltimore City Hospitals

4667

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 58302

Registered No. 157-D F 58302

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 3E-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rita Lendt

If U. S. Veteran specify WAR .....

(a) Residence: No. 4127 Sunnyside St. Lou. Ward. H L & E

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 3-14-39

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
5 days	-	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) .....

13. NAME William Lendt

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Rita Small

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Record.

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 3/20 1939

19. UNDERTAKER C. Vernon Lamonon

(Address) 401 Park Heights

20. FILED MAR 20 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 14, 1939 to Mar 19, 1939.

I last saw her alive on Mar 19, 1939 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Intestinal obstruction	
	year
Other contributory causes of importance:	

Was an operation performed? Yes Date of 3-18-39

For what disease or injury? Intestinal obstruction

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Ethel Hather M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56303

CERTIFICATE OF DEATH

23 F 56303

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3401 Greenway St. 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Cyrus Lee Miller

(a) Residence: No. 3401 Greenway St. .....Ward.....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word): Married

6a. If married, ~~widowed~~ or ~~divorced~~ (or) WIFE of: Alfred J Miller

6. DATE OF BIRTH (month, day, year): Aug 3rd 1882

7. AGE: Years 56 | Months 7 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: General John Mill

14. BIRTHPLACE (city or town) (State or country): Cumberland Md

15. MAIDEN NAME: Louise Spence

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: E. B. Hazelhurst

(Address): Washington Apt

18. BURIAL, CREMATION, OR REMOVAL

Place: Druid Ridge Date: March 21 19 39

19. UNDERTAKER: Henry W. Jenkins & Bro Co

(Address): Eutaw & Lexington Sts

20. Filed MAR 20 1939 19..... Registrar

Hunting to Williamsport

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3-20, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-20, 1939, to 3-20, 1939.

I last saw h[illegible] alive on 3-19, 1939. Death is said to have occurred on the date stated above, at 12.15 A M.

The principal cause of death and related causes of importance were as follows:

MILIARY T BC. — Date of onset Feb 1939

Other contributory causes of importance:

Was an operation performed? Yes Date of 1-9-39

For what disease or injury? TBC. OF HIP

Name of operation FUSION OF HIP JOINT

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) John S. Dorsey, M. D.

(Address) 1129 St. Paul St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56304

CERTIFICATE OF DEATH

F 56304

94-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 306 Sulphur Spring Road Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 83 yrs. mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wallace Monteith McCurley

If U. S. Veteran specify WAR

(a) Residence: No. 306 Sulphur Spring Road Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single, Married, Widowed~~ or ~~Divorced~~ (write the word): Widowed

6a. If married, ~~widowed or divorced~~ HUSBAND of ~~(or) WIFE of~~: Ellen Jane Yates

6. DATE OF BIRTH (month, day, year): March 12 1856

7. AGE: Years 83 | Months 0 | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Road

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Felix McCurley

14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER

15. MAIDEN NAME: Rebecca McCurley

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT: Henrietta McCormick (daughter)

(Address) 306 Sulphur Spring Road Balto. Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place: London Park Date: March 22 1939

19. UNDERTAKER: Henry A. Evans & Son

(Address) McCausland & Orchard Sts

20. FILED MAR 20 1939 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 19 1939

22. I HEREBY CERTIFY, That I attended deceased from March 16 1939 to March 19 1939

I last saw h. alive on March 19 1939. Death is said to have occurred on the date stated above, at 8:17 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Patient had attack Thursday Mar 16 1939	
was probably a coronary thrombosis	March 16 1939
attack simulated cardiac angina	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Franklin Hazelhurst M. D.

(Address) 4 E Biddle St

Huntington Williams, M.D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-F 56305

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2639 Guilford St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. 7 mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Augusta Lillian Seevers Fox

If U. S. Veteran specify WAR NONE

(a) Residence: No. 2639 Guilford St., 12 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Harold D. Fox Sr.

7. DATE OF BIRTH (month, day, year): July 22 1883

AGE: Years 56 | Months 7 | Days 24 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: own home

10. Date deceased last worked at this occupation (month and year): Death

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

13. NAME of father: William D. Seevers

14. BIRTHPLACE (city or town) (State or country): Gloucester Co. Virginia

15. MAIDEN NAME of mother: Mary R. Seevers

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

17. INFORMANT: Mr. Walter Pratt Stuart Jr.

(Address) 303 Goodwood Road

18. BURIAL, CREMATION, OR REMOVAL

Place Emmart Date Mar 21 1939

19. UNDERTAKER: STEWART & BOWEN COMPANY

(Address) (W. F. WOODEN, Sup.) 108 W. NORTH AVENUE

20. FILED, 19

Registrar.

MAR 20 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MARCH 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from DEC. 1, 1938, to MARCH 18, 1939

I last saw h.. alive on MARCH 1, 1939. Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
NYMPHO-CARCINOMA, GENERAL	1938
Other contributory causes of importance:	

Was an operation performed? YES Date of JAN. 5, 1939

For what disease or injury? NYMPHO CARCINOMA, PELVIS

Name of operation RADICAL NYMPH-HYSTERECTOMY

What test confirmed diagnosis? MICRO. Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) [illegible], M. D.

(Address) 8 East Read St

F 56306

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 107-a F 56306

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St. 32-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 5 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James Albert Knott.

If U. S. Veteran specify WAR none

(a) Residence: No. Indian Head, Maryland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

7. DATE OF BIRTH (month, day, year) July 5, 1939.

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Indian Head, Md.

13. NAME Albert O. Knott

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Baden

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records of Hospital

(Address) Union Memorial Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Indian Head Md. Date Mar 21 39

19. UNDERTAKER STEWART & MOWEN COMPANY

(Address) (W. E. MOWEN SUC.) 108 W. NORTH AVENUE

20. FILED MAR 20 1939 19 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1939 to March 20, 1939

I last saw him alive on March 20, 1939 Death is said to have occurred on the date stated above, at 11-A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, bilateral.	3/14/39
Peripheral vaso-motor collapse	3/20/39
Other contributory causes of importance:	

Was an operation performed? no. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert C. Crawford M. D.

(Address) Union Memorial Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

56307

CERTIFICATE OF DEATH

107-a F 56307

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Edgewood San. St., 12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theodore Louis Backus

If U. S. Veteran specify WAR None

(a) Residence: No. 3209 N. Charles St., 12 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Louise Backus

7. DATE OF BIRTH (month, day, year) Sept 10 1852

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	6	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired from the

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Richmond Backus Co. Printing

10. Date deceased last worked at this occupation (month and year) about 1920

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Detroit Michigan

13. NAME Fred. R. & Backus

14. BIRTHPLACE (city or town) (State or country) Detroit Michigan

15. MAIDEN NAME Could not ascertain

16. BIRTHPLACE (city or town) (State or country) Detroit Michigan

17. INFORMANT T. L. Backus Son

(Address) 2620 St Paul St.

18. BURIAL, CREMATION, OR REMOVAL

Place Detroit Mich. Date 3/20/39

19. UNDERTAKER STEWART & MOWEN COMPANY

(Address) (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 13 1938 to Mar. 19, 1939

I last saw him alive on Sept 14, 1938 Death is said to have occurred on the date stated above, at 5-30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Senility & arteriosclerosis.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank Sprogle M. D.

(Address) 3047 St Paul St

HEALTH DEPARTMENT—CITY OF BALTIMORE

56308

CERTIFICATE OF DEATH

131 F 56308

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3454 Keswick Rd St. 42-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John W. Deitz

If U. S. Veteran specify WAR

(a) Residence: No. 3454 Keswick Road St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

6. If married, widowed or divorced HUSBAND of (or) WIFE of Emma M. Deitz

7. DATE OF BIRTH (month, day, year) Feb 16 1875

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	1	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk, saw mill, bank, etc. Mattress Manufacturer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME John Deitz

14. BIRTHPLACE (city or town) (State or country) Ba.

15. MAIDEN NAME Elizabeth Meyers.

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Ella E. Shuler

(Address) 3454 Keswick Road

18. BURIAL, CREMATION, OR REMOVAL

Loyola Cedar Date March 21 1939

19. UNDERTAKER Thanhouser Sons

(Address) 3615-17 Eastern Ave

20. FILED MAR 20 1939 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1936 to March 19, 1939

I last saw him alive on March 15, 1939 Death is said to have occurred on the date stated above, at 6-10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	2
Chronic Nephritis	1936

Other contributory causes of importance:

Cystitis	3 years
	ago

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert T. Evans M. D.

(Address) 12-16 E. Pleasant St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F. 56309

CERTIFICATE OF DEATH

124 68243 F 56309

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 14-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. 3 mos. 2 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME John Milton Nelson

If U. S. Veteran specify WAR .....

(a) Residence: No. 1613 Bolton st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widowed

a. If married, widowed, or divorced BUSBAND of (or) WIFE of Elizabeth Street

6. DATE OF BIRTH (month, day, year) 12-6-1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	3	2 12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME John Nelson

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Street

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's Cemetery Sykesville Md. Date 3/21 1939

19. UNDERTAKER Henry U. Meakins & Son
(Address) 802 N. Calvert St.

20. FILED MAR 20 1939 19.... Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18. 1939

22. I HEREBY CERTIFY, That I attended deceased from October 21 1938 to March 18 1939

I last saw him alive on March 18, 1939. Death is said to have occurred on the date stated above, at 11 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Hemorrhage	3-18-39
Other contributory causes of importance: Cirrhosis of liver	1938

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clerical

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. De Lautelle M. D.

(Address) Baltimore City Hospitals

EMMA C

HEALTH DEPARTMENT—CITY OF BALTIMORE

56310

CERTIFICATE OF DEATH

53-E F 56310

1. PLACE OF DEATH

Registered No.....

CITY OF BALTIMORE: (No. Univ of Md Hosp 22-N Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Emma C. Holman

If U. S. Veteran specify WAR .....

(a) Residence: No. 421 Maunsell St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Holman

7. DATE OF BIRTH (month, day, year) 5/ /1894

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	44	9	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 27

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Oscar D Lange

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Bertha Eberhart

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Father

(Address) 421 Maunsell

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem Date 3/23/39

19. UNDERTAKER J. J. Fahey & Sons

(Address) 1318 Light St.

20. FILED MAR 20 1939 Thurlington Hillman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/19/1939

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1939 to March 19, 1939

I last saw her alive on March 19, 1939. Death is said to have occurred on the date stated above, at 6 1/2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Carcinomatosis	
Metastasis to Lungs	
Other contributory causes of importance:	
Coronary Thrombosis	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Henry L. Reyburn, M. D.

(Address) University Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56311 — CERTIFICATE OF DEATH — CGK--15872 — F 56311

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME John King

(a) Residence: No. 806 E. Pratt St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 6-8-1867

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	71	9	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Pat King

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Welsh King

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Sacred Heart Cem Date 3/20/39

19. UNDERTAKER John J. Fahey & Sons
(Address) 1318 Hont St.

20. FILED MAR 20 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15. 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938, to March 15, 1939. I last saw him alive on March 15, 1939. Death is said to have occurred on the date stated above, at 1:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach Unknown	
Other contributory causes of importance:	
Bronchopneumonia	3-10-39

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Was there an autopsy? Yes

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

25. (Signed) F. C. de Lautelle M. D.

(Address) Baltimore City Hospitals

DOPKIN

HEALTH DEPARTMENT—CITY OF BALTIMORE

56312 — CERTIFICATE OF DEATH — F 56312

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Darkow

If U. S. Veteran specify WAR

(a) Residence: No. 2800 Spaulding Pk Rd. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	infant

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 3/14/39

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

13. NAME Thomas Darkow

14. BIRTHPLACE (city or town) Thomas W. Va.
(State or country)

15. MAIDEN NAME Carroll Lydia Proud

16. BIRTHPLACE (city or town) Thomas W. Va.
(State or country)

17. INFORMANT Mercy Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oakwood Cem. Date 3/21/39

19. UNDERTAKER Mary M. Fairfield
(Address) 1522 Eden St.

20. FILED MAR 20 1939 19... Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/17/39 . 19

22. I HEREBY CERTIFY, That I attended deceased from 3/5/39, 19... to 3/17/39, 19...

I last saw h... alive on 3/17/39, 19... Death is said to have occurred on the date stated above, at 11.52 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart.	3/14/39
Immaturity of Heart Vessels.	
Atelectasis Pulmonum.	
Acute Asphyxia.	
Other contributory causes of importance: Pulmonary Congestion	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify

(Signed) ... M. D.

(Address) Mercy Hospital

35

HEALTH DEPARTMENT—CITY OF BALTIMORE 56313

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Registered No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 9 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Howard Wideners

If U. S. Veteran specify WAR .....

(a) Residence: No. ..... Bristol Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, year) 3-15-38

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1		5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Penn -

13. NAME Paul Wideners

14. BIRTHPLACE (city or town) (State or country) Va -

15. MAIDEN NAME Mae Hetrick

16. BIRTHPLACE (city or town) (State or country) Va -

17. INFORMANT Friends

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Glade Spring Va. Date March 20 1939

19. UNDERTAKER John J. Mitchell & Sons

(Address) 1200 Eutaw Pl.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar. 17, 1939 to March 20, 1939

I last saw him alive on Mar - 26, 1939 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus (Congenital)	9-38
Other contributory causes of importance: Convulsions	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. E. Wilkins Jr. M. D.

(Address) Johns Hopkins Hospital

JOHNS HOPKINS HOSPITAL

APR 21 1939

Geo. E. FISTER

HEALTH DEPARTMENT—CITY OF BALTIMORE

56314

CERTIFICATE OF DEATH

F 56314

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 22 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George E. Fister

If U. S. Veteran specify WAR

(a) Residence: No. Ruxtown Pa. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Nov 8, 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	4	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

13. NAME Jacob Fister

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Mary A. Fraster

16. BIRTHPLACE (city or town) (State or country) Pa

17. INTERMENT G. Fister Capital Hills (Address) Ruxtown Pa

18. BURIAL, CREMATION, OR REMOVAL Place Ruxtown Pa Date 3/24/39 19

19. UNDERTAKER Geo B Schaeffer (Address) Ruxtown Pa

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1939, to March 20, 1939

I last saw him alive on March 20, 1939 Death is said to have occurred on the date stated above, at 11:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myelogenous Leukemia	Oct 1938
Bronchopneumonia	March 1939

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Picture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William B. Long, M. D.

(Address) University Hospital

MAR 21 1939

56315 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 56315

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1007 Haverhill Rd St., 25-1 Ward)

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs 9 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR ____

2. FULL NAME Alma Elizabeth Blum

(a) Residence: No. 1007 Haverhill Rd St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	Wh.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick G. Blum

6. DATE OF BIRTH (month, day, year) June 16 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57 58	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. no

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John Elgert.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Kate Hillmann

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT C. L. Elgert

(Address) 1014 Haverhill Rd

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk. Date 3/21 19 39

19. UNDERTAKER John C. Melly Inc

(Address) 2432 E. Oliver St.

MAR 21 1939 Hunting to Kill. Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 19, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage. (Apoplexy)	3/19.

Other contributory causes of importance: ____

Was an operation performed? no Date of ____

For what disease or injury? ____

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(Signed) H. H. Hamm, M. D.
Coroner

(Address) 18-22 W Baltimore

6316 F 56316

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 210-M

Registered No. 90-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James C. Taylor

(a) Residence: No. 414 N. Brice St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie C. Taylor

6. DATE OF BIRTH (month, day, year) March 25, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Board of Education

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Robert F. Taylor

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Rebecca H. Ware

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT T. Robert Taylor

(Address) 2932 Grantley St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Mar 21st 1939

19. UNDERTAKER Wm Cook

(Address) 217 St. Paul St

MAR 21 1939 . 19 Registrar

Hunting to Williams, M.D.

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1939 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest and that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, Suicide or Homicide? Accident March 18, 1939 . 19

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by Auto. crossing Pulaski

Nature of injury & Franklin St.

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. R. Williams, M. D.

Coroner

(Address) 8757

8317 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 56317

CERTIFICATE OF DEATH

34-82-a 41646-FS

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 8 Ward) 3 3

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry Keith

(a) Residence: No. 2406 E. Oliver St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah A. Keith

7. DATE OF BIRTH (month, day, year) 5-1-1873

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	10	17	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Engineer watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Balto. Md.a
(State or country)

13. NAME George W. Keith

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Sarah Kelso

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Mar 22nd 19 39

19. UNDERTAKER 579 Cat
(Address) 1217 E. Fayette St

20. FILED 19 Registrar.

Mar 21 1939 Hunting Town Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18. 1939

22. I HEREBY CERTIFY, That I attended deceased from February 4 1939 to March 18 1939

I last saw him alive on March 18, 1939. Death is said to have occurred on the date stated above, at 10:55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-18-39
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Santelle M. D.
(Address) Baltimore City Hospitals

56318 F 56318

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 7-/46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Infirmary St. 6-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mr. Michel Praniewski

(a) Residence: No. Hanover Baltimore County St., Ward.
(Usual place of abode) Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stanislawa deceased

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
69			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Mahmet Praniewski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Date 3/23 39

19. UNDERTAKER [illegible]
(Address) 2329 Hudson St

20. FILED 3-24-1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1939, to March 20, 1939. I last saw him alive on March 20, 1939. Death is said to have occurred on the date stated above, at 1:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset (?)
Carcinomatosis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) J. Dixon McSmarth M. D.

(Address) Church Home & Infirmary

Stith

19 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 56319

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 Arlington Av - Govans Hosp. 27-19

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR ...

2. FULL NAME Ellen Stith

(a) Residence: No. 907 Arlington Av St., (Govans) Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Henry Stith

6. DATE OF BIRTH (month, day, year): Mar 1877

7. AGE — Years: 62 — Months: — Days: — If LESS than 1 day, hrs. or min.: —

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): P. G. Co Va

13. NAME: Not known

14. BIRTHPLACE (city or town) (State or country): —

15. MAIDEN NAME: —

16. BIRTHPLACE (city or town) (State or country): —

17. INFORMANT: Jennie Brookenbridge

(Address) 2269 Madison Av

18. BURIAL, CREMATION, OR REMOVAL

Place Petersburg - Va - Date 3-21-39

19. UNDERTAKER: Mrs Frances A. Hemsley

(Address) 578 W. Biddle St.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 3 - 1939, to Mar 20 1939

I last saw h[illegible] alive on Mar 20 1939. Death is said to have occurred on the date stated above, at 5:45 m.

The principal cause of death and related causes of importance were as follows:

Pneumonia (Lobar) — Date of onset 3/15/39

Other contributory causes of importance:

Nephritis

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Mug M. D.

(Address) 1344 Druid Hill Av

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56320

CERTIFICATE OF DEATH

34-71-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 16-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Ella Goodman

If U. S. Veteran specify WAR .....

(a) Residence: No. 1316 W Lafayette St., Ave Ward. Balto 3

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Black

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of — (or) WIFE of: Joseph Goodman

DATE OF BIRTH (month, day, year): 2-8-13

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	26.	1	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

13. NAME: James Butler

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Ethel Johnson

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 3-24-39

19. UNDERTAKER: Mrs Frances A. Hunsley

(Address) 538 W. Biddle St.

20. FILED ....., 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 8, 1939 to Mar 19, 1939

I last saw h[illegible] alive on Mar 19, 1939 Death is said to have occurred on the date stated above, at 3 40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
aplastic Anemia due to neoarsphenamine	? month
Other contributory causes of importance: Syphilis	?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Emmanuel Billigsis, M. D.

(Address) Johns Hopkins Hospital

Exhd

21

F 56321

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 151 W. Hamburg Street St. 23-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME James Rousby

(a) Residence: No. 151 W. Hamburg Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

FATHER

13. NAME Albert H. Rousby

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

MOTHER

15. MAIDEN NAME Minnie Mason

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

17. INFORMANT Mrs. Sarah Gross

(Address) 865 W. Franklin

18. BURIAL, CREMATION, OR REMOVAL Place Brooks Chapel-Calvert Co. Md. Date 3-22-1939

19. UNDERTAKER Mrs Frances A. Hemsley

(Address) 578 W. Biddle St

20. FILED MAR 21 1939 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/19/ , 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Starvation	
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) S. Littman M. D.

Coroner

(Address) 1804 E. Chase St

S 6

56322

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56322

CERTIFICATE OF DEATH

95-B

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 111 N Schroeder St. 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henrietta Brown

(a) RESIDENCE NO. 111 N Schroeder St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred - yrs. 5 mos. - ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 ~~Single~~ ~~Married~~, Widowed, or Divorced. (write the word): Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: George Brown

DATE OF BIRTH (month, day, and year): 67 1880

AGE: Years 58 Months 9 Days ?

IF LESS than 1 day hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town): Newberry,

(State or country): South Carolina

10 NAME OF FATHER: Simon Pearson

11 BIRTHPLACE OF FATHER (City or town): ?

(State or country): South Caiolina

12 MAIDEN NAME OF MOTHER: Winnie Richardson

13 BIRTHPLACE OF MOTHER (city or town): ?

(State or country): South Carolina

Informant: Ella Waters

(Address): 111 N Schroeder St

Filed APR 1 1939, 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-18 1939

17 I HEREBY CERTIFY, That I attended deceased from 2-18, 1939 to 3-18, 1939

that I last saw her alive on 3-16, 1939

and that death occurred, on the date stated above, at 11.00 A.M.

The CAUSE OF DEATH* was as follows:

Cardio Vascular disease

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary): Asthma

(duration) yrs. mos. 3 ds.

18 Where was disease contracted ?

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Medical Tests

(Signed) W. Atwill Jones M. D.

19 (Address) 534 Dolphin St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Chase City. Va

Date of Burial: March 21 1939

20 UNDERTAKER: James Hayes

ADDRESS 142 W Lanvale St

56323

F 56323

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

144-a-149-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Community Hospital St. 25-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Laura Jackson

(a) Residence: No. 3555 - 4½ St - Brooklyn Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced
Rl[illegible]
(or) WIFE of George Vernon Jackson

6. DATE OF BIRTH (month, day, year) —

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 3/0

11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (city or town) (State or country) Littleton N.C.

FATHER

13. NAME Henry Faulcon

14. BIRTHPLACE (city or town) (State or country) N Carolina

MOTHER

15. MAIDEN NAME Martha Jones

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT George V. Jackson

(Address) 3555 - 4½ St Brooklyn

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Cem Date Mch 23 1939

19. UNDERTAKER James A Harris

(Address) 1422 W Fayette St

20. FILED [illegible] 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/19, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Adenocarcinoma Pregnancy	6 days 9 mos
Other contributory causes of importance: Placenta Praevia Con. Morbus Cancrum Oris	9 mos

Was an operation performed? yes Date of 3/14/39

For what disease or injury? Placenta Praevia

Name of operation Cesarean Section Date of 3/14/39

What test confirmed diagnosis? Clinical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Michael A. Shauna, M. D. Coroner

(Address) 7360 Eastern Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56324

F 56324

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Md. General Hospital St., 22-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. 6 mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Myrtle E. Gardner

If U. S. Veteran specify WAR

(a) Residence: No. 5912 Belleona Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John R. Gardner.

6. DATE OF BIRTH (month, day, year): Aug. 27, 1895

7. AGE: Years 43; Months 6; Days 21 ; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

13. NAME: Wm. Wallace.

14. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

15. MAIDEN NAME: Mont Ingor

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

17. INFORMANT: Mr. John Gardner.

(Address): 5912 Belleona Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Com. Date: Mar. 22, 1939

19. UNDERTAKER: John Ulrich

(Address): 2008 Belleona Av.

20. FILED, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-1, 1939. to 3-19, 1939.

I last saw her alive on March 19, 1939. Death is said to have occurred on the date stated above, at 5:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Left Breast Metastasis	

Other contributory causes of importance:

Was an operation performed? Not this time. 5-27-38 For what disease or injury? Carcinoma Breast

Name of operation Mastectomy Rt.

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. S. Thompson M. D.

(Address) Md. General Hospital

56325

HEALTH DEPARTMENT—CITY OF BALTIMORE

56325

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1334 Orleans St. St., 6-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME ANNA M. FITCH

(a) Residence: No. 1334 Orleans St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph A. Fitch

6. DATE OF BIRTH (month, day, year) May 21, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	9	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Philadelphia (State or country) Pennsylvania

13. NAME Geo. Marberger

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs. Raymond Medhardt

(Address) 1334 Orleans St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Matthew's Cem. Date March 22, 1939

19. UNDERTAKER John Albert

(Address) 1200 Eutaw St

20. FILED ..... 19..... Registrar.

MAR 21 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/19, 1939, to 3/19, 1939

I last saw h.. alive on 3/19, 1939. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac dilatation	3/17/39

Other contributory causes of importance:

acute Dyspepsia failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. C. Feldman M. D.

(Address) 1440 E Balto St

56326 Rupen Soghomonian

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 56326

CERTIFICATE OF DEATH

123

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1431 N Central Ave St., 9-9 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rupen Soghomonian

If U. S. Veteran specify WAR .....

(a) Residence: No. 1431 N Central Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Mary E. Soghomonian

6. DATE OF BIRTH (month, day, year) Aug 15-1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stitcher & Clothing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1938 Coat

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Turkey

FATHER

13. NAME Harry Soghomonian

14. BIRTHPLACE (city or town) (State or country) Turkey

MOTHER

15. MAIDEN NAME Baharlouian

16. BIRTHPLACE (city or town) (State or country) Turkey

17. INFORMANT Mary E Soghomonian

(Address) 1431 Central Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date March 22 1939

19. UNDERTAKER Jos. S. Francis Sons

(Address) 502 Cathedral St

20. FILED MAR 21 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1938, to March 19, 1939

I last saw him alive on March 19, 1939. Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	3 yrs.
Other contributory causes of importance:	
Cardio Vascular renal disease	6 mo.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? PE Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph L. Blum M. D.

(Address) 1206 E. Baltimore St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

327 T 56327

CERTIFICATE OF DEATH

1. PLACE OF DEATH President Hospital 122-a

CITY OF BALTIMORE: (No. 1514 Cumming St 14-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ..... mos. 4 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mrs Fannie Foster Jordan

If U. S. Veteran (Specify WAR .....)

(a) Residence: No. 904 Eye St. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	Col	married

6. If married, widowed, or divorced (or) WIFE of Allan B. Jordan

7. DATE OF BIRTH (month, day, year) June 8, 1905

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	9	8 9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (137)

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Winter Brook Va

13. NAME Paul Foster

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Nellie Davis

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Allan B. Jordan

(Address) 904 Eye St

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Memorial Date Mch 21 1939

19. UNDERTAKER Clem H. Chase Son

(Address) 638 N. Eutaw St

20. FILED MAR 21 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-17 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-13 1939 to 3-17 1939

I last saw h[illegible] alive on 3-17 1939. Death is said to have occurred on the date stated above, at 4.65 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	3-17.

Other contributory causes of importance:

Coronary Sclerosis Hypertension & Intestinal Obstruction

Was an operation performed? yes Date of 3-14-39

For what disease or injury?

Name of operation Exploratory & Repair of Hernia

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) M. D. Williams M. D.

(Address) 803 W. Fremont St

Primary Pneumonia

56328 HEALTH DEPARTMENT—CITY OF BALTIMORE E 56328

CERTIFICATE OF DEATH 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 7-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William R. Trego

If U. S. Veteran specify WAR .....

(a) Residence: No. 3113 McElderry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ruby Cook Trego

6. DATE OF BIRTH (month, day, year) Nov. 8, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0117

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Md.

FATHER

13. NAME William G. Trego

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Rosa E. Langford

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. William R. Trego
(Address) 3113 McEdlerry St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cartridge, Md. Date March 27 1939

19. UNDERTAKER John O. Mitchell & Sons, Inc.
(Address) 1900 Eutaw Place

FILED 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) Inquest and that said deceased came (Inquest, Autopsy or Inquiry) His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of 5 - 6 & 7 Cervical Vertrebras	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? Accident March 17, 1939 19...
Where did injury occur? Balto. Md.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street
Manner of injury Collision Autos Chesterfield Av. & Minnasota Av.
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. O'Melia M. D. Coroner
(Address) 2757 W. North Ave.

V S 6

56329

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 56329

CERTIFICATE OF DEATH

25

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1388 Woodyear St. 15-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Atwater

(a) Residence: No. 1388 Woodyear St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lelia Atwater.

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Unknown,

14. BIRTHPLACE (city or town) (State or country) Unknown N.C.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Daniel W. Grimble
(Address) 1385 N. Woodyear

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date Mar. 22, 1939

19. UNDERTAKER George E. Kelson
(Address) 1313 Forest Park Ave.

20. FILED Mar 23 1939 Huntington Williams, M.D. Registrar

VSB

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19 1939

22. I HEREBY CERTIFY, That I took charge of the case described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above. 7 30 P.M.

The principal cause of death and related causes of importance, were as follows:

Interstitis of bowels

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. Starr, M. D. Coroner

(Address) 12 15 Hanover

F 56330

56330 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

192-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 642 Greenmillow St. 16th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Clyde Tucker

(a) Residence: No. 1032 Stockton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hattie Tucker.

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lang Shareman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6074

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Marys Co Md.

FATHER

13. NAME Lawrence Tucker

14. BIRTHPLACE (city or town) (State or country) St. Marys Co Md.

MOTHER

15. MAIDEN NAME Ella J Brooks

16. BIRTHPLACE (city or town) (State or country) St Marys Co Md

17. INFORMANT Myra Schofield St.

(Address) 1804 E. Edgar St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Mar. 21, 1939

19. UNDERTAKER Vernon E. Keown

(Address) 1368 Presstman St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) died that said deceased came to death on the day stated above. 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis,	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. Hann, M. D. Coroner

(Address) 1215 Hanover St

V S 8 1939 Printing for Municipal Use

56331 HEALTH DEPARTMENT—CITY OF BALTIMORE 56331

CERTIFICATE OF DEATH

46-D

1. PLACE OF DEATH Edmond Sanitarium

CITY OF BALTIMORE: (No. 6000 Bellona Ave St. 12-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clarence Cochran

If U. S. Veteran specify WAR .....

(a) Residence: No. 2315 N. Charles St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth T. Cochran

6. DATE OF BIRTH (month, day, year) June 8 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	9	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore, Md
(State or country)

13. NAME James E. Cochran

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mr. William T. Cochran
(Address) 731 Northern Parkway

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date March 21 1939

19. UNDERTAKER William J. Tielmer & Sons
(Address) North & Pennsylvania Aves

20. FILED ..... 19 ..... Registrar.

MAR 21 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19 3, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1938 to March 19, 1939

I last saw him alive on March 18, 1939 Death is said to have occurred on the date stated above, at 8:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	6 mo

Other contributory causes of importance:

Involvement of Liver & Viscera in general

Was an operation performed? Yes Date of Oct 14, 1938

For what disease or injury? Above.

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Roswell R. Hart M.D.

(Address) 2020 N. Charles

56332

F 56332

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1046 20 Baltimore St., 14-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city (or town) where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Thomas O Shaffer

(a) Residence: No. 1710 Ludeman Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Matilda Shaffer

6. DATE OF BIRTH (month, day, year) Nov. 30 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Geo K Rameis Co

10. Date deceased last worked at this occupation (month and year) Ret. 11. Total time (years) at above occupation Ret.

12. BIRTHPLACE (city or town) (State or country) Mercersburg Pa.

FATHER

13. NAME Wm Shaffer.

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Barbara Bekyl

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Florence Shafer (Address) 1710 Ludeman Ave

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date Mar 22 1939

19. UNDERTAKER Wm Cook (Address) 127 St Paul St

Huntingtown Hyattsville Md

FILED Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 19 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Degenerative Myocarditis	?
Acute Gastritis	Mar 19.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H Rameis M. D.

(Address) 1822 W Baltimore Coroner

F 56333

56333 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

93-e

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 3208 Avon Ave St., 9-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Koenecke

If U. S. Veteran specify WAR .....

(a) Residence: No. 3208 Avon Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
F.	W.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas A. Koenecke

6. DATE OF BIRTH (month, day, year) Apl 16-1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month or year) Sept 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Barney Bonglagle

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Chas A. Koenecke

(Address) 3208 Avon Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Mar 23rd 1939

19. UNDERTAKER Peter Gluck & Sons

(Address) 2224 E. Baltimore St.

FILED MAR 21 1939 Hunting Town Williams, Md. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 20th 1939

22. I HEREBY CERTIFY, That I attended deceased from May 22 1937 to Mch 20 1939

I last saw her alive on Mch 20 1939 Death is said to have occurred on the date stated above, at 1130 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	3/22/37
Other contributory causes of importance: Acute Dilatation of Heart	3/14/39

Was an operation performed? no Date of .....

For what disease or injury? none

Name of operation none Date of .....

What test confirmed diagnosis? Electrocardiogram Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) E. Gill Hall M. D.

(Address) 1631 E North Ave

Quinn

56334 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 56334

CERTIFICATE OF DEATH

V 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 9-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Boy Quinn

(a) Residence: No. 2510 Robb Pl. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	S.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 20-1939

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
0	0	0	5 hrs. or 49 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balt. Md.
(State or country)

13. NAME John Morton Quinn

14. BIRTHPLACE (city or town) Balt. Md
(State or country) Done

15. MAIDEN NAME Dorris MacKenzie

16. BIRTHPLACE (city or town) Balt, Md
(State or country)

17. INFORMANT John Morton Quinn
(Address) 2510 Robb St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Sepulchre Date 3/21/39 19

19. UNDERTAKER Geo. J. Roth & Son
(Address) 1215 Druid Hill Ave

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1939 to March 20, 1939

I last saw him alive on March 20, 1939. Death is said to have occurred on the date stated above, at 3:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	3-20-39
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Richard W. Wotherspoon M. D.

(Address) Union Memorial Hosp.

56335

HEALTH DEPARTMENT—CITY OF BALTIMORE

56335

CERTIFICATE OF DEATH

131

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1725 N. Patterson Park Ave.) (Hospital)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Washington Danner If U. S. Veteran specify WAR

(a) Residence: No. 1725 N Patterson Park Ave., Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Alice C. Danner

6. DATE OF BIRTH (month, day, year) Apr. 6, 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82	11	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ridgeville Md.

13. NAME Henry Danner

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Julia A. Engle

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. O. Yost

(Address) 1725 N Patterson Park Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Mar 22 1939

19. UNDERTAKER Chas. J. Black

(Address) 247 W. North Ave.

20. FILED 3/20/39 Registrar.

Living 1900 Eastern Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19. 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 1938 to March 19 1939

I last saw him alive on March 19 1939 Death is said to have occurred on the date stated above, at 10 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Interstitial Nephritis	1931
Other contributory causes of importance: Uremia	March 16/39

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

No If so, specify ...

(Signed) H Bruce Anderson J Fleming, M. D.

(Address) 1900 Eastern Ave.

56336

HEALTH DEPARTMENT—CITY OF BALTIMORE

56336

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1627 E North Ave St. 8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob Peter Breidenstein

If U. S. Veteran specify WAR

(a) Residence: No. 1627 E. North Ave., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara E. Breidenstein

6. DATE OF BIRTH (month, day, year) Nov. 10 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	4	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Jan 1939

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME August P. Breidenstein

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Rebecca Briesweiger

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Clara Jane Breidenstein

(Address) 1627 E. North Ave.

18. BURIAL, CREMATION, OR REMOVAL Loreen Presbyterian Cem. Date Mar 23 1939

19. UNDERTAKER Chas. G. Black

(Address) 742 W. North Ave.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 4, 1935 to March 20, 1939

I last saw him alive on March 19, 1939. Death is said to have occurred on the date stated above, at 10:30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pulmonary Nephritis	1935
Chronic Myocarditis	1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert G. Burgunder M. D.

(Address) 613 E. North Ave.

Dept of Stairs 1613 E North

56337

HEALTH DEPARTMENT—CITY OF BALTIMORE

56337

CERTIFICATE OF DEATH

3

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Levi Hospital St. 15-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth 40 yrs. mos. ds.

2. FULL NAME Sarah Hackerman

If U. S. Veteran specify WAR .....

(a) Residence: No. 4054 Park Heights Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Harry

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. cold

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Israel Zucker

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Jennie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospt - Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Herring Run Date 3/21/39 19

19. UNDERTAKER Jack Levin Inc
(Address) 1439 E. Baltimore St

20. FILED 19 Registrar.

MAR 21 1939

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/20/ 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/17/ 1939 to 3/20/ 1939

I last saw her alive on 3/20/ 1939 Death is said to have occurred on the date stated above, at 12 N

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhus fever (?)	3/6/39
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Sidney Adelis, M. D.

(Address) Levi Hospital

56338 F 56338

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 15-W Ward)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth 45 yrs. ..... mos. ..... da.

2. FULL NAME Mrs Anna Chait

If U. S. Veteran specify WAR .....

(a) Residence: No. 1802 W North Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Aaron Chait

7. DATE OF BIRTH (month, day, year) Dec. 20, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	2	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) 2-20-39

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER'S MAIDEN NAME

13. NAME Hyman Talbum

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Eva Levitt

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs Anna Chait

(Address) 1802 W North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodl. Rd. Date 3/21/39 19

19. UNDERTAKER Levine Bros Inc.

(Address) 1439 E. Baltimore St.

20. FILED ..... 19 ..... Registrar.

Waiting for Affidavit

3-21-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1939 to March 20, 1939

I last saw her alive on March 20, 1939. Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic glomerular nephritis	?
Congenital absence of right kidney	
Other contributory causes of importance:	
Pneumonia	2-21-39

Was an operation performed? Yes Date of Mar. 3, 1939

For what disease or injury? Chr Glomerular Nephritis

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? Clinical. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) W. Lehman Ginsburg, M. D.

(Address) Church Home & Infirmary

F 56339

56339 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-P

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 13-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? 50 yrs. mos. ds.

2. FULL NAME Ella Kramer

If U. S. Veteran specify WAR

(a) Residence: No. 2448 Lakeland St. Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Albert A.

6. DATE OF BIRTH (month, day, year) 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1937

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Getzel

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ida

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hosp. - Rennala

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date 3/22/39

19. UNDERTAKER Clark Levenson

(Address) 1439 E. Baltimore

20. FILED Handwriting for [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/21/39. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

— If so, specify

(Signed) Paul Schreiber Coroner, M. D.

(Address) Coroner

X 8 6

56340 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 56340

CERTIFICATE OF DEATH

92-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 N. Spring St., 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Martha Jones

(a) Residence: No. 15 N. Spring St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Jackson Jones

6. DATE OF BIRTH (month, day, year) April 1. 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47	46	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 1070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME George Boston

14. BIRTHPLACE (city or town) (State or country) D.C.

MOTHER

15. MAIDEN NAME Ellen Boston

16. BIRTHPLACE (city or town) (State or country) D.C.

17. INFORMANT Beulah Robinson

(Address) 15 N Spring St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date March 23 1939

19. UNDERTAKER Robert F. Williams

(Address) 15 15 N. Eutaw St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-19- 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-9- 1939 to 3-19- 1939

I last saw h.. alive on 3-18- 1939. Death is said to have occurred on the date stated above, at 8.20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	3-9-39
Other contributory causes of importance: Valvular Heart Disease	unkn

Was an operation performed? no Date of —

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? hosp Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Lewis H. Carpenter M. D.

(Address) 611 N. Carey

21 Nov

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56341

CERTIFICATE OF DEATH

F 56341

1. PLACE OF DEATH

Registered No. 82-5

CITY OF BALTIMORE: (No. 117 N. Potomac St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charlotte F. Gman

If U. S. Veteran specify WAR

(a) Residence: No. 117 N. Potomac St., 6 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John H. Gman

6. DATE OF BIRTH (month, day, year): May 1 1893

7. AGE: Years: 45 | Months: 10 | Days: 18 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 503

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md. Pikesville

FATHER

13. NAME: George Hittler

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Mary Keller

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Miss Gman
(Address) 117 N. Potomac St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Parkwood Cem. Date: 3 22 1939

19. UNDERTAKER: John A. Logan
(Address) 3000 E. Baltimore St.

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 19th 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-9-1939, to 3-19-1939

last saw h[illegible] alive on 3-19-1939 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	3-9-39
Other contributory causes of importance:	
Hypertension	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J J Gould, M. D.

(Address) 147 N East ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

56342

CERTIFICATE OF DEATH

F 36342

1. PLACE OF DEATH

Registered No. 23

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Joseph Hayde (HYDE (40390)

If U. S. Veteran specify WAR W. W.

(a) Residence: No. 13 W. Lee St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 29, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper on Truck

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Thomas Hayde

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Frazier

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Balto National Date 3-23-, 1939

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Hollins Sts.

20. FILED MAR 21 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 29, 1938 to March 19, 1939

I last saw him alive on March 19, 1939. Death is said to have occurred on the date stated above, at 5:55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	Aug. 1938

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) L. M. Curtis, M. D.

(Address) Balto. City Hospitals

Christian Fischer

56343 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 56343

CERTIFICATE OF DEATH

46-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Church Home St. 16 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fischer, Mr. Christian

If U. S. Veteran specify WAR .....

(a) Residence: No. 2710 Orleans St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or WIFE of) Mrs. Christian Fischer.

6. DATE OF BIRTH (month, day, year) Nov. 25, 1865

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
73	3	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

13. NAME Charles F. Fischer

14. BIRTHPLACE (city or town) (State or country) Balt Md.

15. MAIDEN NAME Margaret Twellmann

16. BIRTHPLACE (city or town) (State or country) Balt Md.

17. INFORMANT Mrs. Mary L. Fischer

(Address) 2710 Orleans St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date March 21, 1939

19. UNDERTAKER L. Schloman & Son

(Address) 1039 Hanover St.

20. FILED ....., 19.... .....
Registrar.

MAR 21 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1939 to Mar 19, 1939

I last saw h. l. alive on Mar. 19, 1939 Death is said to have occurred on the date stated above, at 6:17 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum with generasized metastases	Nov 1938
Other contributory causes of importance: Secondary Anaemia	

Was an operation performed? Yes Date of Feb 16, 1939

For what disease or injury? Carcinoma Rectum

Name of operation Exploratory - Colostomy

What test confirmed diagnosis Clin. Cor. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ....., 19....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wesley J. Keetz M. D.

(Address) The Church Home & Inf.

344 -

HEALTH DEPARTMENT—CITY OF BALTIMORE F 56344

CERTIFICATE OF DEATH

34-92-a

Registered No.

1. PLACE OF DEATH 1609 Mosher St

CITY OF BALTIMORE: (No. 1609 St. 16-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 years How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Josephine Cathey

(a) Residence: No. 1609 Mosher St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Ed	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rock Hill S. C.

13. NAME Wm Garner

14. BIRTHPLACE (city or town) (State or country) S. C.

15. MAIDEN NAME Jane ?

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Wm Garner

(Address) 112 E Laurens St.

18. BURIAL, CREMATION, OR REMOVAL

Place Rockhill S. C. Date 3/23 19 39

19. UNDERTAKER Thomas C. Nelson

(Address) 1303 Brookman St.

20. FILED Huntington Williams M.D. Registrar.

MAR 22 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-19- 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 9- 1939 to March 19- 1939

If last saw h[illegible] alive on Mar 18 1939 Death is said to have occurred on the date stated above, at 3:30 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	2/18/39
Bronchitis	

Other contributory causes of importance: Mitral Regurgitation, Cardiac decompensation, Edema of Lungs

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) W Roy Kin M. D.

(Address) 1501 Edmondson

HEALTH DEPARTMENT—CITY OF BALTIMORE

56345

CERTIFICATE OF DEATH

CGK-F 56345

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 11-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James Thomas

(a) Residence: No. 1035 Mutaw St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary

7. DATE OF BIRTH (month, day, year): Aug. 18, 1893

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
46	46	7	2	

OCCUPATION

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Paper Hanger

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 5 yrs

12. BIRTHPLACE (city or town) (State or country): Va.

FATHER

13. NAME: Louis Thomas

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Millie

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Auburn Cem. Date 3/23 19 39

19. UNDERTAKER: Frank H. Burkert
(Address): 5-25 Lorraine Ave

20. FILED: MAR 21 1939 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 3, 1939 to March 20, 1939

I last saw him alive on March 20, 1939. Death is said to have occurred on the date stated above, at 3:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lymphoid Leukemia	1939
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Santella, M. D.

(Address) Resident City Hospitals

F 56346

56346 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 16-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Virginia Clark

If U. S. Veteran specify WAR

(a) Residence: No. 1112 N. Gilmor St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 1889 (?)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 3/3/34

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Wyatt Johnson

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Patty Stewart

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Virginia Clark

(Address) 1112 Gilmor St

18. BURIAL, CREMATION, OR REMOVAL

Place Colored Ha Date 3-22 nd 1939

19. UNDERTAKER Jas. Lee Stenings

(Address) 1912 D. Fairmount Ave

20. FILED MAR 21 1939 Registrar

Va 8

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry) died that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	1 day
Other contributory causes of importance: Carcinoma of Cervix - Grade II	6 mos

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? Clinical History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A. Abrams, M. D. Coroner

(Address) 2360 Eutaw Place

Mason

56347 HEALTH DEPARTMENT—CITY OF BALTIMORE F 56347

CERTIFICATE OF DEATH

182-a

Registered No. 23

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 3308 Hawkins Point Rd (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME William Mason
(a) Residence: No. 3308 Hawkins Point Rd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Mason

6. DATE OF BIRTH (month, day, year) 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
77	76	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eastern Shore Md

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Emaza Mason
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT (Address) Clara Mason 3308 Hawkins Pt Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Cavalry Cemetery Date 3/15 1939

19. UNDERTAKER (Address) Walter A. Scott & Son, 994 W. Barre St.

20. FILED March 15 1939 M. R. DeAlva Dep. Registrar
(Hunting for Address, MD)

R 21 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-12 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy, or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy, or Inquiry) find that said deceased came death on the date stated above.
his

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Apoplexy	3/11/39

Other contributory causes of importance: —

Was an operation performed? — Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Wasserman Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) George Allen M. D.

(Address) 5 Old Hospital Rd

56348 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 56348

CERTIFICATE OF DEATH

95-B

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 605 S Bethel St St. 7-3 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Zofia Mochnacka

(a) Residence: No. 605 E. Bethel St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Mochnacki

6. DATE OF BIRTH (month, day, year) 1874

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
65	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Michael Wahone

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Wiliam Tokarski
(Address) 605 E Bethel St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date March 22 1939

19. UNDERTAKER Fred W. Ozagowski
(Address) 1900 Eastern Ave

20. FILED MAR 21 1939 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1939 to March 20, 1939

I last saw h Ex alive on March 20, 1939 Death is said to have occurred on the date stated above, at 4:40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) ARTERIOSCLEROTIC, HYPERTENSIVE CARDIO-VASCULAR DISEASE	??
2) CEREBRAL HEMMORRHAGE	3/14/39
Other contributory causes of importance: COLLOID GOITRE	?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation NONE

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify.

(Signed) Jos. F. Drenga, M. D.

(Address) 209 S. Linton St

56349 F 56349

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 819 McKean Avenue. St., 16-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albertina Brandes

If U. S. Veteran specify WAR

(a) Residence: No. 819 McKean Avenue. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Herman Brandes

6. DATE OF BIRTH (month, day, year) Nov 23rd 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Christian Maier

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Herman Brandes

(Address) 819 McKean Avenue.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date March 23rd 19 39

19. UNDERTAKER Wm. J. Tickner & Sons

(Address) North & Penna Aves.

[illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20. 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

8 15 pm,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Hann, M. D.
Coroner

(Address) 215 Fairmount

V S 6

56350

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56350

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1153 N. FULTON Ave St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME MARY S. ZIMMERMAN

If U. S. Veteran specify WAR

(a) Residence: No. 1153 N. FULTON Ave., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	WIDOWED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert P Zimmerman

6. DATE OF BIRTH (month, day, year) Sept 30, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Karl

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Dorothy Jackson

(Address) 1103 Louisa Ave - Lancaster Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 3-22-39

19. UNDERTAKER Wm. J. Eckert & Son

(Address) 117 Park Ave.

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MARCH 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from DECEMBER 14, 1939 to MARCH 19, 1939. I last saw HER alive on MARCH 18, 1939. Death is said to have occurred on the date stated above, at 11.00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CARCINOMA - UTERUS	?
GENERALIZED CARCINOMATOSIS	DEC, '38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Norman K. Steiman M. D.

(Address) 1101 N. Fulton Ave

56351

HEALTH DEPARTMENT—CITY OF BALTIMORE E 56351

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 6-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Gertrude Harrison

If U. S. Veteran specify WAR —

(a) Residence: No. 3107 E Fairmount Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. William H. Harrison

6. DATE OF BIRTH (month, day, year) Dec 25, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) February 1939

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) Mannersville (State or country) Penn

MOTHER FATHER

13. NAME Samuel Eppsley

14. BIRTHPLACE (city or town) (State or country) Penn

15. MAIDEN NAME Rebecca Glenfritz

16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMANT Patient

(Address) Church Home & Inf

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date Mar. 23, 39

19. UNDERTAKER Samuel W. May

(Address) 619 N. Dorsey St

20. FILED MAR 21 1939 Harrington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-20, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-5-39, 19 to 3-20-39, 19

I last saw her alive on 3-20-39, 19 Death is said to have occurred on the date stated above, at 5:38 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	?

Other contributory causes of importance:

Pulmonary Embolus	
Diabetes mellitus	

Was an operation performed? Yes Date of 3-7-39

For what disease or injury? Carcinoma of Breast

Name of operation Radical mastectomy.

What test confirmed diagnosis? Cl. Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. Holmes Gaylor, M. D.

(Address) Church Home & Infirmary

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56352

CERTIFICATE OF DEATH

106-aF 56352

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenhurst Hospital St., 9-W Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. ..... mos. 1 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Shirley Mae Engelke

If U. S. Veteran specify WAR .....

(a) Residence: No. Rosedale - Baltimore County St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of 1927

6. DATE OF BIRTH (month, day, year) May-20-1938

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rosedale - Balto Co. Maryland

FATHER

13. NAME Melvin Engelke

14. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

MOTHER

15. MAIDEN NAME Nellie Mc Fall

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Father
(Address) Rosedale - Balto Co.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date 3/23 1939

19. UNDERTAKER John J. Connelly
(Address) 408 S. Carrollton Ave

20. FILED MAR 21 1939 Thurlow Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1939 to March 20, 1939

I last saw her alive on March 10, 1939. Death is said to have occurred on the date stated above, at 12 15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Staphococcus and Streptococcus~~ Laryngo-Tracheo-Bronchitis	3/17/39
Pneumococcus	
Other contributory causes of importance: Type 15	

Was an operation performed? Yes Date of March 20-1939

For what disease or injury? Laryngo-Tracheo-Bronchitis

Name of operation Tracheotomy

What test confirmed diagnosis? Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dupont G. Rice M. D.

(Address) Lyndenhurst Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

56353

CERTIFICATE OF DEATH

16-8 93-C F 56353

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 Allendale St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Forrester

If U. S. Veteran specify WAR

(a) Residence: No. 611 ~~Forrester~~ Allendale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71 72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~None~~ Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Patrick Forrester

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Edwin J. Forrester
(Address) 611 Allendale St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 3/23 39

19. UNDERTAKER Margaret J. Flynn
(Address) 1422 Light Street

20. FILED MAR 21 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1938, 19..., to Mar. 20, 1939

I last saw her alive on March 19, 1939 Death is said to have occurred on the date stated above, at 6.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Acute Dilatation Heart	
Other contributory causes of importance: Arteriosclerosis - Senility	?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. Walter Spurrier M.D. M. D.

(Address) 3603 Edmondson Ave

F 56354

56354

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto. Gen. Hosp. St. 24 Ward 3)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 15 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Ronald Charles Long

If U. S. Veteran specify WAR .....

(a) Residence: No. 105 Butler Road St., ... Ward. Reisterstown Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 6 - 1939

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles Edgar Long

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Greta May Machaloba

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Gaby E. Long (Address) Reisterstown Md.

18. BURIAL, CREMATION, OR REMOVAL Place Rocky Ridge Cem. Date Mar 25 1939

19. UNDERTAKER J. F. Englert Sons (Address) Reisterstown Md.

20. FILED ..... 19..... Registrar.

MAR 22 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/6, 1939, to 3/21, 1939

I last saw him alive on 3/21, 1939. Death is said to have occurred on the date stated above, at 10:20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth - then Cesarean section	3/6/39

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Louis J. Krolle, M. D.

(Address) South Balto. Gen. Hosp.

6355

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56355

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 308 Kingston Rd St. 28-A Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah F. Gray

(a) Residence: No. 308 Kingston Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of Frank M Gray

6. DATE OF BIRTH (month, day, year) Aug 31 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Mar 1939

11. Total time (years) spent in this occupation 50+?

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Solomon Mark

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Cornelia Nichols

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mary E Hawkins

(Address) 308 Kingston Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date May 23 1939

19. UNDERTAKER Wehrman Lewis

(Address) 1217 St Paul St

20. FILED MAY 22 1939 Lucius Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 1st, 1939, to May 20th, 1939.

I last saw her alive on May 20th, 1939. Death is said to have occurred on the date stated above, at 9:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
arteriosclerosis	

Other contributory causes of importance: Senility

Was an operation performed? no Date of

For what disease or injury?

Name of operation none

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jno M Byrd M. D.

(Address) 3075 Woodland

56356 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 56356

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 E 29th St. 9-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 96 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Agnes Mary Mannion

If U. S. Veteran specify WAR

(a) Residence: No. 1614 E. 29th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

3a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ (or) WIFE of: James F

6. DATE OF BIRTH (month, day, year): Jan 4-1867

7. AGE: Years 72 | Months 2 | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: James Gotbone

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Mary Brown

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Jas. J Mannion
(Address) 1614 E. 29th St.

18. BURIAL, CREMATION, OR REMOVAL
Place: New Cathedral 3/23/39

19. UNDERTAKER: Wilson Cook
(Address) 1217 St Paul St

20. FILED 19 Registrar.

MAR 22 1939 Huntington Woodcock, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1939, to Mch 20, 1939

I last saw her alive on Mch 19, 1939. Death is said to have occurred on the date stated above, at 10-30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1/17/39
Other contributory causes of importance: Edema of Lungs	3/19/39

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E Gill Hall M. D.

(Address) 1631 E North Av

58357 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 58357

CERTIFICATE OF DEATH

Registered No. 71-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3601 Brooklyn ave St. 25-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lena Markowitz

(a) Residence: No. 3601 Brooklyn ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of: Late Harry

6. DATE OF BIRTH (month, day, year): Aug 29 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

MOTHER'S FATHER

13. NAME: Milton Sacks

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Esther ?

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Bessie Cohen
(Address) 549 S Monroe st

18. BURIAL, CREMATION, OR REMOVAL
Place: New Hebrew Cem Date: March 22 1939

19. UNDERTAKER: Sol Levinson & Bro
(Address) 1124-26 W Northern

20. FILED 19 Registrar.

MAR 22 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1939, to March 21, 1939

I last saw her alive on March 19, 1939. Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Anemia	Jan 1939

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation: Opened

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Albert Kerness M. D.

(Address) 1934 W Lakes

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36358

CERTIFICATE OF DEATH

157-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University of Maryland Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Baby Boy Keller If U. S. Veteran specify WAR .....

(a) Residence: No. (Usual place of abode) 4666 Kenwood Ave. Ward ..... (If non-resident give city or town and State) KENWOOD

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/20/39.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md.

FATHER

13. NAME Peter William Keller

14. BIRTHPLACE (city or town) (State or country) Balto md.

MOTHER

15. MAIDEN NAME Josephine Lydia Balos

16. BIRTHPLACE (city or town) (State or country) Balto md

17. INFORMANT (Address) (Hosp) City Hospl Reside.

18. BURIAL, CREMATION, OR REMOVAL Place St Thomas Date Mar 22 1939

19. UNDERTAKER Rita Winefried (Address) 914 Greene-south Bmo

20. FILED 1939 C. 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/20, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/20, 1939, to 3/20, 1939.

I last saw him alive on 3/20, 1939. Death is said to have occurred on the date stated above, at 9 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart Disease	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Warren Abbellan M. D.

(Address) Universety Hospital

56359

HEALTH DEPARTMENT—CITY OF BALTIMORE

56359

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Roy D. Bond

If U. S. Veteran specify WAR

(a) Residence: No. Laurel St., Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Bond

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. machinest

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mfg

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jessups Maryland.

MOTHER FATHER

13. NAME Grimsted Bond.

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Maggie Anderson

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Lidrie Bond.

(Address) Laurel Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Ivy Hill Date Mar 25 1939

19. UNDERTAKER Radcliffe Selby

(Address) Laurel Md.

20. FILED 19 Huntington Williams Registrar.

R 22 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1939, to March 22, 1939.

I last saw h[im] alive on March 22, 1939. Death is said to have occurred on the date stated above, at 3:55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Pulmonary Tuberculosis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Xray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Francis S. Dickey, M. D.

(Address) Maternity Hospital

56360 F 38360

56360 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

146-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home Hospital

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No

2. FULL NAME Mrs Anna Markham

(a) Residence: No. 4101 (Usual place of abode) Wilkens Ave, Ward. ..... (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, Widowed, or Divorced (write the word)
female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or ~~WIFE~~ of) James P. Markham

6. DATE OF BIRTH (month, day, year) Feby 22 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	0	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Wilkes Barre, Penna

FATHER

13. NAME James Haley

14. BIRTHPLACE (city or town) (State or country) Wilkes Barre Penna

MOTHER

15. MAIDEN NAME Anne Negovitz

16. BIRTHPLACE (city or town) (State or country) Boston Mass

17. INFORMANT Patient Hosp

(Address)

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer March 23-39

19. UNDERTAKER J. J. Sterr & Son

(Address) 3001 Kentucky Ave

20. FILED ..... 19 ..... Registrar

MAR 22 1939 Remington Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ~~Feb~~ March 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from Febry 6, 1939, to March 20, 1939

I last saw ~~her~~ alive on March 20, 1939 Death is said to have occurred on the date stated above, at 1130 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary congestion	March 19

Other contributory causes of importance:

Exophthalmic Goiter	
Pernicious Anaemia	7

Was an operation performed? Yes Date of March 17 1937

For what disease or injury? Pernicious Anaemia

Name of operation Exophthalmic Goiter

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. Allen Eastburn, M. D.

(Address) Church Home & Hospital

F 56361

F 56361 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 183

1. PLACE OF DEATH Rear of 2724 Louise Ave. St., 27-6 Ward)
CITY OF BALTIMORE: (No.

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Vardeu Townsend
If U. S. Veteran specify WAR

(a) Residence: No. 2720 Louise Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 25 1/36

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Thomas Nelson Townsend
14. BIRTHPLACE (city or town) (State or country) Chestertown Md.

MOTHER

15. MAIDEN NAME Ruth Naomi Bell
16. BIRTHPLACE (city or town) (State or country) Balto., Md

17. INFORMANT T. Nelson Townsend
(Address) 2720 Louise Ave.

18. BURIAL, CREMATION, OR REMOVAL Balto Cem March 22-39 19

19. UNDERTAKER Jos. J. Steger Son
(Address) 3001 Kentucky Ave

20. FILED AR 22 1939 Huntington Phillips, M.D. Registrar.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia by drowning	
Other contributory causes of importance:	

Was an operation performed? No Date of —
For what disease or injury? —
Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3/19/39
Where did injury occur Rear 2724 Louise Ave. Balto
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Public Place
Manner of injury Fell in a fish pool
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) Paul Schuler M. D.
Coroner
(Address) Coroner

56362

HEALTH DEPARTMENT—CITY OF BALTIMORE

56362

CERTIFICATE OF DEATH

131

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 623 N. Fulton Ave. St. 16-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alexander Dorsey Johnson

If U. S. Veteran specify WAR

(a) Residence: No. 623 N. Fulton Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary O'Connor Johnson

6. DATE OF BIRTH (month, day, year) June 23, 1868.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. University of Md.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Edward Dorsey Johnson

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Mary E. Berry

16. BIRTHPLACE (city or town) Washington, D.C. (State or country)

17. INFORMANT Mrs. Mary O. Johnson (Address) 623 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL Greenmount Date 3/22/39. 19

19. UNDERTAKER Harry A. Little (Address) 4101 Edmondson Ave.

20. FILED ..... 19.. Registrar.

APR 22 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 18. 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar. 13. 1939. to Mar 18. 1939

I last saw h[illegible] alive on Mar-18. 1939 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Chr Nephritis	

Was an operation performed? none Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) George E. Shannon, M. D.

(Address) 700 N. Fulton Ave

56363

HEALTH DEPARTMENT—CITY OF BALTIMORE

56363

CERTIFICATE OF DEATH

41237 (MB)

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 1-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Norman E. Clark

(a) Residence: No. 2114 E. Pratt St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/10/22

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
17	17	0	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Clarence (d)

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ruby Lawder

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Hampstead

Place Mayo Cem. Date March 24 1939

19. UNDERTAKER Chas. Campbell Sons

(Address) 1900 Eastern Place

20. FILED March 22 1939 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 24, 1939, to March 21, 1939

I last saw him alive on March 21, 1939. Death is said to have occurred on the date stated above, at 2.55 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Lautelle M. D.

(Address) Baltimore City Hospitals

56364 F 56364

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 26-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Stanley Lewandowski

(a) Residence: No. 6506 Fait Av. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Lewandowski

6. DATE OF BIRTH (month, day, year) 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bethlehem Steel Co. SPARROW PT Md.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Heater

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME UnKnown

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME UnKnown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mary Lewandowski

(Address) 6506 Fait Av.

18. BURIAL, CREMATION, OR REMOVAL MARY

Place SACRED HEART OF Date march 23 1939

19. UNDERTAKER George A Weber

(Address) 705 S Bond st

20. FILED 19 Huntington Williams, M.D. Registrar

MAR 22 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident Date of injury March 18, 1939 . 19

Where did injury occur? Balto. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Crossing Dundalk Av. at Fait Av

Nature of injury struck by Auto.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. C. Weber, M. D. Coroner

(Address) 2757 W. [illegible]

HEALTH DEPARTMENT—CITY OF BALTIMORE

56365

6365

34-125-a

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Eleverson St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Annie Yerrill

(a) Residence: No. 539 W. Lanvale St, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Otto Yerrell.

6. DATE OF BIRTH (month, day, year) Dec. 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Plymouth N. C.

FATHER

13. NAME William Short

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Martha —

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Otto Yerrell

(Address) 539 W. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date 3/22/39

19. UNDERTAKER Peter F. Gosling

(Address) 804 N. Caroline St.

20. FILED MAR 22 1939 Huntington Wallace, Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-19-1939

22. I HEREBY CERTIFY, That I attended deceased from 2-2-39, 19..., to 3-19-, 1939

I last saw her alive on 3-19-39. Death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Yellow Atrophy of Liver	?
	2 mos
Other contributory causes of importance: Arsphenamine Poisoning	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. T. Maloney M. D.

(Address) Provident Hospital

6366 F 56366

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 813 Barnes St. 10-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Allen Swett

If U. S. Veteran specify WAR

(a) Residence: No. 813 Barnes St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): Dec 31-1909

7. AGE: Years 29 | Months 2 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Celotex Brownlee Insulation

10. Date deceased last worked at this occupation (month and year): Mar 18 39

11. Total time (years) spent in this occupation: 1 mo

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Geo Swett

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Alice Swann

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Florence Jenkins

(Address): 9252 Monticello Ave

18. BURIAL, CREMATION, OR REMOVAL: Mt. Calvary 3/23 39

Place: Lokatis Funeral

19. UNDERTAKER: 804 N. Carrollton Ave

(Address)

APR 22 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 19 39

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible] thereof and from the evidence (Inquest, Autopsy or Inquiry)

obtained by [illegible] (Inquest, Autopsy or Inquiry) did that said deceased came death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mar 18 39	
Chronic contributory causes of importance: Exhaustion & Exposure	Mar 19 39

Was an operation performed? —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.

(Address) 804 N. Carrollton Ave

V 8 6

William Richard Tubman

6367 HEALTH DEPARTMENT—CITY OF BALTIMORE T 56367

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1299 N Eden St., 5-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Richard Tubman

(a) Residence: No. 4299 N Eden St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary William

6. DATE OF BIRTH (month, day, year) 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Mrs W J Williams

(Address) 502 Dispatch St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Cem Date 3/23/ 1939

19. UNDERTAKER Chas E Bailey

(Address) 1529 Jefferson St

20. FILED MAR 22 1939 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-20, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) found that said deceased came his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Apoplexy	3/20/39

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo L Allen M. D.

(Address) 502 Dispatch St

V S 6

56368 F 56368

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 607 Greenmillow St., 17-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hattie S Washington

U.S. Veteran specify WAR

(a) Residence: No. 607 Greenmillow St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Washington

6. DATE OF BIRTH (month, day, and year) Jan 1-1884

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
55	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 5037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lucy Scarborough

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT (Address) Sadie Johnson 2387 Eden St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cem Date 3-23rd 1939

19. UNDERTAKER (Address) Jno H Manich & Bro 2218 Eutaw St

20. FILED 1939 Huntington Williams Registrar

MAR 22 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 20 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came to death on the date stated above

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	Mar 18 39

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.
Coroner

(Address) 809 Augusta St

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56369

CERTIFICATE OF DEATH

F 56369

Registered No. 94-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 9-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Wm. Shibley

(a) Residence: No. 1410 E Carswell St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): July 13 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62 yrs	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Pen. R.R.

10. Date deceased last worked at this occupation (month and year): Mar 20 1939

11. Total time (years) spent in this occupation: 2 2 yrs

12. BIRTHPLACE (city or town) (State or country): Baltimore Co Md

FATHER

13. NAME: Benjamin R. Shibley

14. BIRTHPLACE (city or town) (State or country): Baltimore Co Md

MOTHER

15. MAIDEN NAME: Martha A Logsdon

16. BIRTHPLACE (city or town) (State or country): Mt Saltpetre Md

17. INFORMANT: Mrs. Mary Mitchell Sister

(Address) 1410 E Carswell St

18. BURIAL, CREMATION, OR REMOVAL: St Johns Cemetery Essex Date Mar 24 1939

19. UNDERTAKER: Edgar D. Conklin & Son

(Address) 224 E Lanvale St

20. FILED MAR 24 1939 Huntington W. Va. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 20, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schenker, M. D. Coroner

(Address) Coroner

56370

HEALTH DEPARTMENT—CITY OF BALTIMORE

56370

CERTIFICATE OF DEATH

79-a JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 26-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Rickels (Mary)

If U. S. Veteran specify WAR

(a) Residence: No. 3702 Cheatle Place St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-8-1939

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0-0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Richard Rickels

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Mary Ikel

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Cremation
Place Hospital - B C H Date 3-21-39 19

19. UNDERTAKER
(Address)

20. FILED ... 19... Registrar.

R 22 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20 . 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-17 . 1939 to 3-20 . 1939

I last saw him alive on 3-20 . 1939 Death is said to have occurred on the date stated above, at 9.55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis, purulent	?3-14-39
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W. E. Longwell M. D.

(Address) Baltimore, Balto. City Hospitals

Registrar. Longwell

F 56371

56371

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

133

1. PLACE OF DEATH Maryland General Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mrs. Katherine Moores — If U. S. Veteran specify WAR .....

(a) Residence: No. 3210 Virginia Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George A. Moores

6. DATE OF BIRTH (month, day, year) 2-12-1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm Zieglenius

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Francis McAtee

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT George A. Moores
(Address) 3210 Virginia Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Ridge Date 3/22/39

19. UNDERTAKER F. B. Tuppert & Son
(Address) Wm Eutaw Place

20. FILED ..... 19 ..... Registrar.

MAR 22 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-21, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-12, 1939 to 3-21, 1939

I last saw her alive on 3-21, 1939. Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Polycystic Kidneys established	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 3-16-39

For what disease or injury? Abdominal Tumors

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. Louis Chappell M. D.

(Address) Medical Arts Bldg Baltimore Md.

5372

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56372

CERTIFICATE OF DEATH

81

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 135 Willard Street St., 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME EMMA ROSA OTTO

If U. S. Veteran specify WAR ----

(a) Residence: No. 136 Willard Street St., 20 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Otto

6. DATE OF BIRTH (month, day, year) Oct. 5, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) --

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Lewis Mory

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Louisa Hoffman

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mr. William Otto (husband)
(Address) 136 Willard Street

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Mar. 22-39

19. UNDERTAKER F. G. Hibbert & Son
(Address) 1300 EUTAW PLACE

20. FILED ----, 19--- ---- Registrar.

MAR 22 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19-39

22. I HEREBY CERTIFY, That I attended deceased from 28 Nov, 1938 to 19 Mar, 1939

I last saw her alive on 19 Mar, 1939 Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Progressive Bulbar Paralysis	28-Nov 1938
Poly neuritis	

Other contributory causes of importance:

None	

Was an operation performed? No Date of -

For what disease or injury? -

Name of operation -

What test confirmed diagnosis? Phy. Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Z. Vincent Hooper, M. D.

(Address) 1526 Eutaw Place

56373 HEALTH DEPARTMENT—CITY OF BALTIMORE 56373

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Monument and Rutland St. 26-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Hummel 3429 Hudson St. ☐ U. S. Veteran (Specify WAR)

(a) Residence: No. Sinai Hospital, Monument & Rutland Sts. Ward. Obstetrical

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Girl	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 21, 1939.

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or 10 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME Joseph H. Hummel Jr.

14. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

MOTHER

15. MAIDEN NAME Margaret Huber

16. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sinai Hospital Date Mar. 21 1939

19. UNDERTAKER
(Address)

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 21 1939

22. I HEREBY CERTIFY, That I attended deceased from 1:17 a.m. Mar. 21 1939 to 2:25 a.m. Mar. 21 1939

I last saw her alive on Mar. 21, 1939. Death is said to have occurred on the date stated above, at 2:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Lester N. Kalman, M. D.

(Address) Sinai Hospital.

VS 3

May Bendann

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56374

CERTIFICATE OF DEATH

82-A-F 56374

Registered No.

1. PLACE OF DEATH Linden Ave. + Lake Drive

CITY OF BALTIMORE: (No.) Riviera Apts St., 13 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME May Bendann

(a) Residence: No. Riviera Apts. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 1, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Daniel Bendann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Hannah Lindheimer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. C. Bendann

(Address) Riviera Apts.

18. BURIAL, CREMATION, OR REMOVAL

Place Fort Lincoln Cem. Date Mch. 23 1939

19. UNDERTAKER David Sondheim + Son

(Address) 702 Eutaw Place

20. FILED 19 Registrar.

Hunting Town Williams, Md.

MAR 22 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1939 to March 21, 1939.

I last saw h alive on March 21, 1939. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	March 19, 39
and paralysis	
Other contributory causes of importance:	
arteriosclerosis	9
Hypertension	9

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter E. Hulbert M. D.

(Address) 2220 Garrison Blvd.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56375

CERTIFICATE OF DEATH

159

F 56375

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Johns Hopkins Hosp St., 5-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Johnsan

If U. S. Veteran specify WAR

(a) Residence: No. 1261 E. Lexington St. St., Ward. B2
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) 1/23/39

7. AGE Years	Months	Days	If LESS than 1 day 18 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Henry Johnson

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Dorothy Byrd

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 22 1939 19

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Hopkins, Asst. Huntington Williams, Asst.

20. FILED MAR 22 1939 Registrar. 2071

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1939, to Jan 24, 1939

I last saw him alive on Jan. 24, 1939 Death is said to have occurred on the date stated above, at 2:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
prematurity	
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Whitridge Jr., M. D.

(Address) Johns Hopkins Hosp

56376

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 F 56376
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital 8-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Bunce

If U. S. Veteran specify WAR

(a) Residence: No. 1045 Milton Ave. St., ... Ward. B

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year) 2/19/39

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or 35 min.
			9

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Edward Bunce

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Pearl Bleinberger

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: JOHNS HOPKINS MEDICAL SCHOOL Date: MAR 22 1939, 19

19. UNDERTAKER: Commissioner of Health

(Address): Per H. A. Moore

20. FILED (Date) MAR 22 1939 Registrar: Huntington Williams

4675

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): February 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-19-39, 19..., to 2-19-39, 19...

I last saw him alive on 2-19-39, 19... Death is said to have occurred on the date stated above, at 8½ A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph T. Hedrick M.D. M. D.

(Address) Johns Hopkins Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56377 F 56377

CERTIFICATE OF DEATH

× 159

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Lee Island Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eloise Jeannette Seitz

If U. S. Veteran specify WAR

(a) Residence: No. White Hall, Md. St., Ward. B3 Harford Co.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 3-1-39

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Harold Seitz

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Pearl Cole

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Pearl Seitz

(Address) White Hall, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 22 1939, 19

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Mohr

20. FILED MAR 22 1939 Huntington Williams, M.D. Registrar.

4576

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-1-39, 19, to 3-3-39, 19

I last saw her alive on 3-3-39, 19. Death is said to have occurred on the date stated above, at 5:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance: Placenta Praevia & Mother.	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation None

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hazel T. Ferguson, M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56378

CERTIFICATE OF DEATH

34-2 F 56378

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Sophie Gaines

If U. S. Veteran specify WAR .....

(a) Residence: No. 911 McCulloh St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 2

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
37			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wellians

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Lucy Barnes

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT .....

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 22 1939, 19...

19. UNDERTAKER Commissioner of Health

(Address) For H. A. Moore

20. FILED MAR 22 1939, 19... [illegible] Registrar

4673

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1939, to March 13, 1939

I last saw her alive on March 13, 1939. Death is said to have occurred on the date stated above, at 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis with cavitation	1/39?
Malnutrition	2/39?

Other contributory causes of importance:

Latent syphilis	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Everett D. Dreis, M. D.

(Address) University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-B F 56379
Registered No.

F 56379

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. 700 to 40 4 St., 13-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence V Wardle

If U. S. Veteran specify WAR

(a) Residence: No. Home for Incurables St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Theodore A Wardle

6. DATE OF BIRTH (month, day, year) 9/7/1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Aaron Lewis

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mildred Hurff

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Emile Bdeschel
(Address) Home for Incurables

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 3/24/39

19. UNDERTAKER William J Tubner & Son
(Address) North & Penna Ave

20. MAR 22 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/21 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1932 to March 21 1939

I last saw her alive on March 20 1939. Death is said to have occurred on the date stated above, at 1.35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis agitans	1928

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W. Grafton Hersperger M. D.
(Address) 214 Medical Dental Building

HEALTH DEPARTMENT—CITY OF BALTIMORE

56380

CERTIFICATE OF DEATH

107-a F 56380

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 N Eden St., 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ella Benton

If U. S. Veteran specify WAR .....

(a) Residence: No. 407 N Eden St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Geo Aitken

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Amanda Wilson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Martha Adams.
(Address) 407 N Eden St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Mar. 24th, 1939

19. UNDERTAKER Edw. A. Wilson
(Address) 1000 Bradley Av

20. FILED MAR 22 1939 Thaddeus [illegible], M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/20/39

22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 19.., to Mch 20, 1939

I last saw h[illegible] alive on March 17, 1939. Death is said to have occurred on the date stated above, at 3.40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2/28/39
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, state .....

(Signed) [illegible] M. D.

(Address) 1217 N Carrollton Av

F 56381

56381 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 40279 (MB) 1938 Registered No. 19-134

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 19 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Grace Moody (also known as Grace Garnett) If U. S Veteran specify WAR

(a) Residence: No. 541 N. Mount St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 5/30/~~1898~~ 1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
~~40~~ 31 ~~40~~	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farm work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Jenifer West

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Matilda Pollock

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date Mar 23, 1939

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Schroeder St

20. FILED MAR 22 1939 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 26, 1938 to March 18, 1939

I last saw her alive on March 18, 1939. Death is said to have occurred on the date stated above, at 6:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-9-39
Other contributory causes of importance: Cerebral hemorrhage	1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. De Santelle M. D.

(Address) Baltimore City Hospitals

56382

HEALTH DEPARTMENT—CITY OF BALTIMORE

56382

CERTIFICATE OF DEATH

4-6-G

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St. 26-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME John Shackelford

(a) Residence: No. 1815 Odell Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Shackelford

6. DATE OF BIRTH (month, day, year) Feb. 7 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Thomas Shackelford

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Amelia Pierson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT John R. Miller Mercy Hosp. Nurse
(Address) 2334 Jefferson St.

18. BURIAL, CREMATION, OR REMOVAL Place Woodland Md. Date Mar. 23-39 19

19. UNDERTAKER John R. Miller
(Address) 2334 Jefferson St.

20. FILED MAR 22 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20. 1939

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1939, to March 20, 1939.

I last saw him alive on March 19, 1939. Death is said to have occurred on the date stated above, at 12:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Retroperitoneal lymphosarcoma with metastases	

Other contributory causes of importance:

arteriosclerotic cardio-vascular disease

Was an operation performed? Yes Date of Jan 3, 1939

For what disease or injury? Intra abdominal malignancy

Name of operation Abdominal laparotomy, biopsy

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) William B. Culwell M. D.

(Address) Mercy Hospital.

56383

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-aF 56383

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St., 4-9 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John O'Connor

(a) Residence: No. 1200 Valley Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) June 1865

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
73	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Harry O'Connor

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anna O'Hara

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Little Sisters of the Poor (Address) 1200 Valley Street

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date Mar 23 1939

19. UNDERTAKER Rita Wiedefeld (Address) 914 Greenmount Ave

20. FILED MAR 22 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22 1939, 5.30 a. m. 19 ..

22. I HEREBY CERTIFY, That I attended deceased from Nov 1938 to March 22 1939

I last saw h.. alive on March 20 1939. Death is said to have occurred on the date stated above, at 5.30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Endocarditis	?
Other contributory causes of importance: Asthenia	2 wks

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Phys Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so specify .....

(Signed) L. Del Baker M. D.

(Address) 1114 Harford Ave

S 3

56384

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C F 56384

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2327 Eutaw Place. St. 13-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Heineman Goldsmith.

If U. S. Veteran specify WAR

(a) Residence: No. 2327 Euatw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of XXXXXX

6. DATE OF BIRTH (month, day, year) Dec 6th-1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing Designer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Born-Germany.

FATHER

13. NAME Sussman Goldsmith.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rose ?

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Irvin R. Bloedorn.
(Address) 1218 Longwood St.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Hebrew Cem March23-39

19. UNDERTAKER D'Alonzo Co
(Address) 1423 Reisterstown Rd

20. FILED MAR 23 1939 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan., 1939 to March 21, 1939

I last saw h[e] alive on March 21 1939 Death is said to have occurred on the date stated above, at 12 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of colon	1933 (6 yrs)
Other contributory causes of importance: General cancerosis (Metastasis)	6 mos

Was an operation performed? Yes Date of Jan 24-1933

For what disease or injury?

Name of operation Resection of colon (Mediterside)

What test confirmed diagnosis? Exam of Spec Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. Fred Levy, M. D.

(Address) Temple Gardens

V8 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56385

CERTIFICATE OF DEATH

107-a F 56385

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1719 East 32nd St. 9-6 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Caroline Amanda Schilling

(a) Residence: No. 1719 E. 32nd St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin S. Schilling Sr.

6. DATE OF BIRTH (month, day, year) Aug 26-1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles Washington

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Georgiana Renne

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Benjamin S. Schilling Jr.
(Address) 1719 E. 32nd St.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Mar. 24 1939

19. UNDERTAKER Charles J. Black
(Address) 742 West North Ave.

20. FILED ... 19... Registrar.

MAR 22 1939 Huntington Avenue

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from July, 1934 to March 22, 1939

I last saw her alive on March 22, 1939 Death is said to have occurred on the date stated above, at 1210 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	June 34 1939
Other contributory causes of importance: Parkinsons disease	1934

Was an operation performed? nnn Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Ernest L. Zimmerman M. D.

(Address) 2858 Harford Rd.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

36 0175 — 56386 — F 56386

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Donald Hebb

(a) Residence: No. Strayden - St. Mary's Co. Ward. Md. -
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/29/39

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	7 hrs	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None — of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Washington D. C.
(State or country)

FATHER

13. NAME Henry Hebb

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Rena Bryan

16. BIRTHPLACE (city or town) Wash. D. C.
(State or country)

17. INFORMANT Records -
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Washington, D. C. Date 3/24/ 1939

19. UNDERTAKER Chas. S. Garhart
(Address) 201 - East Lafayette St.

20. FILED ..... 19 ..... Huntington Williams M.D.
Registrar.

MAR 22 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22. 1939

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1939 to March 22, 1939.
I last saw him alive on March 20, 1939. Death is said to have occurred on the date stated above, at 7 40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition & anemia	1-29
	over
Other contributory causes of importance:	

Was an operation performed? Yes Date of 1-29 or 30

For what disease or injury? .....

Name of operation Ileostomy at Georgetown Univ Hosp

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Henry P. Goldberg M. D.

(Address) Johns Hopkins Hosp

F 56387

HEALTH DEPARTMENT—CITY OF BALTIMORE

66-B F 56387

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 15-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

2. FULL NAME John F. Harris

If U. S. Veteran specify WAR .....

(a) Residence: No. 411 Gorsuch Blvd St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of / WIFE of

6. DATE OF BIRTH (month, day, year) July 9 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 008

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Olivier Harris

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Susan Palmer

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Carlisle, Pa. Date 3/25 1939

19. UNDERTAKER Robert R. Barnes

(Address) Carlisle Pa

20. FILED ..... 19.... Registrar

MAR 22 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1939 to March 22, 1939

I last saw h[illegible] alive on March 22 1939. Death is said to have occurred on the date stated above, at 1:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis	Hours
Auricular Fibrillation	
Cardiac Decompensation	2 days

Other contributory causes of importance:

Prostatic Hypertrophied	Years

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

.....If so, specify .....

(Signed) W. A. Todd, M. D.

(Address) Mercy Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56388

CERTIFICATE OF DEATH

× 943 F 56388

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Benda If U. S. Veteran specify WAR

(a) Residence: No. 2923 Chenock Ave (usual place of abode) (If non-resident give city or town and State) Carney, Md

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Genevieve Benda

6. DATE OF BIRTH (month, day, year) March 14 1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Automobile

10. Date deceased last worked at this occupation (month and year) 6 mo ago.

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Joseph Benda

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Barbara Tavra

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Genevieve Benda

(Address) 2932 Chenock Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date March 25 1939

19. UNDERTAKER Frank Gracka & Son

(Address) 1906 Eastern Ave

20. FILED MAR 22 1939 Huntington Pratt Willis M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21 1939

I HEREBY CERTIFY, That I attended deceased from March 21 1939 to March 21 1939

I last saw him alive on March 21 1939 Death is said to have occurred on the date stated above, at 7:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Coronary Thrombosis	3/17/39
Previous Coronary Thrombosis	6/38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? EKG Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, when?

(Signed) J. Edward Mullet M.D.

(Address) Mercy Hospital

O.K. Samuel Ward Levin coroner 1331 E. Lanvale Ave

F 56389

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-95 B

F 56389

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Marine Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Stanley Hanlin

If U. S. Veteran specify WAR W. W.

(a) Residence: No. Westernport Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 20, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Davis W. Va

FATHER

13. NAME William Hanlon

14. BIRTHPLACE (city or town) (State or country) Mt. Storm W. Va.

MOTHER

15. MAIDEN NAME Mary Murphy

16. BIRTHPLACE (city or town) (State or country) Thomas W. Va.

17. INFORMANT Records U.S. Marine Hospital (Address) Md.

18. BURIAL, CREMATION, OR REMOVAL Westernport Md Date 3-23 1939

19. UNDERTAKER Robert Brooks & Son (Address) Calhoun & Hollins sts

20. MAR 22 1939 Huntington Williams, M.D. Registrar

Cancelled

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

Adopted by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance are as follows:

	Date of onset
Enlarged Heart	
Pulmonary Oedem	
Intermed Lines	
Possible Hearte Infection	

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John H Crane Coroner, M. D.

(Address)

OCCUPATION is very important. See INSTRUCTIONS on BACK of CERTIFICATE.

V 6 6

56390

HEALTH DEPARTMENT—CITY OF BALTIMORE

56390

CERTIFICATE OF DEATH

157-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. Mat 27-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Flaccomio

If U. S. Veteran specify WAR

(a) Residence: No. 3107 Echodale Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/22/39 1 P.M.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME Joseph Flaccomio

14. BIRTHPLACE (city or town) Baltimore
(State or country)

MOTHER

15. MAIDEN NAME Cirelli

16. BIRTHPLACE (city or town) Baltimore
(State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 3/28/ 1939

19. UNDERTAKER Leonard A. Rusk
(Address) 2305 Harford Rd

20. FILED 193 1939 Harry Von Hollen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-22, 1939

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h.im. alive on 3-22, 1939 Death is said to have occurred on the date stated above, at 1.05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Neonatal asphyxia due to	
Congenital anomalies	
Other contributory causes of importance:	
Hydrocephalus	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. A. Ernest M. D.

(Address) St. Joseph's Hosp

V6 8

56391

F 56391

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 20-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Francis Foard M. F.

If U. S. Veteran specify WAR

(a) Residence: No. 417 N. Loudon Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of S. Gertrude Foard (nee Cook)

6. DATE OF BIRTH (month, day, year) Feb. 2, 1865.

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
74	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Postman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles Foard

14. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

MOTHER

15. MAIDEN NAME Catherine Showacre

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. S. Gertrude Foard
(Address) 417 N. Loudon Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date 3/23/39 19

19. UNDERTAKER Harry J. Little
(Address) 4101 Edmondson Ave.

20. FILED ... 19 ... Registrar.

MAR 23 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 20. 1939

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1939 to March 20, 1939

I last saw him alive on Mar. 20, 1939. Death is said to have occurred on the date stated above, at 3-20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Edward J. Colby M. D.

(Address) University Hospital

56392 HEALTH DEPARTMENT—CITY OF BALTIMORE F 56392

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 27-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Lillian M. Carr

If U. S. Veteran specify WAR

(a) Residence: No. 3806 Fleetwood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 26, 1872.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

FATHER

13. NAME Uriah Carr

14. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

MOTHER

15. MAIDEN NAME Jane O. Wall

16. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

17. INFORMANT Mrs. Wm. T. Baugh

(Address) 4500 Wentworth Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 3/23/39, 19

18. UNDERTAKER Harry A. Little

(Address) 4101 Edmondson Ave.

20. FILED 19 Registrar.

MAR 23 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-21-39. 19

22. I HEREBY CERTIFY, That I attended deceased from 3-18-39, 19 to 3-21-39, 19

I last saw h alive on 3-21-39, 19 Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intermal cancer	
Other contributory causes of importance:	
Secondary Anemia	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. P. Lennert M. D.

(Address) St. Joseph's Hosp.

56393 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 56393

CERTIFICATE OF DEATH

✓ 13.1

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3808 Gelston Drive St., 16-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Carrie Henrietta Grunewald

If U. S. Veteran specify WAR

(a) Residence: No. 3808 Gelston Drive St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herman F. Grunewald

6. DATE OF BIRTH (month, day, year) Oct. 19, 1874.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

FATHER

13. NAME Henry Kramer

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Catherine Koch

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Mr. Herman F. Grunewald
(Address) 3808 Gelston Drive

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Park Date 3/23/39, 19

19. UNDERTAKER Harry H. Luckie
(Address) 4101 Edmondson Ave.

20. FILED, 19 Registrar.

MAR 23 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 20th, 1939

22. I HEREBY CERTIFY, That I attended deceased from November, 1938, to May 20th, 1939

I last saw her alive on Mar 7th, 1939. Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr myocarditis	
Chr. fibrillation	1 year
Chr nephritis with uremia	
Other contributory causes of importance: (uremia	5 days)

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) N. R. Leckie, M. D.

(Address) 3421 Edmondson Ave

F 56394

56394

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH CGK--41070

95-13

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 18-3 Ward)

74

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Henry Mason

(a) Residence: No. 824 Lemon St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 1875

6. DATE OF BIRTH (month, day, year) Sept. 3, ~~1875~~

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~75~~ 63 ~~75~~	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Ambrose Mason

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret Johnson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 3/24 39

19. UNDERTAKER Williams & Jackson
(Address) 76 E. Lanvale

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 18, 1939 to March 21, 1939

I last saw h[illegible] alive on March 21, 1939. Death is said to have occurred on the date stated above, at 4 23 9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-16-39
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. C. De Lantelle M. D.

(Address) Baltimore City Hospitals

Spec.—9-30—A & Co.—250 Blks.

F 56395

F 56395 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 818 Cator Avenue St 9-1 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Louise Whitney

No War Record

(a) RESIDENCE No 818 Cator Avenue St..... WARD.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar. 21, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	0	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home duties

(b) General nature of industry, business, or establishment in which employed (or employer): Home of Mrs. Mary Kraft

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Woodlawn Maryland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country) Unknown

12 MAIDEN NAME OF MOTHER ? Helwig

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Charles Kraft
(Address) 818 Cator Avenue

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 22, 1939.

17

I HEREBY CERTIFY, That I attended deceased from March 18, 1939, to March 22, 1939 that I last saw h[illegible] alive on March 21, 1939, and that death occurred, on the date stated above, at 2[illegible] P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocardial Degeneration

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) Joshua H. Adamcoft M. D.

Mar 22 1939 (Address) Woodlawn, Md.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loraine — DATE OF BURIAL: 3/25 1939

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St. Paul St

Funeral Director

Williams, M.D.

TION is very important. See instructions on back of certificates.

56396 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 82-B **F 56396**

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 630 St Dunstans Rd Ward 27-G Grans) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Anna Katherine Melville — If U. S. Veteran specify WAR

(a) Residence: No. 630 St. Dunstans Rd Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed, or Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Chas. Howard Melville

6. DATE OF BIRTH (month, day, year) Nov 9th 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	70	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) X — 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Robt. L. Melville

(Address) Belleview Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Mar 24th 1939

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED Huntington Williams Registrar.

MAR 23 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 21st 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/21 1939 to 3/21 1939

I last saw her alive on 3/21 1939. Death is said to have occurred on the date stated above, at 9:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	7 hrs.

Other contributory causes of importance:

Mild arterio sclerosis	
Bronchitis, acute	3 wks

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury. 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so,

(Signed) [illegible] M. D.

(Address) 2020 N. Charles

56397 HEALTH DEPARTMENT—CITY OF BALTIMORE 56397

CERTIFICATE OF DEATH 42634 (MB) 107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Sanders.

(a) Residence: No. 819 W. Saratoga St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara (Wagner) Unknown

6. DATE OF BIRTH (month, day, year) 10/2/1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~XXXXXXXX~~ Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME James W. Sanders

14. BIRTHPLACE (city or town) (State or country) Ala.

MOTHER

15. MAIDEN NAME Julia Hammer

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date 3/24/39 19

19. UNDERTAKER George J. Roth, Inc.
(Address) 1735-Harford Ave.

20. FILED MAR 23 1939 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21. 1939

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1939. to March 21, 1939.

I last saw him alive on March 21, 1939. Death is said to have occurred on the date stated above, at 10.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-14-39
Other contributory causes of importance Pulmonary emphysema	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Sautelle M. D.

(Address) Baltimore City Hospitals

Instructor Pathology, M.U.

V8 8

56398 F 56398

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1738 E Eager St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James Stokes

(a) Residence: No. 1738 E Eager St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

3a. If married, widowed or divorced HUSBAND of (or) WIFE of Mary Stokes

6. DATE OF BIRTH (month, day, year) May 29 1910

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweeneys Va

FATHER

13. NAME Lee Stokes

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Fitzgerald

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mary Stokes (Address) 1738 E Eager St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Mar 24 1939

19. UNDERTAKER Edward Clarke & Son (Address) 2312 E Eager St

20. FILED Huntington Williams M.D. MAR 23 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 21 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, Autopsy or Inquiry) thereon and from the evidence furnished by said autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage (Primary)	3/21/39

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury —

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) Jorge S. Allen M. D.

Cor.

(Address) 501 Aisquith St

OCCUPATION is very important. See instructions on back of certificate.

6399

F 56399

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 119

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4820 Curtis Ave St., 25-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 3 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Edward Karachinsky

(a) Residence: No. 4820 Curtis Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec. 8 1938

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Edward Karachinsky

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Stella Borkowski

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Stella Borkowski
(Address) 4820 Curtis Ave.

18. BURIAL, CREMATION, OR REMOVAL Russian Cem. Date March 23 1939

19. UNDERTAKER Fred W. Ozazewski
(Address) 1930 Eastern Ave.

20. FILED MAR 23 1939 [illegible]

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) March 22 1939

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1939. to March 22, 1939.

I last saw him alive on March 20, 1939. Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Enteritis	March 13

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Leon D. Horlick, M. D.

(Address) 4700 Reisterstown

56400

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56400

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 732 S. Charles St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Vestry Fisher

If U. S. Veteran specify WAR

(a) Residence: No. 732 S. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fallie Fisher

6. DATE OF BIRTH (month, day, year) Jan. 10, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hartford, N. C.

FATHER

13. NAME S. G. Lane

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Alethia Rogerson

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT George David Ward

(Address) Townsend Inlet, N. J.

18. BURIAL, CREMATION, OR REMOVAL

Place Hertford, N. C. Date Mar. 23, 1939

via C&P 32 & S.A.L.

19. UNDERTAKER Edward Strong

(Address) 715 Light St.,

20. FILED 19 Registrar.

Hertford, North Carolina

VOID MAR 23 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 37, 19 to March 39

I last saw h[illegible] alive on Mar. 21, 1939 Death is said to have occurred on the date stated above, at 1:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the cervix uteri	1935
Other contributory causes of importance: Generalized Carcinoma	

Was an operation performed? Biopsy Date of 1935

For what disease or injury?

Name of operation Biopsy & Curettage

What test confirmed diagnosis? Path. Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Grace Miller M. D.

(Address) 1225 E. Chase St

401

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 56401

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wilhelmina Benner

If U. S. Veteran specify WAR

(a) Residence: No. 133 S. N. Patterson Park, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Edward Benner

6. DATE OF BIRTH (month, day, year) March 14, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Frederick Smith

14. BIRTHPLACE (city or town) (State or country) Balto, Md

MOTHER

15. MAIDEN NAME Louisa Smith

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Louise Comrades

(Address) 1717 N. Rutland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date March 23 1939

19. UNDERTAKER D. A. Covington

(Address) 21 W. 25th St.

20. FILED, 19 Registrar.

MAR 23 1939

Huntington Williams, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3.20. 1939

22. I HEREBY CERTIFY, That I attended deceased from 3.12. 1939 to 3.20 1939

I last saw h[illegible] alive on 3.20. 1939 Death is said to have occurred on the date stated above, at 12 37 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis c Uremia	3
Hypertensive & Arterio-sclerotic Cardio Vascular Disease	?
Other conditions: Pneumonia	

Was an operation performed? — Date of —

For what disease or injury?

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. R. Arnaget M. D.

(Address) St. Joseph's Hosp.

VS 3

F 56402

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56402

CERTIFICATE OF DEATH

V 186-a cc

1. PLACE OF DEATH Balto. City Hospitals

Registered No. 1872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bay View St., [illegible] Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Charles Cavanaugh

(a) Residence: No. 411 S. Robinson St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Ellen Cavanaugh

6. DATE OF BIRTH (month, day, year) Sept 20 - 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	7 6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tinner & Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation 8 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

13. NAME Josephine Cavanaugh

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

15. MAIDEN NAME Jessie Trayner

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Ellen Cavanaugh wife

(Address) 411 S. Robinson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Cyprus Date May 25 1939

19. UNDERTAKER John Ulfelder

(Address) 2008 Orleans St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	March 24 1939
Concussion of Brain	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury March 24 1939

Where did injury occur? 411 S. Robinson St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell on cement floor

Nature of injury As above

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 E. Baltimore St.

OCCUPATION is very important. See instructions on back of certificate.

MAR 23 1939

6403 N. D. F. 1268-9

F 56403

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2419 W. Lanvale St., 16-3 Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Herman J. Reinle

(a) Residence: No. 2419 W. Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Annie M. Reinle

6. DATE OF BIRTH (month, day, year): July 27 or 28 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Shoe Case Mfgr. retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Switzerland

FATHER

13. NAME: Joseph Reinle

14. BIRTHPLACE (city or town) (State or country): Switzerland

MOTHER

15. MAIDEN NAME: Marion J. Bachmund

16. BIRTHPLACE (city or town) (State or country): Switzerland

17. INFORMANT: August Reinle
(Address): 5701 Greenwich Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Cedar Hill Date: March 24 1939

19. UNDERTAKER: C. Schlosman & Son
(Address): 1039 Hanover St.

20. FILED MAR 23 1939 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1938, to March 21, 1939.
I last saw him alive on March 21, 1939. Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Cirrhosis of Kidneys	
Chronic Nephritis	
Uraemia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Samuel J. Schwartz, M. D.

(Address) 230 S. Paulina Ave.

V S 3 OCCUPATION is very important. See instructions on back of certificate.

56404

HEALTH DEPARTMENT—CITY OF BALTIMORE

56404

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1007 W. Lafayette St., 16-1 Ward)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Chandley Simms

(a) Residence: No. 1007 W. Lafayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Josephine C. Simms

6. DATE OF BIRTH (month, day, year): August 1874

7. AGE: Years 65; Months 7; Days 8; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): —

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): —

17. INFORMANT: Josephine C. Simms

(Address): 1007 W. Lafayette St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Auburn Date: Mar 23 1939

19. UNDERTAKER: Mrs. Carl E. Holland

(Address): 1031 Druid Hill Ave

20. FILED ..... 19.... Registrar .....

MAR 23 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 21 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15 1939 to March 21 1939

I last saw h[illegible] alive on March 21 1939 Death is said to have occurred on the date stated above, at 8.45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis	Not known
Uremia	3 days
Other contributory causes of importance:	
Arteriosclerosis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Not If so, [illegible]

(Signed) Charles F. Wagner M. D.

(Address) 861 Hanlon Park

56405 F 56405

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1702 Brentwood Ave St., 17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Haywood

(a) Residence: No. 1702 Brentwood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) February 28 1939

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		7-hrs	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Beckit Haywood

14. BIRTHPLACE (city or town) (State or country) Wilson NC

MOTHER

15. MAIDEN NAME Ornetta Copeland

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Beckit Haywood

(Address) 1702 Brentwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL, MAR 23 1939 19

Commissioner of Health

Per H. A. Moore

19. UNDERTAKER

(Address)

20. FILED MAR 23 1939 (Registrar) Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest and that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis	2 hrs

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel B Wolfe M. D.

Coroner

(Address) 1331 E. Fortville

OCCUPATION is very important. See instructions on back of certificate.

56406 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 56406

CERTIFICATE OF DEATH V 107-a 41086-rs

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 3-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.
life

2. FULL NAME James Jones
If U. S. Veteran specify WAR

(a) Residence: No. 1526 Hax Alley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year) Dec. 25 ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70 ?	2	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER
13. NAME David
14. BIRTHPLACE (city or town) Va.
(State or country)

MOTHER
15. MAIDEN NAME Sadie Burl
16. BIRTHPLACE (city or town) Va.
(State or country)

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 23 1939 19
Commissioner of Health

19. UNDERTAKER Per H. A. Meers
(Address)

20. FILED ... 19 ... Registrar:

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-16 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-18 1939 to 3-16 1939
I last saw him alive on 3-16 1939 Death is said to have occurred on the date stated above, at 7 45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Granuloma Inguinale	?
Broncho Pneumonia	1 week
Arteria Sclerosis	?
Other contributory causes of importance:	

Was an operation performed? no Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ... 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? Unknown If so, specify

(Signed) L. Woodward Jr. M. D.
(Address) Balto City Hosp.

V8 8

Registered 2182 7C

56407

HEALTH DEPARTMENT—CITY OF BALTIMORE

56407

93-C

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1332 Webster St. 24 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Elizabeth A. Clarke
If U. S. Veteran specify WAR

(a) Residence: No. 1332 Webster St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Luke W. Clarke

6. DATE OF BIRTH (month, day, year) Feb. 10, 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto., Md

FATHER

13. NAME Patrick Flanagan
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Olivia Smith
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Luke W. Clark
(Address) 1332 Webster St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date March 25, 1939

19. UNDERTAKER Margaret A. Flynn
(Address) 1422 Light St.

20. FILED ... 19... Registrar.

MAR 23 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1939 to March 22, 1939
I last saw her alive on March 22, 1939 Death is said to have occurred on the date stated above, at 7:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardial Degeneration	1937
Cerebral Hemorrhage	3-20-39

Other contributory causes of importance:

Was an operation performed? No Date of ...
For what disease or injury? ...
Name of operation ...
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. A. Sollod, M. D.
(Address) 207 S. Font Ave.

56408 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 56408

CERTIFICATE OF DEATH

172-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 19-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. John H. Schwab

If U. S. Veteran specify WAR None.

(a) Residence: No. 1419 W. Pratt St., Ward. 4

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Blanch Schwab.

6. DATE OF BIRTH (month, day, year) Oct. 26-1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paint Factory.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland. Baltimore,

FATHER

13. NAME Henry Schwab.

14. BIRTHPLACE (city or town) (State or country) Catonsville Md.

MOTHER

15. MAIDEN NAME Mary Arnold.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Carroll Schwab.

(Address) 24 S. Augusta Ave.

18. BURIAL, CREMATION, OR REMOVAL Place London Park. Date March 24 1939

19. UNDERTAKER Charles J. Schwab.

(Address) 505 N. Monroe St.

20. FILED Huntington Williams, Jr. M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/21, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2/14, 1939, to 3/21, 1939.

I last saw him alive on 3/21, 1939. Death is said to have occurred on the date stated above, at 2:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post operative lobar pneumonia right side.	
Extreme Toxicity	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 2/16/39

For what disease or injury? Indirect inguinal hernia, Left

Name of operation Herniorrhaphy

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Robert Sheppard M. D.

(Address) St. Agnes Hospital

VS 3

MAR 23 1939

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56409

CERTIFICATE OF DEATH

F 56409

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1547 Lorman St. 15-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Oscar Robinson

if U. S. Veteran specify WAR

(a) Residence: No. 1547 Lorman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie Robinson

6. DATE OF BIRTH (month, day, year) May 5 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48 49	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W.P.A. 1040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Larry Robinson

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Emeline Dunham

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Maggie Robinson

(Address) 1547 Lorman St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 3/26 39

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Pressteman St

20. FILED MAR 23 1939

Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March, 21, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above 11 P.m.,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A Harry Coroner, M. D.

(Address) 1215 Hanover

OCCUPATION is very important. See instructions on back of certificate.

56410 HEALTH DEPARTMENT—CITY OF BALTIMORE E 56410

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3013 Oak Hill Ave, St. 28-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Adele Seidewitz,

(a) Residence: No. 3013 Oak Hill St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edwin A. Seidewitz,

6. DATE OF BIRTH (month, day, year) April 4, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City

FATHER

13. NAME Ewald Wattenscheidt,

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Amelia Wagner,

16. BIRTHPLACE (city or town) (State or country) Baltimore City

17. INFORMANT Mrs Adele C. Ulrich,
(Address) 3013 Oak Hill Ave

18. BURIAL, CREMATION, OR REMOVAL MAR 25 1939
Place Loudon Park Date 19

19. UNDERTAKER Geo M Sisler
(Address) 2700 Edmondson Ave.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR 27 1939

22. I HEREBY CERTIFY, That I attended deceased from March 1st, 19 38 to March 22, 19 39

I last saw her alive on March 21, 19 39 Death is said to have occurred on the date stated above, at 5 45 A. m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
1- Cortico-Selerotic Heart Disease	5 yrs.?
Other contributory causes of importance: 11- Chronic Infectious Arthritis	5 yrs.?

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Earl L. Chambers M. D.

(Address) 4108 Liberty Hts. Ave

V8 8

56411

HEALTH DEPARTMENT—CITY OF BALTIMORE

56411

CERTIFICATE OF DEATH

97

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3626 Roland ave St., 13-6 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charlotte N. Kline

(a) Residence: No. 3626 Roland ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry N. Kline

6. DATE OF BIRTH (month, day, year) Oct. 31. 1846

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	92	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME Ephraim McCleary

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Wyanda Kline

(Address) 3626 Roland ave

18. BURIAL, CREMATION, OR REMOVAL

Place St. Marys Cem. Date Mch 23 1939

19. UNDERTAKER Geo. L. Bayer Jr

(Address) 512 Melrose Ave

Huntington Williams M.D.

20. FILED MAR 23 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-19- 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1938, to Mar 19 1939

I last saw her alive on March 19 1939. Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis (Cerebral)	
Other contributory causes of importance: General Debility	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

I, as such

(Signed) John Mortimer M. D.

(Address) 3612 Roland Ave

56412

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

56412

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1111 Kelly Place St. 13-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs mos ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emory T. Welk

If U. S. Veteran specify WAR

(a) Residence: No. 1111 Kelly Place St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Welk

6. DATE OF BIRTH (month, day, year) Feb 24 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55		14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plasterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME John Welk

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Mary Lockner

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Mary E. Welk
(Address) 1111 Kelly Place

18. BURIAL, CREMATION, OR REMOVAL St. Mary's Hampstead March 25 1939

19. UNDERTAKER C. Lenox Hoffman & Son
(Address) 3615-17 Eastern Ave

20. FILED MAR 23 1939 Hunter Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22 1939.

22. I HEREBY CERTIFY, That I attended deceased from March 7th 1939 to March 23 1939

I last saw him alive on March 23 1939 Death is said to have occurred on the date stated above, at 3 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilat. Tuberculosis,	?
Possible Carcinoma of Stomach	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) T. J. Blumenthal M. D.

(Address) 3711 Falls Rd

56413 E 56413

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Agnes Hospital W. 7 Ward)
Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry A. Thompson
If U. S. Veteran specify WAR .....

(a) Residence: No. 3416 Eaton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie Thompson

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 70			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) England

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Ethel E. Hass
(Address) 512 E. 22nd St.

18. BURIAL, CREMATION, OR REMOVAL London Park Date March 24 1939

19. UNDERTAKER Thanos & Son
(Address) 367 S. Broadway

20. FILED ... 19... Registrar.
Mar 23 1939 Hunter Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1939 to March 22, 1939
I last saw him alive on March 22, 1939. Death is said to have occurred on the date stated above, at 7:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Degenerative Cardiovascular renal disease	?
Marked generalized Arteriosclerosis	?
Bronchopneumonia bilateral	1 wk.
Dry gangrene (arteriosclerotic) Both feet.	

Other contributory causes of importance:

Was an operation performed? No Date of ...
For what disease or injury? ...
Name of operation ...
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph E. Muse Jr. M. D.
(Address) St. Agnes Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56414

CERTIFICATE OF DEATH

93 cF 56414

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1819 (Street) Eagle (Ward) 14-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos 1 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Sallie Blackwell

If U. S. Veteran specify WAR

(a) Residence: No. 1819 Eagle St., Ward 14-4 Ward. Oxford N.C.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe
4. Color or Race: Negro.
5. Single, Married, Widowed or Divorced (write the word): Widowed

3a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Robert Blackwell.

6. DATE OF BIRTH (month, day, year): 2-27-1889.

7. AGE: Years 50 | Months 0 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): N Car.

FATHER

13. NAME: Wm Gregory
14. BIRTHPLACE (city or town) (State or country): N. Car

MOTHER

15. MAIDEN NAME: Crews.
16. BIRTHPLACE (city or town) (State or country): N. Carolina

17. INFORMANT: Isaac Gregory
(Address): 1819 Eagle St

18. BURIAL, CREMATION, OR REMOVAL
Place: Oxford N.C. Date: 3/23 1939

19. UNDERTAKER: Isaiah L Brown Son
(Address): 1058 W Montgomery St.

MAR 23 1939 Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 21, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) stated by me (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Degenerative Myocarditis.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Exam Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Martin Hamm M. D.
Coroner

(Address) 822 W Chestnut St

OCCUPATION is very important. See instructions on back of certificate.

V S 6

56415

HEALTH DEPARTMENT—CITY OF BALTIMORE

56415

CERTIFICATE OF DEATH

11-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 12 E. Randall St. 23-2 Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Katherine Held

(a) Residence: No. 12 E. Randall St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or ~~divorced~~ ~~HUSBAND~~ (or) WIFE of Wm. Held none

6. DATE OF BIRTH (month, day, year) Jan. 10. 1852

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	87	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Becke

14. BIRTHPLACE (city or town) (State or country) germany

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Katherine Schoen
(Address) 12 E. Randall St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date March 25 1939

19. UNDERTAKER Margaret E. Flynn
(Address) 1422 Light St.

20. FILED MAR 23 1939 19... Hunter Co. Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22. 1939

22. I HEREBY CERTIFY, That I attended deceased from March 17 1939 to March 22 1939
I last saw him alive on March 22 1939 Death is said to have occurred on the date stated above, at 7.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	3 to 22
Acute Dilatation	3/18/39

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. E. Randall M. D.

(Address) 12 E. Randall St.

V8 3

F 56416

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56416

CERTIFICATE OF DEATH

194-B

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. MD UNIVERSITY HOSP. St., 4 Ward)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME JOHN SCHNEPF

(a) Residence: No. BOX. 300 x ROUT 10 SPARROWS PT. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of MARY E. SCHNEPF

6. DATE OF BIRTH (month, day, year) OCT. 11 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc LABORER AT. FOR

9. Industry or business in which work was done, as silk mills, saw mill, bank, etc. BURNS & RUSSELL BRICK CO.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO. MD.

FATHER

13. NAME JOHN G. SCHNEPF

14. BIRTHPLACE (city or town) (State or country) BALTO. MD.

MOTHER

15. MAIDEN NAME MARY HELLDORFER.

16. BIRTHPLACE (city or town) (State or country) BALTO. MD.

17. INFORMANT MARY E. SCHNEPF (WIFE

(Address) BOX. 300 RT. 10 SPARROWS PT

18. BURIAL, CREMATION, OR REMOVAL

Place SACRED HEART. Date MAR. 24 1939

19. UNDERTAKER Lilly & Zollers

(Address) 405 E. Oliver St.

20. FILED MAR 28 1939

Huntington Williams, M.D.
Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR. 22, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest found that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	2 days

Other contributory causes of importance: Multiple Fractures of Pelvis & Ribs (1st 3rd 4th 5th) 9 days

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Yes Date of injury 3/13, 1939.

Where did injury occur? Sparrows Point Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry (Brick Manufacturing)

Manner of Injury Wall fell on him.

Nature of injury Multiple Fractures & Contusions

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Foreman at brick yard

(Signed) Michael A Adams, M. D.

Coroner

(Address) 1760 Eastern Place

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56417

CERTIFICATE OF DEATH

46B F 56417

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 714 S. GRUNDY ST. St. 26-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred LIFE yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME WILLIAM F. WEIS

If U. S. Veteran specify WAR

(a) Residence: No. 714 S. GRUNDY ST. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of MARY L. WEIS

6. DATE OF BIRTH (month, day, year) AUG. 11 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MACHINIST AT

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. COPPER WORKS 31

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) B ALTIMORE MD.

FATHER

13. NAME HENRY WEIS

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME ELIZABETH DECKER

16. BIRTHPLACE (city or town) (State or country) B ALTIMORE MD.

17. INFORMANT MARY L. WEIS (WIFE)

(Address) 714 S. GRUNDY ST.

18. BURIAL, CREMATION, OR REMOVAL

Place PARKWOOD Date MAR. 25, 30

19. UNDERTAKER Lilly & Zeiler Inc.

(Address) 210 S. WOLFE ST.

20. FILED MAR 25 1930 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR. 22, 1930

22. I HEREBY CERTIFY, That I attended deceased from January, 1937, to March 22, 1930

I last saw h[illegible] alive on March 21, 1930. Death is said to have occurred on the date stated above, at 8/30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	1hr.
Other contributory causes of importance: Carcinoma of Stomach	2 yrs.

Was an operation performed? Yes Date of March 31

For what disease or injury? Carcinoma of Stomach

Name of operation Gastro-Enterostomy.

What test confirmed diagnosis? Clinical Evidence Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milard A. Adams M. D.

(Address) 2360 Eutaw place

OCCUPATION IS VERY important. SEE INSTRUCTIONS ON BACK

V6 3

56418

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56418

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 9-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Everhardt
If U. S. Veteran specify WAR

(a) Residence: No. Kenwood Ave Randallstown St., Ward. Balto Co Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	SINGLE

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) OCT. 16, 1923

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
15	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO. MD

FATHER

13. NAME JOHN H. EVERHARDT

14. BIRTHPLACE (city or town) (State or country) BALTO. MD.

MOTHER

15. MAIDEN NAME ALICE McCELROY

16. BIRTHPLACE (city or town) (State or country) BALTO. MD

17. INFORMANT JOHN H. EVERHARDT
(Address) 5305 KENWOOD AVE

18. BURIAL, CREMATION, OR REMOVAL
Place MT. CARY CEM. Date MAR. 24, 19 39

19. UNDERTAKER Lilly & Zeiler, INC.
(Address) 601 S. LOUDON ST. Huntington Maryland

20. FILED MAR 23 1939 19 MAR 20 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-21-39. 19

22. I HEREBY CERTIFY, That I attended deceased from 3-8-39, 19 to 3-21-39, 19

I last saw h alive on 3-21-39, 19 Death is said to have occurred on the date stated above, at 9 15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis of Lungs	
Tuberculous Meningitis	
Renal Tuberculosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. P. Tennant M. D.

(Address) St. Joseph's Hosp.

V 8 9

LONGBRO

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 56419

CERTIFICATE OF DEATH

95-B F 56419

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. 1 mos. 2 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Rita Longo

If U. S. Veteran specify WAR

(a) Residence: No. 1388 S. Ellwood Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 19, 1929

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
10	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Frank A. Longo

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Madeline Strobel

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mother

(Address) 138 S. Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 3/24/39

19. UNDERTAKER Frank V. Pistone

(Address) 2718 E. Baltimore St

20. FILED MAR 23 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-21, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-18, 1939, to 3-21, 1939

I last saw her alive on 3-21, 1939 Death is said to have occurred on the date stated above, at 1.40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Cardiovascular disease with failure	1936
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A Thomas M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

56420

CERTIFICATE OF DEATH

108 F 56420

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1105 Battery Ave. St., 2nd Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Fritz

If U. S. Veteran specify WAR

(a) Residence: No. 1105 Battery Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 19, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lithograph color

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sheet metal container manufacturing

10. Date deceased last worked at this occupation (month and year) November, 1937

11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George Adam Fritz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Siegle

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Caroline E. Fritz (Sister)
(Address) 1105 Battery Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cemetery Date March 24, 19 39

19. UNDERTAKER G. Howard Evans
(Address) 1400-02 S. Charles St.

20. FILED MAR 23 1939 19 [illegible], Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mch. 17/39, 19, to Mch. 21/39, 19

I last saw h. im alive on Mch. 21/39, 19. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumania	Mch. 16/39.
Other contributory causes of importance:	
Cardiac Dilitation.	Mch. 21/39.

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Henry Haeg Schmidt M. D.

(Address) 933 Hanover St.

OCCUPATION IS VERY important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56421

CERTIFICATE OF DEATH

59 F 56421

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-W Ward)

Registered No. 21

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Luckett

If U. S. Veteran specify WAR

(a) Residence: No. Tracys Landing St., Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard B. S.

6. DATE OF BIRTH (month, day, year) Sept. 9-1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tracys Landing Maryland

FATHER

13. NAME Thomas J. Hall Jr.

14. BIRTHPLACE (city or town) (State or country) Tracys Landing Maryland

MOTHER

15. MAIDEN NAME Mary E. Sayer

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Thomas J. Hall 3rd.

(Address) Tracys Landing Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Tracys Landing Date 3/25 39

19. UNDERTAKER H. D. Hardesty & Son

(Address) Galesville, Md.

20. FILED 19 Huntington Hillman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 6 1939 to March 28 1939.

I last saw her alive on March 23 1939. Death is said to have occurred on the date stated above, at 1:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	5 Days
Toxic hepatitis	5 Days
Agranulocytosis	20 days
Diabetes Mellitis	5 years
Septicemia	1 week
Other contributory causes of importance: Pyelitis	1 month
Cystitis	1 month

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Blood Chemistry Was there an autopsy? yes.

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. King B. E. Seegar Jr. M. D.

(Address) University Hospital

THE CAUSE OF DEATH in all deaths in which a physician was in attendance, and the OCCUPATION is very important. See instructions on back of certificate.

V6 8

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56422

CERTIFICATE OF DEATH

F 56422

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2327 N. Calvert St 12-4 St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Josephine McIntire

(a) Residence: No. 2327 N. Calvert St. St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Wht	Wid

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 22, 1868

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
70	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Owen McIntire

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Tunney

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Margaret T. McIntire

(Address) 2327 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Cem Date March 24 1939

19. UNDERTAKER Martin Fisher & Sons

(Address) 1827 N. Howard Ave.

20. Filed ..... 19..... .....

Registrar.

R 23 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1938, to March 22, 1939

I last saw her alive on March 22, 1939. Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1937
Chron Myocarditis	1938
Chron ~~Nephritis~~ Ch. A. Nephritis	1938
Senile Dementia.	1939
Other contributory causes of importance:	
Acute Cardiac Dilation	1939

Name of operation None Date of .....

What test confirmed diagnosis? Clinically Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) B. W. Bishop, M. D.

(Address) 501-503 S. Fremont Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

56423

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 56423

131

Registered No. 15-10

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4002 Menne Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sidney L. Buchanan

If U. S. Veteran specify WAR No

(a) Residence: No. 4002 Menne Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Irene L Buchanan

6. DATE OF BIRTH (month, day, year) Dec 24/1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Jeweler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steamer Chesapeake

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chicago Ill

FATHER

13. NAME Louis Buchanan

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Ella Thorne

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Louis Buchanan

(Address) 4002 Menne Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Shalom Cem Date March 24/37

19. UNDERTAKER J. Aron & Co

(Address) 1413 E Baltimore St

20. FILED MAR 23 1937 19 Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22 1937

22. I HEREBY CERTIFY, That I attended deceased from ~~Jan 1934~~ 1934 to March 22 1937

I last saw him alive on March 22 1937 Death is said to have occurred on the date stated above, at 6 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Hypertension	1934
Other contributory causes of importance: Myocarditis Mural Kidney changes	1935 over

Was an operation performed? Date of

For what disease or injury? —

Name of operation — Cancel

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A. C. Emmert M. D.

(Address) 4509 Belmont Ave

V 8 3

F 56424

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56424

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3023 Annuals ave St. 16-6 Ward)

Length of residence in city or town where death occurred 43 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Beatrice Anders

(a) Residence: No. 3023 Annuals ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) November 16 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress 69

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1-24

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Woodsboro Md.

FATHER

13. NAME Charles H. Anders

14. BIRTHPLACE (city or town) (State or country) Woodsboro Md.

MOTHER

15. MAIDEN NAME Margaret R. Hitchcock

16. BIRTHPLACE (city or town) (State or country) New Windsor Pennsylvania

17. INFORMANT Daniel W. Anders.
(Address) 3023 Annuals ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date 3/25/39

19. UNDERTAKER Chas. F. Sauer Sons Inc.
(Address) 118 W. Mt. Royal ave

20. [illegible] MAR 23 1939 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 4-1937 to March 22- 1939

I last saw her alive on March 21- 1939. Death is said to have occurred on the date stated above, at 3:05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorhage	3-10-39

Other contributory causes of importance:

Hypertension	C. Exam
Previous cerebral Hemmorhage.	3-4-37

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? P.S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Chester Rikard, M. D.

(Address) 2532 Edmondson ave.

OCCUPATION is very important. See instructions on back of certificate.

V S 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56425

CERTIFICATE OF DEATH

3-2 93-C

F 56425

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 324 S. Exeter St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME MARGARET V. WRIGHT

(a) Residence: No. 324 S. Exeter St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 19, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William T. Wright

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Katherine A. Barrett

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Katherine A. Wright
(Address) 324 S. Exeter Street

18. BURIAL, CREMATION, OR REMOVAL
Place Washington, D.C. Date March 25 1939

19. UNDERTAKER Chas. E. Sauerhoff Inc
(Address) 118 N. Mt. Royal Ave

20. FILED MAR 23 1939 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1939 to March 22, 1939

I last saw her alive on March 21, 1939. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (Chronic)	2
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Eugene L. Pessano, M. D.

(Address) 514 Doctors Prom

OCCUPATION is very important. See instructions on back of certificate.

56426 7 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 56426

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. 17 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Thomas Blankenship

(a) Residence: No. Fallston St., ... Ward. Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna

6. DATE OF BIRTH (month, day, year): 2-14-04

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
35	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): W. Va

FATHER

13. NAME: Benjamin Blankenship

14. BIRTHPLACE (city or town) (State or country): W Va

MOTHER

15. MAIDEN NAME: Nancy Sizemore

16. BIRTHPLACE (city or town) (State or country): W Va

17. INFORMANT: Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place: Lanethorne Cem. Date: 3/25 39

19. UNDERTAKER: E. Shugrue & Son
(Address) Lanethorne Md

20. FILED MAR 23 1939, 19... Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1939, to Mar 23, 1939.
I last saw him alive on Mar 23, 1939. Death is said to have occurred on the date stated above, at 4:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Testicular tumor (with metastases)	?
Lobular pneumonia	May 10?

Other contributory causes of importance:
Cachexia

Was an operation performed? Yes Date of 1/11/39
For what disease or injury? Tumor of testicle, R.
Name of operation Orchidectomy, R.
What test confirmed diagnosis? Lab. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Col E. Bayland, M. D.
(Address) J. H. H.

OCCUPATION is very important. See instructions on back of certificate.

VS 8

M. D. F. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56427

CERTIFICATE OF DEATH

82 a F 56427

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 906 N. Milton Ave St., 7-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Barbara E. Skarda

(a) Residence: No. 906 N. Milton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of John J. Skarda

6. DATE OF BIRTH (month, day, year) Aug. 29, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (none)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Thomas Potorny

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary Koubal

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT John J. Skarda

(Address) 906 N. Milton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Mar. 25 1939

19. UNDERTAKER Frank Cracker & Son

(Address) 1906 Orleans St.

Huntingtor Williams, M.D.

Registrar.

FILED MAR 23 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar. 22, 1939, to Mar. 22, 1939.

I last saw her alive on Mar. 22 1939. Death is said to have occurred on the date stated above, at 11 55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/22/39 12 hrs

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Findings Was there an autopsy? No

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) Vincent V. Joska M. D.

(Address) 845 N. Patterson Pk Ave

V S 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Re: The coroner (Dr. Paul Schenker) was notified & said all was O.K.

56428

HEALTH DEPARTMENT—CITY OF BALTIMORE

56428

CERTIFICATE OF DEATH

1. PLACE OF DEATH Bon Secours Hospital

CITY OF BALTIMORE: (No. 2025 W. Fayette St. Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Susie Williams

(a) Residence: No. ... Seaford, Del. St., or R.F.D. ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Levin Williams

6. DATE OF BIRTH (month, day, year) 2-26-1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48	0	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Del.

FATHER

13. NAME James Crockett

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Mary A Jenkins

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Crockett Watson Seaford Del

18. BURIAL, CREMATION, OR REMOVAL

Place Seaford Del Date Mar 23 19

19. UNDERTAKER (Address) Seaford Del

20. FILED ... 19 ... Registrar.

Huntington Williams, MD

MAR 24 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1939, to March 23, 1939

I last saw her alive on March 23, 1939. Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Circulatory Collapse	3/22/39
Other contributory causes of importance: Cholecystectomy	

Was an operation performed? Yes Date of Mar. 22, 1939

For what disease or injury? Cholecystitis & Cholelithiasis

Name of operation Cholecystectomy

What test confirmed diagnosis? above Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) George H. Brouillet M.D.

(Address) Bon Secours Hosp.

OCCUPATION is very important. See instructions on back of certificate.

Bertis W Sikes

56429 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 56429

35966

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertis W. Sikes

If U. S. Veteran specify WAR

(a) Residence: No. 422 E. Macon St. St., Ward. Savannah Ga.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/23/32

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	2	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓ child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ga.

FATHER

13. NAME Bertis B. Sikes

14. BIRTHPLACE (city or town) (State or country) Ga.

MOTHER

15. MAIDEN NAME Emma Bell Waters

16. BIRTHPLACE (city or town) (State or country) Ga.

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Savannah Ga Date Mch 24 1939

19. UNDERTAKER John O Mitchell Sons
(Address) 1900 Eutaw Place

20. FILED MAR 24 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch. 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mch-16-, 1939, to March-23, 1939.
I last saw him alive on Mch-23-, 1939. Death is said to have occurred on the date stated above, at 8 53 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Acute emphysema	3/1/38
Other contributory causes of importance:	

Was an operation performed? Yes Date of 3/22/39

For what disease or injury? emphysema

Name of operation Tracheoplasty

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edgar S. Stafford, M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

56430 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 56430

CERTIFICATE OF DEATH

7-5 ✓23

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Michael Lochner (42347) If U. S. Veteran specify WAR .....

(a) Residence: No. No Home (808 N. Castle St.) Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Separated (Single)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ....

6. DATE OF BIRTH (month, day, year) Nov. 1, 1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None (Huckster)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME John (Petra) Lochner

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Catherine Cassidy (D)

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date May 24th 1939

19. UNDERTAKER Wm Cook
(Address) 127 E. Paul St

20. FILED ..... Thomas J. Fitzsimmons Registrar.

APR 24 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 24, 1939 to March 18, 1939

I last saw him alive on March 18, 1939 Death is said to have occurred on the date stated above, at 6:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	Dec. 1938
Other contributory causes of importance:	Cured

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. H. Curtis M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 56431

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56431

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1311 N. Fulton Ave St., 15-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5/12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME CHARLES H. MARTIN

If U. S. Veteran specify WAR .....

(a) Residence: No. 1311 N. FULTON AVE St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed,~~ or Divorced (write the word)
Male	White	Divorced

5a. If ~~married, widowed~~ divorced HUSBAND of ~~(or) WIFE of~~ Nakayama

6. DATE OF BIRTH (month, day, year) about 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Umbrella Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ades

10. Date deceased last worked at this occupation (month and year) 1918

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Basil N. Martin

14. BIRTHPLACE (city or town) (State or country) Phoenix Md

MOTHER

15. MAIDEN NAME Clara Belle McEwing

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Robt S. Simmons

(Address) 5105 Ivanhoe Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Mar 25 1939

19. UNDERTAKER Wm Cook

(Address) 217 St Paul St

20. FILED Huntington Willis M.D.

MAR 24 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-20, 1939, to 3-23, 1939

I last saw him alive on 3-23, 1939. Death is said to have occurred on the date stated above, at 6.15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CARCINOMA - STOMACH	3
Other contributory causes of importance: PNEUMONIA (over)	3-17-39

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Norman R Kleeman M. D.

(Address) 1101 N. Fulton Ave

OCCUPATION is very important. See instructions on back of certificate.

F 56432

56432

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital 2-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Marilyn Davie

(a) Residence: No. 1721 E. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 16, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME William C. Davie

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Margaret Burke

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT William C. Davie
(Address) 1721 E. Balto. St.

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Park Date Mar 25th 1939

19. UNDERTAKER Wm Cook
(Address) 219 St. Paul St

20. FILED 19 Huntington Williams, M.D. Registrar

MAR 24 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sutra-Cranial Hemorrhage	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) Paul Rhemuber Coroner, M. D.

(Address) Coroner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement OCCUPATION is very important. See instructions on back of certificate.

F 56433

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56433

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2221 Barclay St., 12-4 Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alice E. Judd. No Known Record

(a) Residence: No. 2221 Barclay St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph E. Judd Sr.

6. DATE OF BIRTH (month, day, year) Feb 9. 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) March 1939

11. Total time (years) spent in this occupation 14 yrs

12. BIRTHPLACE (city or town) (State or country) Fork Haven Md.

FATHER

13. NAME John Chenoweth

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Linda Timonis

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Amanda Schuler
(Address) 2524 Barclay St.

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Cemetery Date 3/26/39

19. UNDERTAKER Wm. Ecks & Son
(Address) 1210 E. Fayette St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23. 1939

22. I HEREBY CERTIFY, That I attended deceased from March 1937 to March 23 1939.

I last saw h alive on March 1939. Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1937
Chr Bronchitis	1937
Chr Myocarditis	1937
Other contributory causes of importance:	
Cerebral Hemorrhage	1939

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. V. Bishop M. D.

(Address) 501-503 Shepherd

INSTRUCTIONS: Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 56434

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 56434

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1204 W. Fayette St. St., 18 Ward)

Length of residence in city or town where death occurred 39 yrs. 8 mos. 28 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Michael Hardy

(a) Residence: No. 1204 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or Race: Wh.

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Carrie Hardy

6. DATE OF BIRTH (month, day, year): June 25 1884

7. AGE: Years 54 | Months 9 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Michael J. Hardy

14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER

15. MAIDEN NAME: Mary E. Coombs

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT (Address): Charles Hardy 107 S Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL: Place Balto Cemetery Date Mar 25 1939

19. UNDERTAKER (Address): Edward Toulson 2359 Wash Blvd. Huntingtown Volunteer Fire Co., Md.

20. FILED MAR 24 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 23 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Emphysema Left side. Feb 39

Date of onset

Other contributory causes of importance:

Broncho pneumonia Dec 38

Was an operation performed? no. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, when?

(Signed) Dr Hamm Coroner, M. D.

(Address) 1822 W Baltimore St

56435

HEALTH DEPARTMENT—CITY OF BALTIMORE 56435

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 S. Paca St., 22 Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Solomon Garfinkel

If U. S. Veteran specify WAR .....

(a) Residence: No. 517 S. Paca St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lena Garfinkel

6. DATE OF BIRTH (month, day, year) 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year).

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Silberman Garfinkel

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rose

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Lena Garfinkel
(Address) 517 S Paca st

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Cemetery Washington Rd Date Mar 24, 1939

19. UNDERTAKER Sol Weinstein Bros
(Address) 1124-26 W. North ave

20. FILED MAR 24 1939 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1937, to March 23, 1939

I last saw him alive on March 23, 1939. Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1937
Hemachromatosis	1938
Cirrhosis of Liver	1937

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Manuel Lam M. D.

(Address) 4818 Reisterstown Rd

OCCUPATION is very important. See instructions on back of certificate.

56436

HEALTH DEPARTMENT—CITY OF BALTIMORE

56436

CERTIFICATE OF DEATH

1108

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Dawson St. 5-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clifton Willis

If U. S. Veteran specify WAR

(a) Residence: No. 1420 Silver ct. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME not none

14. BIRTHPLACE (city or town) (State or country) not none

MOTHER

15. MAIDEN NAME not none

16. BIRTHPLACE (city or town) (State or country) not none

17. INFORMANT Edna Thompson Friend.

(Address) 1420 Silver Court.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Mar. 25 1939

19. UNDERTAKER Olney O Wilson

(Address) 1510 Calvert st

20. FILED ... 19... Huntington Williams, M.D.

MAR 24 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-22-, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-17-39 19... to 3-22-39 19...

I last saw h— alive on 3-22-39 19... Death is said to have occurred on the date stated above, at 1.50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Rt Upper + Middle)	3-9-39
Primary	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. H. Maloney M. D.

(Address) Provident Hospital.

OCCUPATION is very important. See instructions on back of certificate.

F 56437

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 56437

174

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1612 W. Saratoga St. 19-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Willie Mc Bride

If U. S. Veteran specify WAR

(a) Residence: No. 1612 W. Saratoga St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Beatrice Mc Bride

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wagram, N.C.

FATHER

13. NAME Durham Mc Bride

14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME Emma

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT John Laughlin

(Address) 7205 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Mar 24, 1939

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Schroeder St

20. FILED Mar 24 1939 Registrar

Williams Mrs

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 16, 1939

22. I HEREBY CERTIFY, That I last attended the deceased from Jan 1 to Mar 16, 1939, that I last saw the deceased alive on Mar 16, 1939, and that death occurred on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Incised wound 5" long on neck.	3/16.
Hemorrhage from wound	3/16

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis Exam. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 3/16, 1939

Where did injury occur? 1612 W Saratoga St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home.

Manner of injury Cut with Razor.

Nature of injury Incised wound of neck.

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M Hamm Coroner, M. D.

(Address) 1612 W Baltimore St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 56438

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56438

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1124 N. Linwood St. 16-3 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Delores Sprull

If U. S. Veteran specify WAR

(a) Residence: No. 1124 N. Linwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 11

6. DATE OF BIRTH (month, day, year) Nov. 25th 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Marshall Brown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Melvina Sprull

16. BIRTHPLACE (city or town) (State or country) Norfolk Va.

17. INFORMANT Melvina Sprull
(Address) 1124 N. Linwood St.

18. BURIAL, CREMATION, OR REMOVAL
Place Douglass Mem. Date 3-24th 1939

19. UNDERTAKER Jas. Wm. Skinner & Sons
(Address) 927 E. Mount St.

20. FILED MAR 24 1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) March 23 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. Hann Coroner, M. D.

(Address) 1215 Hanover

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

56439

HEALTH DEPARTMENT—CITY OF BALTIMORE

56439

CERTIFICATE OF DEATH

95B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2027 Orleans St. 6-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth 34 yrs. mos. ds.

2. FULL NAME Joel Epstein

If U. S. Veteran specify WAR

(a) Residence: No. 2027 Orleans St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Sidney

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wife

(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt. Lt. Zion Hebrew Cem. Date 3/24/39 19

19. UNDERTAKER Jos. Levy Sons (Address) 1439 E. Baltimore St.

20. FILED 19 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/24/39 . 19

22. I HEREBY CERTIFY, That I attended deceased from 10/1/37, 19 to 3/24/39, 19

I last saw him alive on 3/24, 1939. Death is said to have occurred on the date stated above, at 2.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3/24/39
Hypertensive Hrt Disease & Coronary Sclerosis	1931
Other contributory causes of importance: Hypertensive Hrt.	

No

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. S. Shilling M. D.

(Address) 2352 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

V8 3

56440

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56440

CERTIFICATE OF DEATH 16270 (MB)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 23 d Ward) 107a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Brown,

If U. S. Veteran specify WAR

(a) Residence: No. 917 Leadenhall Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 8/17/1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
86	86	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

FATHER

13. NAME John Brown

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Ellen

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT City Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Wash. Mem. Date 3/27 1939

19. UNDERTAKER Thos. Fraser (Address) 359 - N. Pine Ave.

20. FILED 19 Huntington Williams MAR 24 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938 to March 23, 1939

I last saw him alive on March 23, 1939. Death is said to have occurred on the date stated above, at 9:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-20-39
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. DeSautelle M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56441

CERTIFICATE OF DEATH

F 56441

Registered No.

1. PLACE OF DEATH: University Hospital

CITY OF BALTIMORE: (No. ..... St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 25 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME: John Wesley Shank

If U. S. Veteran specify WAR .....

(a) Residence: No. ..... Hampstead, Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced, HUSBAND of (or WIFE of): Martha Ellen Shank

6. DATE OF BIRTH (month, day, year): May 14-1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
88	80	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shoemaker 088

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Overbusiness

10. Date deceased last worked at this occupation (month and year): 1938

11. Total time (years) spent in this occupation: 60

12. BIRTHPLACE (city or town) (State or country): Penna

FATHER

13. NAME: George Shank

14. BIRTHPLACE (city or town) (State or country): Penna

MOTHER

15. MAIDEN NAME: Louise Baish

16. BIRTHPLACE (city or town) (State or country): Penna

17. INFORMANT (Address): John M Shank Hampstead Md

18. BURIAL, CREMATION, OR REMOVAL: Place Hampstead Md Date 3-25 1939

19. UNDERTAKER (Address): Edw O Upton Hampstead Md

20. FILED MAR 24 1939 Huntington Mills Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 28, 1939, to March 23, 1939.

I last saw him alive on March 23, 1939. Death is said to have occurred on the date stated above, at 7.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart failure	Mar 23
Other contributory causes of importance: Arteriosclerotic Heart Disease pos. heart block.	

Was an operation performed? Yes Date of Mch 28, 1939

For what disease or injury? Leiomyosarcoma of ileum

Name of operation Lysuring Resection (end-to-end) ileum anastomosis

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John A Wagner M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

VS 2

F 56442 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c F 56442

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2202 Garrison Blvd St., 15-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. 1 mos. 16 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Wade Rice

If U. S. Veteran specify WAR

(a) Residence: No. 2202 Garrison Blvd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Feb 6-1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Nathaniel Wade Rice

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Sophia Mantz

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Mary A Rice
(Address) 2202 Garrison Blvd

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Mar 25 1939

19. UNDERTAKER J. H. Lindenberger & Sons
(Address) 1 E Pa

MAR 24 1939 19 Huntington Hollins M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-22-, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar-14, 1939 to Mar 22, 1939

I last saw her alive on Mar 22, 1939. Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	6/4 38
Hypostatic pneumonia	3/22/39
Gradual decline with Cerebral Edema	3/22/39
Other contributary causes of importance: Due to Decubitus ulcers	3/2 39

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Virginia Cole M. D.

(Address) 2202 Garrison Blvd

OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 56443

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c F 56443

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Alhambra Apts. Ct. 1 St., 12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth 58 yrs. mos. ds.

2. FULL NAME Mrs. Rose Miller

If U. S. Veteran specify WAR

(a) Residence: No. Alhambra Apts Ct. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louis M.

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abraham Carp

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Hennah Rein

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Miller (Address) Alhambra Apts. Ct.

18. BURIAL, CREMATION, OR REMOVAL Place Beth Jehuda Date 3-26-39 19

19. UNDERTAKER Jack Levin Inc (Address)

20. FILED MAR 24 1939 19 Huntington Hillman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-23-39. 19

22. I HEREBY CERTIFY, That I attended deceased from July, 19 34 to March 23, 19 39

I last saw h alive on 3-23-39, 19. Death is said to have occurred on the date stated above, at 10.15 A M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1934
Other contributory causes of importance:	
Chr. myocarditis	Sept '38
Cordis insufficiency	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. E. Price M. D.

(Address) 920 St. Paul St.

OCCUPATION is very important. See instructions on back of certificate.

F 56444

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56444

CERTIFICATE OF DEATH

95B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1201 Mc Culloh St., 11-4 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S Veteran specify WAR ...

2. FULL NAME Alice Gray Reasby

(a) Residence: No. 1201 Mc Culloh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James Reasby

6. DATE OF BIRTH (month, day, year) Feb 29, 1800

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	0	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Buckhorn Va.

FATHER

13. NAME Datha Medley

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Alice Gray Medley

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT (Address) Goldie Green 1201 Mc Culloh

18. BURIAL, CREMATION, OR REMOVAL Place Buckhorn Va. Date 3/25 1939

19. UNDERTAKER (Address) Charles H. Burkett 1528 Lemmon St

20. FILED MAR 24 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23 1939

22. I HEREBY CERTIFY, That I attended deceased from March 19 1939 to March 23 1939

I last saw her alive on March 23 1939. Death is said to have occurred on the date stated above, at 4:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Disease	Feb. 1939
Other contributory causes of importance: Hemiplegia	March 20

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Geo. W. McDonald, M. D.

(Address) 644 N Carey St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 56445

HEALTH DEPARTMENT—CITY OF BALTIMORE

56445

CERTIFICATE OF DEATH CGK--42304

Registered No. 1-2/24a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Matrangola

(a) Residence: No. 621 S. Linwood Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louise

6. DATE OF BIRTH (month, day, year) April 25, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44	44	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Frank

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Rose Fusca

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeem Date March 27, 1939

19. UNDERTAKER Frank V. Pistorino
(Address) 2812 E. Baltimore

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 23, 1939 to March 22, 1939

I last saw ~~him~~ alive on March 22, 1939. Death is said to have occurred on the date stated above, at 10:5 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	1938
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. deSantelle M. D.

(Address) Baltimore City Hospitals

Huntington Williams, M.D.

VS 8

MAR 24 1939

OCCUPATION is very important. See instructions on back of certificate.

56446

HEALTH DEPARTMENT—CITY OF BALTIMORE

56446

CERTIFICATE OF DEATH 42948 (M)

95-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 14-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Laura Sauerwald

If U. S. Veteran specify WAR

(a) Residence: No. 1806 Ramsey St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John

6. DATE OF BIRTH (month, day, year) July 2, 1863

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
75	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. Richmond Va.
(State or country)

FATHER

13. NAME John

14. BIRTHPLACE (city or town) Md. Va.
(State or country)

MOTHER

15. MAIDEN NAME Frances Eubanks

16. BIRTHPLACE (city or town) Md. Va.
(State or country)

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date 3/25/39

19. UNDERTAKER Mamie (Mrs. Tyson)
(Address) 1624 W. Baltimore

Huntingdon Williams, M.D.

20. FILED 19

Registrar.

MAR 24 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1939, to March 23, 1939.

I last saw her alive on March 23, 1939. Death is said to have occurred on the date stated above, at 7.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. DeSantelle, M. D.

(Address) Baltimore City Hospitals

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. EACH STATEMENT OF OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56447

CERTIFICATE OF DEATH

95-B F 56447

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME William M. Ross

If U. S. Veteran specify WAR

(a) Residence: No. 813 Homestead St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Amanda E. Ross

6. DATE OF BIRTH (month, day, year): Nov 21 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Bicycle Repairs

10. Date deceased last worked at this occupation (month and year): Mar 21-1939

11. Total time (years) spent in this occupation: 38 yrs

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Alfred Ross

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Yerkes.

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Amanda E. Ross

(Address) 813 Homestead St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Cem Date: Mar. 25 1939

19. UNDERTAKER: Mr & Mrs. John N. Tenfelt & Son

(Address) 901 N. Fayette St

20. FILED: MAR 24 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1939 to March 23, 1939

I last saw him alive on March 23, 1939. Death is said to have occurred on the date stated above, at 2:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic C-V. Disease	?
Cerebral Hemorrhage	2 days
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) W. A. Dodd, M. D.

(Address) Mercy Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 8

F 56448

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56448

CERTIFICATE OF DEATH

V 95-B

UGK-43106

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 55 Ward) 9-7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Brady

If U. S. Veteran specify WAR

(a) Residence: No. 1773 Montpelier St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary

6. DATE OF BIRTH (month, day, year): 10-[illegible]-1856 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
~~80~~	77 ~~82~~	5	[illegible]	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Horse Shoeing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 9036

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: Phillip

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Catherine

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cem. Date: Mar 25. 1939

19. UNDERTAKER: Wm M Wiedefeld

(Address) 201 E Lexington St

20. FILED ... 19...

MAR 24 1939

Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3-22, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-21, 1939 to 3-22, 1939

I last saw h.[illegible] alive on 3-22, 1939 Death is said to have occurred on the date stated above, at 10.40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	?
Arteriosclerotic gangrene feet	?
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. K. Woodward, M. D.

(Address) Balto City Hosp.

MAKE CAUSE OF DEATH in plain terms, so that it may be properly classified. Give statement of OCCUPATION is very important. See instructions on back of certificate.

F 56449

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

CGK-142959

F 56449

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Conway

If U. S. Veteran specify WAR

(a) Residence: No. 810 S. Charles St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-8-1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
70	70	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Samuel

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah Phillips

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date 3/25/39

19. UNDERTAKER Wm. Cook
(Address) 1217 E. Fayette St.

20. FILED MAR 24 1939, 19 Hester Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22 1939

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1939, to March 22, 1939

I last saw him alive on March 22, 1939. Death is said to have occurred on the date stated above, at 9:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. De Sautelle M. D.

(Address) Baltimore City Hospitals

Make CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

V0 3

F 56450

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56450

CERTIFICATE OF DEATH

84-94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St. 9-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred? yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Frideric Memmel

If U. S. Veteran specify WAR

(a) Residence: No. Mount Hope Retreat St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) August 13, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~48~~	48	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓ Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Michael Memmel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anastasia Reipert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Michael Memmel
(Address) No. 1500 Holbrook St.

18. BURIAL, CREMATION, OR REMOVAL
Holy Redeemer Cem. March-27-1939
Place Date 19

19. UNDERTAKER Henry Hauck & Sons Inc.
(Address) 1301 E. Eager St.

20. FILED Huntington Williams Registrar.

MAR 24 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from April, 1934, to March 22, 1939.

I last saw him alive on March 22, 1939. Death is said to have occurred on the date stated above, at 6:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombus	?
Other contributory causes of importance: Schizophrenia	2 yrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel P. Hagen M. D.

(Address) 336 Frederick Av

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56451

CERTIFICATE OF DEATH

91-a F 56451

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2702 Kennedy Ave, St., 9-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kathleen M. Troy

If U. S. Veteran specify WAR

(a) Residence: No. 2702 Kennedy Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept.-6-1923

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
15Yrs.	6Mo.	9Days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolgirl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Thomas P. Troy

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Irene M. Staab

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Irene M. Troy
(Address) 2702 Kennedy Ave.

18. BURIAL, CREMATION, OR REMOVAL
Holy Redeemer Cem. March-28-1939
Place Date 19

19. UNDERTAKER Henry Storch & Sons Inc
(Address) 1301 E Eager St.

20. FILED MAR 24 1939 19 Harrington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March-24-1939

22. I HEREBY CERTIFY, That I attended deceased from 6-12-1934 to 3-24-1939

I last saw her alive on 3-24-1939 Death is said to have occurred on the date stated above, at 3.05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacterial Endocarditis (Streptococcus Viridans)	1934

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical & Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Mrs B. Sybert M. D.

(Address) 2802 Harford Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V.S.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56452

CERTIFICATE OF DEATH

95-B F 56452

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 323 Taplow Rd. St. 27-12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Winfield Scott Burton

If U. S. Veteran specify WAR

(a) Residence: No. 323 Taplow Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Sperry Burton

6. DATE OF BIRTH (month, day, year) Oct. 29, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreign traffic manager,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Western Md.R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation (OT)

12. BIRTHPLACE (city or town) (State or country) Greenwood, Balto. Co. Maryland

FATHER

13. NAME James A. Burton

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Jeanette R. Burton

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Dr. Jerome K. Burton (Son)
(Address) 323 Taplow Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 3/25/39 19

19. UNDERTAKER Harry L. Antifole
(Address) 4101 Edmondson Ave.

20. FILED MAR 24 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-17, 1939, to 3-22, 1939.

I last saw him alive on 3-22, 1939. Death is said to have occurred on the date stated above, at 8 15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis + Hypertension C-V-D.:	1935?
Subarachnoid Hemorrhage	3-17-39
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Lumbar Puncture

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J McCoon Carey M. D.

(Address) 1044 St Paul St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

O.K. Joel Thomas M.D.

56453 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 56453

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital 2-1 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Dennis

If U. S. Veteran specify WAR

(a) Residence: No. 1929 Bank St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) October 22-1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Theodore Dennis

14. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

MOTHER

15. MAIDEN NAME Barbara Welch

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT mother

(Address) 1929 Bank

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date March 24, 1939

19. UNDERTAKER Fred W. Ozanowski

(Address) 1930 Eastern Ave.

20. FILED MAR 28 1939 Hattie E. Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) March 23. 1939

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1939. to March 23, 1939

I last saw h... alive on March 23, 1939 Death is said to have occurred on the date stated above, at 2 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	3/2/39
Interstitial pneumonia	3/18/39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-ray Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas G. Joel M. D.

(Address) Sydenham Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 56454

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1943 F 56454

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2106 Mura Street St. 7-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Henry Smith

If U. S. Veteran specify WAR .....

(a) Residence: No. 701 N. Glover Street St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Smith

6. DATE OF BIRTH (month, day, year) Jan 27, 1902

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
37	1	24 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. State Roads Com.,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer 6/40

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME William H. Smith

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Marie Smith 701 N. Glover St.,

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Cem. Date 3/25/39, 19

19. UNDERTAKER (Address) Charles E. Schimunek. 2603 E. Madison Street

20. FILED MAR 24 1939 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 22. 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 23 1939 to Mar. 22 1939

I last saw h.. alive on Mar. 22 1939. Death is said to have occurred on the date stated above, at 11.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Rheumatic Fever Carditis	1919
Other contributory causes of importance: Thrombosis of Coronary Artries	3/22/39

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical Findings What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Vincent V. Doska M. D.

(Address) 845 N. Patterson Pk Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 56455

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24 F 56455

Registered No.

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. ..... St. 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 2 mos. 24 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Camille Dozier

If U. S. Veteran specify WAR .....

(a) Residence: No. 1638 N. Calvert St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 27, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Charles Dozier

14. BIRTHPLACE (city or town) Baltimore (State or country) Md

MOTHER

15. MAIDEN NAME Genevieve Falk

16. BIRTHPLACE (city or town) Baltimore (State or country) Md

17. INFORMANT Genevieve Dozier

(Address) 1638 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL

St. Mary's Hampden Date March 25 1939

19. UNDERTAKER Thompson & Son

(Address) 3615-17 Elderslie

20. FILED MAR 24 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1939 to March 23, 1939

I last saw her alive on March 23, 1939 Death is said to have occurred on the date stated above, at 9:05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	3-5-39
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Spinal Puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) E. T. Dasnesky M. D.

(Address) .....

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56456 — CERTIFICATE OF DEATH — 94B — F 56456

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial St. Hosp. Ward) 13-6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Bayne.

(a) Residence: No. 3604 Hickory Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Estella Bayne.

6. DATE OF BIRTH (month, day, year) Feb 2, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Standard Oil Co

10. Date deceased last worked at this occupation (month and year) Feb 36

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Alvin Bayne.

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Harriet Bombaltz

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Estella Bayne.

(Address) 3604 Hickory Ave.

18. BURIAL, CREMATION, OR REMOVAL Prospect Hill, Towson Md. Date March 27 1939

19. UNDERTAKER Clemonce & Son

(Address) 3615-17 Hickory Ave.

20. FILED MAR 24 1939 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Embolism — Date of onset 3/24/39

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Evans, M. D. Coroner

(Address)

MAR 24 1939

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

56457

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-F 56457

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Earnest Matthew

If U. S. Veteran specify WAR

(a) Residence: No. 216 E Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Dave Matthew

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Rena Van

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 24 1939, 19

19. UNDERTAKER

(Address)

20. FILED MAR 24 1939 19 Huntington Williams M.D.
Registrar.

MAR 24 1939

4087

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1939, to March 19, 1939

I last saw him alive on March 19, 1939. Death is said to have occurred on the date stated above, at ... a.m./p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Hypertension C-V	
Illness	1936
Cardiac Insufficiency	Dec 1938

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) W. G. Todd M. D.

(Address) Mercy Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VD 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56458

CERTIFICATE OF DEATH

34-F 56458

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. 15-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Washington

If U. S. Veteran specify WAR

(a) Residence: No. 1346 Woodyear St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-7-99

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chemist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 5023

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George Washington

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Rebecca Saunders

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Reads

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 24 1939, 19

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

20. FILED MAR 24 1939 19 Huntington Willard Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar. 8, 1939, to Mar. 16, 1939

I last saw him alive on Mar 16, 1939. Death is said to have occurred on the date stated above, at 735-a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilitic aneurysm of aorta	?
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Freeman Billingsley, M. D.

(Address) Johns Hopkins Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V0 3

MAR 24 1939

4687

39107

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56459 — CERTIFICATE OF DEATH — F 56459

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1619 S. Charles St. St., 23-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Haines — If U. S. Veteran specify WAR

(a) Residence: No. 1619 S. Charles St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or ~~divorced~~ HUSBAND of (or) ~~WIFE~~ of Maud Haines (nee Helm)

6. DATE OF BIRTH (month, day, year) Sept. 1, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Abattoir employee

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Heinz's Abattoir

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Westminster, Md.

FATHER

13. NAME Hashabiah Haines

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Alice (Nee ????)

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Ethel Korman (Daughter)
(Address) 2769 The Alameda

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date March 25, 39

19. UNDERTAKER A. Hamond Evans
(Address) 1400-02 S. Charles St.

20. FILED MAR 24 1939 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar. 9, 19 39 to Mar 22, 19 39

I last saw h[illegible] alive on Mar 21, 1939. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

(a) Acute Coronary Thrombosis — Date of onset 3/9/39

Other contributory causes of importance: Senile Myocarditis — 3/1/38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) C. F. Carlson M. D.

(Address) 1 E. Randall St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56460

CERTIFICATE OF DEATH

√131 F 56460

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 636 E 29th St., 9-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 86 yrs. Unknown mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James J O'Brien

If U. S. Veteran specify WAR

(a) Residence: No. 636 E 29th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah E. Burns

6. DATE OF BIRTH (month, day, year) ?? 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	Unknown		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John J O'Brien

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Jane King

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Thos Gibson

(Address) 636 E 29th St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date March 24 19

19. UNDERTAKER Mary M Wakefield

(Address) 531 E 32nd St

20. FILED MAR 25 1939 19 Huntington Williams M.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/22/ 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-18- 1934 to 3-22- 1939

I last saw him alive on 3-21- 1939 Death is said to have occurred on the date stated above, at 7:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vasculo-renal disease	Unknown
Other contributory causes of importance:	

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jno. B. Ryley M. D.

(Address) 2802 Harford Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VO 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56461

CERTIFICATE OF DEATH

✓ 95-12 F 56461

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 136 S Culver St. 20-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eliza A Shriver

If U. S. Veteran specify WAR .....

(a) Residence: No. 136 S Culver St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE Emma L Shriver

6. DATE OF BIRTH (month, day, year) Dec 23 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	3	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Levi Lauer

14. BIRTHPLACE (city or town) (State or country) Dover Pa

MOTHER

15. MAIDEN NAME Mary Hench

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Ina L Shriver

(Address) 136 S Culver St

18. BURIAL, CREMATION, OR REMOVAL Western Grove Cr. Carroll Co 3/26/39

19. UNDERTAKER Pickerson Cook

(Address) 1217 E Pratt St

20. FILED MAR 25 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23. 1939

22. I HEREBY CERTIFY, That I attended deceased from September 15 1938 to March 23, 1939

I last saw h.. alive on March 22, 1939 Death is said to have occurred on the date stated above, at 8:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-Vascular Disease	?

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Albert Scagnetti M. D.

(Address) 1724 W. Lombard St

INSTRUCTIONS: Fill in all items, if possible. Be sure that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56462

CERTIFICATE OF DEATH

46-CF 56462

1. PLACE OF DEATH St Josephs Hospital

CITY OF BALTIMORE: (No. 1400 N. Caroline St. 17-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma Kapp

(a) Residence: No. 2600 Guilford Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married, Widowed, or Divorced~~ (write the word): Widowed

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of: Edwin V. Kapp

6. DATE OF BIRTH (month, day, year): April 12th 1870

7. AGE: Years 68 | Months 11 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Attendant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Penna R.R.

10. Date deceased last worked at this occupation (month and year): 6/38

11. Total time (years) spent in this occupation: 18

12. BIRTHPLACE (city or town) (State or country): South Carolina

FATHER

13. NAME: Robert Garet

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Ellen Harrison

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Irene Major

(Address) 2600 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Mar 27th 1939

19. UNDERTAKER: Wm Cook

(Address) 1217 St. Paul St

20. FILED MAR 25 1939 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 24 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 28 1939 to March 24 1939.

I last saw h.er alive on March 24 1939. Death is said to have occurred on the date stated above, at 4:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of descending colon	?
Other contributory causes of importance: Psoas abscess-left	?

Was an operation performed? Yes Date of 2-28-38

For what disease or injury? ~~Drainage of~~ Psoas abscess

Name of operation Drainage of psoas abscess

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) M. R. Tunnicliff M. D.

(Address) St. Josephs Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56463

CERTIFICATE OF DEATH

108 F 56463

1. PLACE OF DEATH Union Memorial Hosp.

Registered No.

CITY OF BALTIMORE: (No. St. 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Franklin Cavell

If U. S. Veteran specify WAR

(a) Residence: No. 505 Virginia Ave St., Ward. Towson, Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 5th 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Upholsterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Franklin Cavell

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Ellen Leitch

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Andrew D. Cavell
(Address) 1438 N. 15th St Phila Pa

18. BURIAL, CREMATION, OR REMOVAL
Place Phila Pa Date Mar 25th 1939

19. UNDERTAKER Wm. Capt
(Address) 1217 St Paul St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/23, 1939 to 3/24, 1939

I last saw him alive on 3/24, 1939. Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I. Coronary Thrombosis	2
II.	
III.	

Other contributory causes of importance:

Was an operation performed? Date

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) J. H. Mason Knox Jr. M. D.

(Address) Union Mem. Hosp

Information should be carefully supplied. Avoid abbreviations. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V6 B

MAR 25 1939

Huntington Williams, M.D.

X 3961

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56464

CERTIFICATE OF DEATH

48 F 56464

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1713 N. Bond St St., 8-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Johanna M. Fink

If U. S. Veteran specify WAR

(a) Residence: No. 1713 N. Bond St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Fink

6. DATE OF BIRTH (month, day, year) April 22 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John D. Mengers

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christine A. Wolters

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charles F. Fink

(Address) 3117 Wood; and Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Mar 27 '39

19. UNDERTAKER Harry T. Moncaster

(Address) 4204 Ridgewood Ave

20. FILED MAR 28 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1939 to March 27, 1939

I last saw her alive on March 23, 1939 Death is said to have occurred on the date stated above, at 2:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio Vascular Disease	1937
Other contributory causes of importance: Carcinoma Uterus	1929

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward J. Milan M. D.

(Address) 682 Washington Blvd

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 56465

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-F 56465

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Apts. St. 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Blanche S. Dunahue

If U. S. Veteran specify WAR

(a) Residence: No. Hopkins Apts., St. Paul & 31st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wilbur C. Dunahue

6. DATE OF BIRTH (month, day, year) Nov. 15, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife (retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Alfred Stephenson

14. BIRTHPLACE (city or town) (State or country) Cinn. O.

MOTHER

15. MAIDEN NAME Margaret Arnold

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Jennie E. Dove
(Address) 1606 Park Ave.

18. [redacted] CREMATION OR BURIAL Cremation
Place [redacted] Date Mar. 27, 1939

19. UNDERTAKER John C. Mitchell & Son, Inc.
(Address) 1900 Eutaw Place

20. FILED Mar 25 1939 Registrar. Lizzie Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from November 6, 1938 to March 24, 1939

I last saw h[illegible] alive on March 23, 1939 Death is said to have occurred on the date stated above, at 10.15A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1936
Left Ventricular dilatation	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. G. Dove M. D.

(Address) 2818 St. Paul St.

V6 B

Information should be carefully supplied. Note that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 56466

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 56466

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 15-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hermaine Grimm

If U. S. Veteran specify WAR .....

(a) Residence: No. 1909 Rosedale St., ... Ward. Hal 1

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Henry Grimm

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Reimers

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 3/25/39

19. UNDERTAKER John C. Mitchell & Son

(Address) 1900 Eutaw Place

MAR 25 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1939 to Mar 23, 1939

I last saw her alive on Mar 23, 1939 Death is said to have occurred on the date stated above, at 4:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Arteriosclerosis, general & central	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Barbara J. Reh M. D.

(Address) Johns Hopkins Hospital

information should be carefully supplied. AGE should be stated EXACTLY. If unknown, approximate statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 56467

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-3

F 56467

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1844 Linisian St., 14-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Svaarden

If U. S. Veteran specify WAR

(a) Residence: No. 1844 Linisian St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Daniel Svaarden

14. BIRTHPLACE (city or town) (State or country) Navarad, Sweden

MOTHER

15. MAIDEN NAME Sarah Ann

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Gertrude Scott.

(Address) 1844 Linisian St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Mar. 27, 1939

19. UNDERTAKER Mrs. Goldsborough

(Address) 1631 Lewisdale Ave Huntington Terrace, Md.

20. FILED MAR 25 1939

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above 2.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably "Coronary Thrombosis"	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. Hamm, M. D.

Coroner

(Address) 125 Hanover

F 56468

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-BF 56468

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1432 Druid Hill Ave St., 14 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ellie Male

If U. S. Veteran specify WAR .....

(a) Residence: No. 1432 Druid Hill Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of 2

6. DATE OF BIRTH (month, day, year) 2

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va,

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Ida Madden

(Address) 1432 Druid Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Memorial Date Mar 25, 37

19. UNDERTAKER Mrs. Gobb Holland

(Address) 1031 Druid Hill Ave

20. FILED MAR 25 1937 By Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ..... and that said deceased came (Inquest, Autopsy or Inquiry)
to ..... death on the day stated above, at about 7 a.m.,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cerebral Hemorrhage	
Othec contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. Hann, Coroner, M. D.

(Address) 1215 Hanover St.

V 5 6

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS ... information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56469

CERTIFICATE OF DEATH

V 71-aF 56469

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Earl Dize

If U. S. Veteran specify WAR .....

(a) Residence: No. Rumbley Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Married

6. DATE OF BIRTH (month, day, year) Sept 20 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	6	5	—

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sea Food 045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fish industry

10. Date deceased last worked at this occupation (month and year) Sept 1938

11. Total time (years) spent in this occupation 2 yr

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Gus H Dize

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Nettie B Leech

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Emma E Dize

(Address) Rumbley Md

18. BURIAL, CREMATION, OR REMOVAL

Place Fairmount Md March 26 39

19. UNDERTAKER John Ullrich

(Address) Deal's Island

20. FILED MAR 25 1939 Huntington Mills Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1939, to March 25, 1939

I last saw h. M alive on March 25, 1939 Death is said to have occurred on the date stated above, at 3 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aplastic Anemia	?

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. L. Houghton M. D.

(Address) University Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56470 CERTIFICATE OF DEATH ✓127 F 56470

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 3012 O'DONNELL ST. St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marian Zahner. If U. S. Veteran specify WAR

(a) Residence: No. 3012 O'DONNELL ST. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Zahner

6. DATE OF BIRTH (month, day, year) May. 9/ 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester. Co. Md.

FATHER

13. NAME ? Booze

14. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

MOTHER

15. MAIDEN NAME Marian ?

16. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

17. INFORMANT George Zahner
(Address) 3012 O'DONNELL ST

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date Mar. 25 19 39

19. UNDERTAKER Lilly & Fowler Inc
(Address) 407 S. Wolfe St.

20. FILED MAR 25 1939 19 Harold F. Kelly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 22/ 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/21, 1939, to 3/22, 1939

I last saw her alive on 3/22, 1939 Death is said to have occurred on the date stated above, at 8/30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cholecystitis Complicating Chronic Cholecystitis	3/21/39 4/20/38
Other contributory causes of importance: Acute Cardiac Failure (Anginal)	3/22/39

Was an operation performed? Yes Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Reuben E. Linthicum, M. D.

(Address) 928 N. Charles St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56471

CERTIFICATE OF DEATH

F 56471

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Theresa Brehm (Buckholz)

If U. S. Veteran specify WAR .....

(a) Residence: No. 6525 Colgate Ave, Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Late John + Margaret Brehm

6. DATE OF BIRTH (month, day, year) April 18-1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Brehm

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Back

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret Brehm Sister

(Address) 6525 Colgate Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Mar 28 1939

19. UNDERTAKER Lilly & Zeiler (Inc.)

(Address) 403 S. Wolfe St

20. FILED MAR 25 1939 Registrar. Washington Hollander, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1939 to March 24 1939

I last saw her alive on March 24, 1939 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrenous, ruptured appendix	3-11-39
Acute cardiac failure	3-24-39

Other contributory causes of importance:

Generalized arteriosclerosis, chronic myocarditis, Hypertensive cardio-vascular disease

Was an operation performed? Yes Date of 3-13-39

For what disease or injury? Perforated gangrenous appendix

Name of operation Appendectomy

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) L. L. Fisher M.D.

(Address) Sinai Hospital

information should be carefully supplied. AGE should be stated EXACTLY. If UNKNOWN, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56472

CERTIFICATE OF DEATH

82-a F 56472

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 405 Lorraw St. 23-1 Ward)

Length of residence in city or town where death occurred 69 yrs. 1 mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Mary Upshur

(a) Residence: No. 405 Bevan St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Upshur

6. DATE OF BIRTH (month, day, year) Dec - 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	1	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wife (None)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Josephine Jones

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Robert Upshur

(Address) 405 Bevan

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 3/25 1939

19. UNDERTAKER Walter D. Price

(Address) 1329 Harlem Ave. Baltimore, Md.

20. MAR 25 1939 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1938 to Mar 21, 1939

I last saw h alive on 3/21, 1939 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage 1 — Date of onset 12/20/38

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Arteriosclerosis Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) D Trumbo M. D.

(Address) 1111 Eutaw Pl

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 56473

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-D F 56473

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Eutaw Place & Brooks Lane, Esplanade Apts. St. 13 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie B. Goldheim
If U. S. Veteran specify WAR

(a) Residence: No. Esplanade Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ralph Goldheim

6. DATE OF BIRTH (month, day, year) Sept. 9, 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oil City, Pa.

FATHER

13. NAME Asher Brown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rachel Wertheimer,

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Ralph Goldheim,
(Address) Esplanade Apts.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto, Hebrew Cem. Date Mch. 26, 19 39

19. UNDERTAKER David Sondheim & Son
(Address) 1902 Eutaw Place

20. FILED MAR 25 1939 19 Hunter for Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch. 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1938. to March 24 1939.
I last saw h.. alive on March 24, 1939. Death is said to have occurred on the date stated above, at 1.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma - sacro-iliac joint	1 mos
Other contributory causes of importance:	
General metastasis to lung & abdomen	3 mos

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? X Ray & Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J Frederick Lantz M. D.
(Address) Temple Garden Apts,

INSTRUCTIONS: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

56474

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167 F 56474
Registered No.

1. PLACE OF DEATH BELVEDERE HOTEL
CITY OF BALTIMORE: (No. Charles & Chase Sts. St., 27-18 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME OGLE H. WHEATLEY
If U. S. Veteran specify WAR

(a) Residence: No. 3714 Spalding Ave. St., 27 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Wheatley

6. DATE OF BIRTH (month, day, year) Dec. 17-1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Crapo Maryland

FATHER

13. NAME David Wheatley

14. BIRTHPLACE (city or town) (State or country) Crapo Maryland

MOTHER

15. MAIDEN NAME Katie L. ?

16. BIRTHPLACE (city or town) (State or country) Carpo Maryland

17. INFORMANT Mrs. Florence Wheatley
(Address) Hallethorpe Md.

18. BURIAL, CREMATION, OR REMOVAL
Place LOUDON PARK Date #3/25/39 19

19. UNDERTAKER C. B. Nelson
(Address) 1300 EUTAW PLACE..c

20. DATE MAR 25 1939 Huntington Williams, M.D.
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence adduced by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to h[illegible] death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet Wound of Skull	3-23-39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Suicide Date of injury 3-23, 1939
Where did injury occur? Belvedere Hotel Baltimore Md.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Public place
Manner of injury Bullet wound (38 cal.) of Skull
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Samuel Brooke Proper, M. D.
(Address) 331 E. Lexington St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should give information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 4

F 56475

HEALTH DEPARTMENT—CITY OF BALTIMORE

56475

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1643 Harford ave St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H. Miller

If U. S. Veteran specify WAR

(a) Residence: No. 1643 Harford ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Anna

6. DATE OF BIRTH (month, day, year) 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Chester Miller

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Fannie Hyman

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Carson F Miller
(Address) 1643 Harford ave

18. BURIAL, CREMATION, OR REMOVAL
Place Windsor Mill Road Date March 26 1939

19. UNDERTAKER Sol Levinson & Bros
(Address) 1824-26 W Nath ave

20. FILED MAR 26 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from January, 1939 to March 24, 1939

I last saw him alive on March 24, 1939. Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Arteriosclerosis, Coronary	3/23/39

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation clinical observation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Sol Smith M. D.
(Address) 1213 E. North Ave

INSTRUCTIONS: This certificate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 56476 HEALTH DEPARTMENT—CITY OF BALTIMORE F 56476

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH Hebrew Home for The Aged & Infirm

CITY OF BALTIMORE: (No. Belvedere & Greenspring St., 27-17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bernard Blumenfeld

If U. S. Veteran specify WAR

(a) Residence: No. Belvedere & Greenspring St., 27 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Ethel

6. DATE OF BIRTH (month, day, year) 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rosenowka

FATHER

13. NAME Wolf Blumenfeld

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Bessie —

16. BIRTHPLACE (city or town) (State or country) Rosenowka

17. INFORMANT (Address) SIGMUND FEINBLATT

18. BURIAL, CREMATION, OR REMOVAL Hebrew Mt Carmel Rd Mar 26 39

19. UNDERTAKER Sol Levinson & Bros (Address) 1164 - 26 W. North ave

MAR 26 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 23 1939, 19..., to March 25, 1939

I last saw him alive on March 25, 1939. Death is said to have occurred on the date stated above, at 7.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis	
	ww

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) Edmund Levin, M. D.

(Address) Lutherville

F 56477

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56477

CERTIFICATE OF DEATH

46-D

1. PLACE OF DEATH Hebrew Home for the Aged & Infirm

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Belvedere & Greenspring St., 27 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bertha Blumberg

If U. S. Veteran specify WAR .....

(a) Residence: No. Belvedere & Greenspring St., 27 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Morris Blumberg

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Sol Mintz

14. BIRTHPLACE (city or town) (State or country) [illegible]

MOTHER

15. MAIDEN NAME Hilda —

16. BIRTHPLACE (city or town) (State or country) [illegible]

17. INFORMANT Sigmund Blumberg

(Address) Belvedere & Greenspring

18. BURIAL, CREMATION OR REMOVAL

Place Windsor Mill Rd Date 3-26- 1939

19. UNDERTAKER Jack Lewis Inc

(Address) 1739 E. Baltimore St

20. FILED MAR 26 1939 Huntington Williams, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1939, to March 24, 1939.

I last saw her alive on March 24, 1939 Death is said to have occurred on the date stated above, at 6 45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis	about
Other contributory causes of importance: Diabetes	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) H. Edmund Levin, M. D.

(Address) Levindale

N. B.—WRITE PLAINLY, WITH PENCIL OR PEN. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Leah Bolotin

56478

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56478

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? 14 yrs. mos. ds.

2. FULL NAME Leah Bolotin

If U. S. Veteran specify WAR

(a) Residence: No. 2604 Loyola Northway St., Ward. Baltimore, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Herman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Hannah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Benjamin Bolotin

(Address) 2604 Loyola Northway

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 3/26/39

19. UNDERTAKER Jack Levin Inc.

(Address) 1439 E. Baltimore St.

20. FILED Huntingtown, Williams, M.D.

Registrar.

MAR 26 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1939, to March 25, 1939

I last saw her alive on March 25, 1939. Death is said to have occurred on the date stated above, at 9:20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hyperthyroidism	
Thyrotoxicosis	
Post-operative Thyroid Crisis	
Cardiac & peripheral Vasc. collapse	

Other contributory causes of importance:

over

Was an operation performed? Yes Date of March 23, 1939

For what disease or injury? Thyrotoxicosis

Name of operation Subtotal Thyroidectomy

What test confirmed diagnosis? B.M.R. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Louis P. Goodman, M. D.

(Address) Sinai Hospital, Balto, Md

F

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Betty Mipson

F 56479 HEALTH DEPARTMENT—CITY OF BALTIMORE F 56479

82-W

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1713 Druid Hill Ave St. 14-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Betty Mipson

If U. S. Veteran specify WAR

(a) Residence: No. 1713 Druid Hill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isiah Mipson

6. DATE OF BIRTH (month, day, year) Jan. 7 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bertie Co. N. C.

FATHER

13. NAME Van Buren Williams

14. BIRTHPLACE (city or town) (State or country) Bertie Co. N. C.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Mrs. Josephine McKay

(Address) 1713 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem Date Mar. 26 1939

19. UNDERTAKER Mrs. Gertrude Holland

(Address) 1631 Druid Hill Ave

20. FILED MAR 26 1939 Registrar

Huntington Williams, M.D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1939, to Mar 23, 1939

I last saw her alive on Mar 23, 1939. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis	over 2 yrs

Other contributory causes of importance:

Cerebral Hemorrhage	3 days

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Petteway, M. D.

(Address) 817 Hamilton Ter

F 56480

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56480

CERTIFICATE OF DEATH

46-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3214 Westwood Avenue St. 15-6 Ward)

Length of residence in city or town where death occurred Lifetime mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME LYDIA ANN CARR

(a) Residence: No. 3214 Westwood Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced (or) WIFE of Edward James Carr

6. DATE OF BIRTH (month, day, year) Sept. 12, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Wm. H. W. Reed

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth Seymour

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs. Cyrus L. Bacon

(Address) 3214 Westwood Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Mar. 27 1939

19. UNDERTAKER Chas. P. Bruce Rowlins

(Address) 15 W. Mt. Royal Ave

20. FILED 19 Registrar.

MAR 26 1939

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 24 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/18 1939 to 3/24 1939.

I last saw her alive on 3/24 1939 Death is said to have occurred on the date stated above, at 7.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	1 yr.
Other contributory causes of importance:	

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A. Reiter M. D.

(Address) 3408 Windsor Ave

S. B.—WRITE PLAINLY, with pen and ink. AGE should be stated EXACTLY. PHYSICIANS should supply information asked for carefully supplied. AGE should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 56481

F 56481

19—H. P. Co.—1000 Pks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92-a

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 339 Baldwin St. ST. 26-10 WARD)

2-FULL NAME Kate Collins

(a) RESIDENCE. No. 339 Baldwin St ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: 64 Years | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Bartholomew

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Bridget Ryan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Irene Whitaker
(Address): 339 Baldwin St

15 Filed . 19

MAR 26 1939

Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 24 1939

17 I HEREBY CERTIFY, That I attended deceased from December 13 1938 to March 24 1939.

that I last saw h er alive on March 18 1939.

and that death occurred, on the date stated above, at 8.15 a. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Mitral & Aortic insuf

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? Usual

(Signed) B. M. Bezugartt M. D.

3/24 1939 (Address) 3455 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem.

DATE OF BURIAL: 3/27 1939

20 UNDERTAKER: J. G. Moran

ADDRESS: E. Balto.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

56482

HEALTH DEPARTMENT—CITY OF BALTIMORE

56482

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 335 Potomac St. 1-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME A. James Gilbert

If U. S. Veteran specify WAR

(a) Residence: No. 335 Potomac St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. Color or Race W

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Gilbert

6. DATE OF BIRTH (month, day, year) Jan 6 1877

7. AGE: Years 61 Months 8 Days 4 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Wm J. Gilbert

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Charlotte Baker

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Mary E. Gilbert

(Address) 335 Potomac St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date 3/28/39

19. UNDERTAKER J. Thos. Boden & Bro.

(Address) 1300 E. Baltimore St.

20. FILED 19 Registrar.

Huntingtop Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/24, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-22, 1939 to 3-24, 1939

I last saw h[im] alive on 3-24, 1939. Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis.	
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John J. Gould M. D.

(Address) 14 N Eutaw.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V6 B

MAR 26 1939

F 56483

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56483

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital 3 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Israel Goldberg

(a) Residence: No. 1412 Gough St. Ward, (no definite home)

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
Abt 42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Not Known

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hosp. Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lawn Date 3/26/39

19. UNDERTAKER John Lauer Inc

(Address) 1439 E. Baltimore St

20. FILED MAR 25 1939

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/24/39, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry found that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Paul Rhenisch Coroner, M. D.

(Address) Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 6

F 56484

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56484

CERTIFICATE OF DEATH

175a cc

1. PLACE OF DEATH Balto. City Hospitals — Registered No. 1877

CITY OF BALTIMORE: (No.) Bay View St., 36th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ruth R. Pateow — If U. S. Veteran specify WAR

(a) Residence: No. 3620 Roberts Place St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Henry K. Pateow

6. DATE OF BIRTH (month, day, year) May 28-906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Louis Collard

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Sara Reilly

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Henry K. Pateow

(Address) 3620 Roberts Place

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 3/27/39

19. UNDERTAKER John. J. McLean

(Address) 3000 E Baltimore St.

MAR 26 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23. 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage result of Criminal Abortion	2 Weeks

Other contributory causes of importance:

Was an operation performed? Yes Date of March 23-1939

For what disease or injury? Abortion

Name of operation Curettage Date of March 23-1939

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Criminal Date of injury March 9, 1939

Where did injury occur? 3620 Roberts Place (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury C. Abortion by a Woman

Nature of injury As. above.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 6

F 56485

HEALTH DEPARTMENT—CITY OF BALTIMORE

56485

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1207 W. 41st St. 13-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary M. Rettberg

If U. S. Veteran specify WAR

(a) Residence: No. 1207 W. 41st St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. H. Rettberg

6. DATE OF BIRTH (month, day, year) Mar 26 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ind. Ills.

FATHER

13. NAME John Edward Wells

14. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER

15. MAIDEN NAME Mary Ann Porter

16. BIRTHPLACE (city or town) (State or country) Ind.

17. INFORMANT Catherine Crane

(Address) 1207 W. 41st St

18. BURIAL, CREMATION, OR REMOVAL

Place Interment Date 3/27 19 39

19. UNDERTAKER J. J. Morgan

(Address) Boone & Baltimore

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/24 1939

22. I HEREBY CERTIFY, That I attended deceased from 11-7 1938 to 3-24 1939

I last saw her alive on 3-24 1939 Death is said to have occurred on the date stated above, at 11a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	3-17-39

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. C. Gerardi Jr. M. D.

(Address) 1900 W. 37th St

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Only such information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

MAR 26 1939

Huntington Williams, M.D.

Wilkerson

56486 HEALTH DEPARTMENT—CITY OF BALTIMORE R 56486

CERTIFICATE OF DEATH

X 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital Baltimore Md St., 7-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Chas Wilkerson

If U. S. Veteran specify WAR

(a) Residence: No. White Hall, Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Jesse P. Wilkerson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Emily Hatchett

16. BIRTHPLACE (city or town) (State or country) Talbot Co Md

17. INFORMANT Jane M. Mayfield

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Wesleyan Date Mar 28 1939

19. UNDERTAKER P. Magdalen Sons

(Address) White Hall Md

20. FILED MAR 30 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 3-26, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-25, 1939 to 3-26, 1939

I last saw him alive on 3-25, 1939 Death is said to have occurred on the date stated above, at 4:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Type I	
Lobar Pneumonia 4 lobes	3-18-39
Septicemia Type I	
2000 colonies/cc.	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A. J. Schuman, M. D.

(Address) Sinai Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Copy from all information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 56487 HEALTH DEPARTMENT—CITY OF BALTIMORE F 56487

CERTIFICATE OF DEATH

49-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 901 Aisquith St., 10-7 Ward)

Length of residence in city or town where death occurred ..... yrs. 3 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sr. Mary Engelbert Ammel

If U. S. Veteran specify WAR .....

(a) Residence: No. Convent of Notre Dame St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 17 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pittsburgh Pa.
(State or country)

FATHER

13. NAME Engelbert Ammel

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Marg. Schleipman

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT School Sisters of Notre Dame
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Notch Cliff Date Mar 27, 1939

19. UNDERTAKER Geo. M. Enic & Son
(Address) 811 W Lafayette

FILED MAR 25 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 28, 1938, to March 24, 1939.

I last saw her alive on March 22, 1939. Death is said to have occurred on the date stated above, at 3 P.M.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Papillo Carcinoma Ovary -	

Other contributory causes of importance:

Was an operation performed? Exploratory Date of July 15 39

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) F J Kirby M. D.

(Address) 110 E North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

56488
359756

HEALTH DEPARTMENT—CITY OF BALTIMORE

56488

CERTIFICATE OF DEATH

x 46-C

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anthony Goetz.

If U. S. Veteran specify WAR

(a) Residence: No. 436 St Marys St St., Ward. St. Marys Pa.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine

6. DATE OF BIRTH (month, day, year) 9/25/86

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. St Marys Water Works

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clerk

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Anthony Goetz.

14. BIRTHPLACE (city or town) (State or country) Pen.

MOTHER

15. MAIDEN NAME Barbara Gahn

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary, Pa. Date 3/26/1939

19. UNDERTAKER John A. Mitchell
(Address) 1900 Eutaw Place

20. FILED MAR 26 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch - 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from March - 12, 1939 to March - 26, 1939.

I last saw him alive on March - 26, 1939 Death is said to have occurred on the date stated above, at 5 18 A M.

The principal cause of death and related causes of importance were as follows:

		Date of onset
Localized peritonitis	1939.	March 23
Carcinoma of colon.	?	Feb 1939
Pneumonia, left upper lobe.	Mch	1939.

Other contributory causes of importance:

Was an operation performed? Yes. Date of March 10, 1939

For what disease or injury? Carcinoma of colon.

Name of operation Resection of carcinoma of colon.

What test confirmed diagnosis? Microscopic Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) David H Stone Jr. M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. ANY FALSE information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

56489
35-9419

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56489

CERTIFICATE OF DEATH

54-D

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. St., 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hallie Hammond

If U. S. Veteran specify WAR

(a) Residence: No. 1622 Mt. Royal St., Cor Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-14-84

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Frank Hammond

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Annie Bayley

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records -
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Amherst Va. Date March 26 39

19. UNDERTAKER John T. Mitchell & Sons.
(Address) 1900 Eutaw St.

20. FILED MAR 26 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Mar. 24. 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 8 1939 to Mar 24 1939

I last saw her alive on Mar 24 1939. Death is said to have occurred on the date stated above, at 6 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Postoperative Pneumonia	
Breast tumor - benign	

Other contributory causes of importance:

Was an operation performed? Yes Date of Mar 8

For what disease or injury? Breast tumor

Name of operation Amputation

What test confirmed diagnosis? Removed at autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Kenneth L. Pickrell M. D.

(Address) J. H. H.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Entry must be complete in every detail. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 56490

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56490

CERTIFICATE OF DEATH

✓ 97

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2726 Guilford ave St., 12-3 Ward)

Length of residence in city or town where death occurred 28 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Catherine Johanna Craig

If U. S. Veteran specify WAR .....

(a) Residence: No. 2726 Guilford St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~
~~HUSBAND of~~ (or) WIFE of Henry Francis Craig

6. DATE OF BIRTH (month, day, year) Dec 4th 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Phila Pa

FATHER

13. NAME Joseph Rice

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Johanna Miscal

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Henry F. Craig
(Address) 2726 Guilford ave

18. BURIAL, CREMATION, OR REMOVAL
Place Howland Park Date Mar 23rd 1939

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED MAR 27 1939 Huntington Hilliard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 24th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1937, to Mch 24, 1939

I last saw h~~er~~ alive on Mch 24, 1939. Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension + Arterio-sclerosis.	Several Years
Other contributory causes of importance: Pulmonary Edema.	1 Hour

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? ~~none~~ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) W. B. Bowman M. D.

(Address) 2200 Garrison Blvd.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 56491

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56491

CERTIFICATE OF DEATH

122-a CC

1. PLACE OF DEATH Balto. City Hospitals

CITY OF BALTIMORE: (No. Bay View St. 12-4 Ward)

Registered No. 1872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Wilbur W. Edman

(a) Residence: No. 931 St. Paul St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mina Edman

6. DATE OF BIRTH (month, day, year) Sept 28-1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lecturer & Preacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M. E. Church

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Wilbur W. Edman

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary E. McGraw

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT. Mary D. Edman

(Address) 931 N. Carlton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Mar 28th 1939

19. UNDERTAKER Wm Cook

(Address) 217 St. Paul St.

20. FILED Huntington Williams, M.D. Registrar

MAR 27 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Embolism	1 day
Capsular heart disease	4 yrs.
Arterio-sclerosis	5 yrs.
Other contributory causes of importance:	
Right inguinal hernia	1 day

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. W. Wood M. D. Coroner

(Address) 17 W. Madison St.

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 56492

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56492

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 801 E. 33rd St., 9-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth Catherine Falls

(a) Residence: No. 801 E. 33rd St., Ward.
(Usual place of abode) Same (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 3rd 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	11	22 (23)	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Bedford Va

FATHER

13. NAME Thomas M. Falls

14. BIRTHPLACE (city or town) (State or country) Bedford Va

MOTHER

15. MAIDEN NAME Catherine C. Freeman

16. BIRTHPLACE (city or town) (State or country) Bedford Va

17. INFORMANT Mary R. Rider
(Address) 801 E. 33rd st

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Mar 27th 1939

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul st

20. FILED 19 Registrar.

Harrington Williams, M.D.

MAR 27 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 26th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 13, 1937, to March 26, 1939.

I last saw him alive on March 25, 1939 Death is said to have occurred on the date stated above, at 3:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary Thrombosis	
Other contributory causes of importance: Hardened arteriosclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Frank Donaghy, M. D.

(Address) 3047 St Paul St

R. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 56493 HEALTH DEPARTMENT—CITY OF BALTIMORE F 56493

CERTIFICATE OF DEATH

82-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St. 19 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Blanche K. Kenton

If U. S. Veteran specify WAR

(a) Residence: No. 107 N. Fulton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Robert R M P Kenton

6. DATE OF BIRTH (month, day, year) Feb 27-1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48		25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent County Md

FATHER

13. NAME John V Kilbourne

14. BIRTHPLACE (city or town) (State or country) Kent County Md

MOTHER

15. MAIDEN NAME Kate Manley

16. BIRTHPLACE (city or town) (State or country) Kent County

17. INFORMANT Robert R.M.P. Kenton

(Address) 107 N Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Meadowridge Date 3/27 1939

19. UNDERTAKER Marian A Bailey Inc

(Address) 2714 Ellicott Drive

20. FILED Huntington Hillsborough Md.

MAR 27 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 24. 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

Also I/~~He~~ Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to ~~his~~ death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral embolism	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W J Nanna M. D. Coroner

(Address) 18 N W Baltimore St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 56494

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56494

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1118 W. Saratoga St. 18-2 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Gladys L. Stevens.

(a) Residence: No. 1118 W. Saratoga St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marvin Stevens

6. DATE OF BIRTH (month, day, year) Jan 16th 1911.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	2	14.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic. 0537

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home work.

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 3.

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md.

FATHER

13. NAME Walter Saunders

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md.

MOTHER

15. MAIDEN NAME Bertha Lewis

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md.

17. INFORMANT Bertha Lewis (Address) 1118 W. Saratoga St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date Mar 27, 1939

19. UNDERTAKER Mrs Katie R. Williams (Address) 327 N. Schroeder St.

MAR 27 1939 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24th 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 24th 1938 to March 24th 1939. I last saw her alive on March 24th 1939. Death is said to have occurred on the date stated above, at 6.4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis	Dont Know
Other contributory causes of importance	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) J. L. Gross M. D.

(Address) 532 N. Arlington Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 56495 HEALTH DEPARTMENT—CITY OF BALTIMORE F 56495

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 620 W. Saratoga St.) (Ward) 11-2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bertha Mae Thomas

If U. S. Veteran specify WAR .....

(a) Residence: No. 620 W. Saratoga St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur Thomas

6. DATE OF BIRTH (month, day, year) May 2, 1899

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Geo. Crippen

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Emma (?)

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Miriam Thomas

(Address) 620 W. Saratoga

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Mar 27 1939

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St

20. FILED MAR 27 1939 Mrs Katie R. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 22, 1939 to March 27, 1939

I last saw h[illegible] alive on Mar 23, 1939. Death is said to have occurred on the date stated above, at 5:30 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Bronchopneumonia	Mar 21
(Primary)	

Other contributory causes of importance: None

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John W. Lowe M. D.

(Address) 1 W. Lexington St.

F 56496

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56496

CERTIFICATE OF DEATH

181

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John's Hopkin's Hosp. St., 7-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ludwig Weitz Jr.

If U. S. Veteran specify WAR .....

(a) Residence: No. 2417 McElderry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Mar. 3 | 5 | 34

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
5	-	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Ludwig Weitz Sr.

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Anna Tondrack

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Ludwig Weitz

(Address) 2417 McElderry St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Cem. Date Mar. 27 1939

19. UNDERTAKER John F. Meily

(Address) 2334 Jefferson St.

20. FILED MAR 27 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest, find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Third degree burns of body.	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3/23/ 1939

Where did injury occur? 2417 McElderry St. Balto., Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Clothes caught on fire while playing & matches.

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) Paul Schenken Coroner, M. D.

(Address) Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V S 6

F 56497

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56497

CERTIFICATE OF DEATH

√50

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3605 Clipper Road St., 13-8 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fannie Maybell Montgomery.

If U. S. Veteran specify WAR .....

(a) Residence: No. 3605 Clipper Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard E. Montgomery

6. DATE OF BIRTH (month, day, year) Dec 18, 1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Thomas L. Pearce.

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Lilly M. Warter

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Richard E. Montgomery
(Address) 3605 Clipper Road.

18. BURIAL, CREMATION, OR REMOVAL
St. Mary's Hampden Date May 28, 1937

19. UNDERTAKER Chenoweth Bro.
(Address) 3615-17 Chestnut Ave.

20. FILED ..... 19.... Registrar.

Huntington Woods, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25. 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1937 to March 25, 1937

I last saw her alive on March 24, 1937 Death is said to have occurred on the date stated above, at 4.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of	
Conceled Hemmorhage	
(Other contributory causes of importance)	1936
Primary Arteriosclerosis of Breast	

Was an operation performed? 2/3/37 Date of .....

For what disease or injury? .....

Name of operation Breast removed

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Kenneth Hamilton, M. D.

(Address) 4034 Falls Road

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 56498

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56498

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4700 Forest Park Ave. Ward 24)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Benjamin Harrill Garr

If U. S. Veteran specify WAR

(a) Residence: No. 4700 Forest Park Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret M. Garr

6. DATE OF BIRTH (month, day, year) May 18 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stable Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Park Board

10. Date deceased last worked at this occupation (month and year) 3 to 39

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Garr

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Martha Warside

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Margaret M. Garr

(Address) 4700 Forest Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Mar. 27 1939

19. UNDERTAKER G. Howard Strong

(Address) 715 Light St.

MAR 27 1939

Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above at 7.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Hart Hanna M. D.

Coroner

(Address) 15 E. Hamilton

V 5 6

56499

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56499

CERTIFICATE OF DEATH

95-B 42720-FS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 17-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carmela Cremona

If U. S. Veteran specify WAR .....

(a) Residence: No. 412 N. Greene St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Michael

6. DATE OF BIRTH (month, day, year) 4-21-1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
76	76	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Louis Pernice

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Angeline Fragale

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem Date March 28, 1939

19. UNDERTAKER Frank Della Rocca
(Address) 52 N. Monroe St.

20. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1939 to March 25, 1939
I last saw her alive on March 25, 1939. Death is said to have occurred on the date stated above, at 5:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	1938

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. G. De Sautelle M. D.

(Address) Baltimore City Hospitals

F 56500 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 56500

CERTIFICATE OF DEATH

87-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3003 Elm Ave St. 13-5 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. 7 mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ruth E. Gosnell

If U. S. Veteran specify WAR —

(a) Residence: No. 3003 Elm Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug. 15-1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Arthur A. Gosnell

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Alice A. Harding

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Mrs. Alice A. Gosnell 3003 Elm Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Western Cem. Date March 27. 1939

19. UNDERTAKER (Address) Horace E. Durgee 3631 Falls Road

20. FILED ..., 19... Williamsport Md. Registrar.

MAR 27 1939 Huntingdon

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1939 to March 25, 1939

I last saw her alive on March 25, 1939 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Sclerosis	? 20 yrs duration
Other contributory causes of importance: Numerous Trophic ulcers.	over

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Lawrence J. Shymanek, M. D.

(Address) 3711 Falls Road

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

F 56501 **HEALTH DEPARTMENT—CITY OF BALTIMORE** RE56501

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hosp St. 20-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles C. Rosenwinkel

If U. S. Veteran specify WAR

(a) Residence: No. 3025 Frederick Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Wh	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Rosenwinkel

6. DATE OF BIRTH (month, day, year) July 25, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore Bus Co

10. Date deceased last worked at this occupation (month and year) Mar 25

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Elizabeth Rosenwinkel

(Address) 3025 Frederick Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore National Cem Date Mar 28 1939

19. UNDERTAKER Harry H. Amass

(Address) 4204 Edgewood Ave

19 Registrar.

MAR 27 1939

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 25, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

adduced, by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage. (Apoplexy)	Mar 25

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. J. Kanna Coroner, M. D.

(Address) 422 W Baltimore St

Information should be carefully supplied. Age should be stated in years, months, days. State CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See certificate.

F 56502

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56502

CERTIFICATE OF DEATH

Registered No. 7-5 1+47-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Blake

(a) Residence: No. 516 King George Ave. St., ... Ward. Roanoke Va

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Katherine

6. DATE OF BIRTH (month, day, year) Nov. 4-1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Banking 0.86

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Geo. Blake

14. BIRTHPLACE (city or town) (State or country) U. S.

MOTHER

15. MAIDEN NAME Emily Frazier

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records—

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Roanoke, Va. Date Mch. 27 1939

19. UNDERTAKER John O. Mitchell Funeral Dir.

(Address) 1900 Eutaw Place

20. FILED MAR 27 1939 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch. 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1939 to March 27, 1939

I last saw him alive on March 27, 1939. Death is said to have occurred on the date stated above, at 1.00 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Larynx — Date of onset Feb 1938

Other contributory causes of importance:

Hemorrhage from Pneumonia

Was an operation performed? Yes Date of 3/28/39

For what disease or injury?

Name of operation Tracheotomy

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. L. Leonard M. D.

(Address) Johns Hopkins Hospital

F. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 56503

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56503

40123-PS

CERTIFICATE OF DEATH

1-4 95-6

1. PLACE OF DEATH: Baltimore City Hospital

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

life

2. FULL NAME: Stephen Miller (or) Hmielewski

If U. S. Veteran specify WAR .....

(a) Residence: No. 2505 Fait Ave. St., ... Ward. 3 2

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret

6. DATE OF BIRTH (month, day, year): Nov. 25 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	53	3 4	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Stephen Miller

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Margaret

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: B.C.H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem. Date March 28 39

19. UNDERTAKER: Martin W.E. Dippel

(Address) 37 S. Ann St.

20. FILED ..... 19 ..... Huntington Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3-25 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-20 1938 to 3-25 1939

I last saw h.i.m alive on 3-25 1939. Death is said to have occurred on the date stated above, at 1400 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerotic heart disease	?
Coronary Occlusion	?
Other contributory causes of importance:	

Was an operation performed? Yes Date of 1-15-37

For what disease or injury? [illegible]

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Unknown If so, specify .....

(Signed) L. Hollingsworth M. D.

(Address) Balto City Hosp.

V3 8

B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 56504

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56504

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 11-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alexander Brooks

If U. S. Veteran specify WAR

(a) Residence: No. Charles & Oliver Sts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or ~~WIFE of~~) La Vern Brooks

6. DATE OF BIRTH (month, day, year) ? ? 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for B
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mr. Whitlow
(Address) 3276 W. 27th St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's Date Mch 27 1939

19. UNDERTAKER Geo. F. Alexander
(Address) 1512 Eutaw St.

FILED MAR 27 1939

Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest and that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schreiber, M. D.
Coroner

(Address) Coroner

*B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 56505

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 56505

CERTIFICATE OF DEATH

51-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St., 7-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. mos. da. How long in U. S. If of foreign birth? 61 yrs. mos. da.

2. FULL NAME John J Kaspar

If U. S. Veteran specify WAR

(a) Residence: No. 1820 Ashland Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Kaspar

6. DATE OF BIRTH (month, day, year): May 14, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Bohemia

FATHER

13. NAME: Anthony Kaspar

14. BIRTHPLACE (city or town) (State or country): Bohemia

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Bohemia

17. INFORMANT: Mary Kaspar

(Address): 1820 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: March 25, 19 39

19. UNDERTAKER: J. Poultney Bonsal

(Address): 900 Eutaw St

20. FILED 19 Registrar.

Huntington Williams, M.D.

MAR 27 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3- [illegible] - 1939, to 3-25, 1939

I last saw him alive on 3-25, 1939. Death is said to have occurred on the date stated above, at 8:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral arteriosclerosis	
& arteriosclerotic hypertensive heart dis.	
Other contributory causes of importance: Neoplasm of rt. adrenal gland	

Was an operation performed? Not for present illness. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Bernard J. Sabatini, M. D.

(Address) St Joseph Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56506

CERTIFICATE OF DEATH

F 56506

Registered No.

1. PLACE OF DEATH: Sinai Hospital

CITY OF BALTIMORE: (No. ... St. ... Ward) 14-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME: Sarah Finkelstein — If U. S. Veteran specify WAR

(a) Residence: No. 823 W. North Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Samuel

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Carl Cohen

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Hannah

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Husband

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Southern Cem. Date: 3-27-39

19. UNDERTAKER: Jack Lewis Co.

(Address): 1439 E. Baltimore St.

MAR 27 1939 — Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3-26, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1939 to March 26, 1939

I last saw her alive on March 26 1939 Death is said to have occurred on the date stated above, at 12:35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene of rt. foot	4 wks ago
Diabetes	8 yrs ago
Other contributory causes of importance:	

Was an operation performed? — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Force, M. D.

(Address) Sinai Hospital

F—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

56507

CERTIFICATE OF DEATH

F 56507

Registered No. .....

1. PLACE OF DEATH Franklin Sq. Hosp.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 19-W Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 14 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Baby Boy Winburger

If U. S. Veteran specify WAR .....

(a) Residence: No. Owings Mills Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 11 - 39

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Gunning Rd. (State or country) Owings Mills. Balto Co.

FATHER

13. NAME Charles Clay Winburger

14. BIRTHPLACE (city or town) Creston (State or country) N. C.

MOTHER

15. MAIDEN NAME Ethel Marion Peter

16. BIRTHPLACE (city or town) Owings Mills (State or country) Balto Co. Md.

17. INFORMANT Mary E. Peter

(Address) Gunning Rd. Owings Mills

18. BURIAL, ~~CREMATION OR REMOVAL~~

Carroll Chapel Date March 27, 1939

19. UNDERTAKER Ellis D. White

(Address) 2840 Eden Spring Lane

20. Mar 27/39 Washington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-25-, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-11-, 1938 to 3-25-, 1939.

I last saw him alive on 3-25-, 1938 Death is said to have occurred on the date stated above, at 12:55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) A. Friedman M. D.

(Address) Franklin Sq. Hosp.

N. B.—WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 56508 HEALTH DEPARTMENT—CITY OF BALTIMORE F 56508

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 304 S. Wolfe St. St., 22 Ward)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Bartkowska

If U. S. Veteran specify WAR .....

(a) Residence: No. 304 S. Wolfe St. St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Bartkowski

6. DATE OF BIRTH (month, day, year) 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House work

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Pete Holaga

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Martin Bartkowski

(Address) 606. S. Patterson Pk. Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Mch 28 .39. 19

19. UNDERTAKER F.W. Ozazewski

(Address) 1930 Eastern Ave.

20. FILED MAR 27 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1939 to March 25, 1939

I last saw h.e.r. alive on March 24, 1939 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	
Myocardial Insufficiency	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Andrew Klimkowski, M. D.

(Address) 2579 Eastern Ave.

R.—WRITE PLAINLY, WITH PEN AND INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 56509

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 56509

CERTIFICATE OF DEATH

23

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., | Ward 13

Length of residence in city or town where death occurred 29 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Peter Zywicki (ZYWICKI) If U. S. Veteran specify WAR .....

(a) Residence: No. 504 S. Glover St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, (Married) Widowed, or Divorced (write the word)
M	W	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emily

6. DATE OF BIRTH (month, day, year) Aug. 1, 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME John Zywicki

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Eleanor

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt. Carmel Cem. Date March 29, 39

19. UNDERTAKER Fred W. Brazaunas
(Address) 193 Eastern Ave.

20. FILED ..... 19..... Huntington Williams Registrar.

COPY
MAR 27 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar. 9, 1939, to Mar. 25, 1939

I last saw h.. alive on Mar. 25, 1939. Death is said to have occurred on the date stated above, at 1.05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	May 1937
Other contributory causes of importance: Diabetes Mellitus	1937

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. M. Curtis, M. D.

(Address) Baltimore City Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shall state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Thomas Mullan 3rd

F 56510

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56510

CERTIFICATE OF DEATH

161-a

1. PLACE OF DEATH

CITY OF RALTIMORE: (No. Woman's Hospital St. 27-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Mullan 3rd If U. S. Veteran specify WAR .....

(a) Residence: No. 531 E. Cold Spring Lane St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Thomas Mullan Jr.

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Hilda Rosalie Benisch

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr Thomas Mullan Jr.
(Address) 531 E. Cold Spring Lane

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 3/27 1939

19. UNDERTAKER Fanning Bryan
(Address) 5005 Pk Heights Ave.

FILED MAR 27 1939 19..... Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1939 to March 25, 1939

I last saw him alive on March 25, 1939 Death is said to have occurred on the date stated above, at 11:29 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis of Lungs	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
.....If so, specify.....

(Signed) Geraldine K. Powell M. D.

(Address) Woman's Hospital

Spec.—9-30—A. & Co.—250 Bks.

F 56511 Feistel O.K. Paul Culbertson, M.D. F 56511

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-a

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 Govane ave. Ward St.) 27-8 WARD

2-FULL NAME Thomas Fredrick FEISTEL

(a) RESIDENCE NO. 613 Govane Avenue ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Not.

6 DATE OF BIRTH (month, day, and year) March 23rd 1896

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	43	0	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrician

(b) General nature of industry, business, or establishment in which employed (or employer) Unemployed

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Govanstown Baltimore County

PARENTS

10 NAME OF FATHER William C. Feistel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Nellie Wolfe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Washington, D.C.

14 Informant Mr. Edward M. Feistel (Brother)
(Address) 613 Govane Avenue.

15 Filed MAR 27 1939, 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 25th 1939

17

I HEREBY CERTIFY, That I attended deceased from March 25th, 1939, to —, 19—

that I last saw h in. alive on March 25th, 1939

and that death occurred, on the date stated above, at 11.30 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 0 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Eye signs, paralysis, headache

(Signed) H.S. Chestnut M. D.

March 25th 1939 (Address) 6710 York Road

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL Mar 28 1939

20 UNDERTAKER Rita Wiedefeld ADDRESS 914 Gramm Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56512

CERTIFICATE OF DEATH

94-8 F 56512

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1536 N. Wolfe St., 8-6 Ward)

Length of residence in city or town where death occurred 53 yrs. 7 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sadie Elizabeth Pierce

If U. S. Veteran specify WAR

(a) Residence: No. 1536 N. Wolfe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George J. Price

6. DATE OF BIRTH (month, day, year) Aug 16 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Work at Home

10. Date deceased last worked at this occupation (month and year) 3/25/37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Walter Brown

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary C. Kirkpatrick

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs George J. Price

(Address) 1536 N. Wolfe St

18. PURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Mar. 29. 1937

19. UNDERTAKER Edward W. Conklin & Son

(Address) 724 E Eager St.

FILED MAR 27 1937

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to her death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schenker Coroner, M. D.

(Address) Coroner

F 56513

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56513

CERTIFICATE OF DEATH CGK--43202 34-9-107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 14-3 Ward)

Registered No. 20

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Daniel C. Reed

If U. S. Veteran specify WAR ...

(a) Residence: No. 570 Baker St. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 12, ~~1888~~ 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
~~65~~ 48	~~65~~	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Groom

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Charles Reed

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Singleton

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 3/28/39 19

19. UNDERTAKER Carlin & Sons

(Address) 2401 N. Caroline St.

20. FILED ..., 19... Registrar.

MAR 27 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1939 to March 26, 1939

I last saw him alive on March 26, 1939. Death is said to have occurred on the date stated above, at 6.55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-20-39

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Clinical

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. C. De Lautelle M. D.

(Address) Baltimore City Hospitals

INSTRUCTIONS: BURIAL PERMIT WILL NOT BE ISSUED UNLESS THIS CERTIFICATE IS FULLY AND CAREFULLY FILLED OUT. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56514

CERTIFICATE OF DEATH

× 34-131 F 56514

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Irene Harris

If U. S. Veteran specify WAR

(a) Residence: No. Ellicott City St., Ward. Ellicott city, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Harris

6. DATE OF BIRTH (month, day, year) Dec 23, 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	2	3	

OCCUPATION

8. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Bantam

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Packey Gage

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hosp Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Ellicott City Md Date 3/30/39

19. UNDERTAKER Easton Dorsey
(Address) Ellicott City

20. FILED MAR 27 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26 1939

22. I HEREBY CERTIFY, That I attended deceased from March 1 1939 to March 26 1939

I last saw her alive on March 25 1939 Death is said to have occurred on the date stated above, at 9 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio-vascular-renal disease	?
Other contributory causes of importance:	
Late latent syphilis	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinic. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Everett J. Dorsey M. D.

(Address) University Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 56515 HEALTH DEPARTMENT—CITY OF BALTIMORE B 56515

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH Hebrew Home for Aged & Infirm
CITY OF BALTIMORE: (No. Belvedere & Greenspring Ave St. 2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Harris Aronson

If U. S. Veteran specify WAR

(a) Residence: No. Belvedere & Greenspring Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Lotte Anna

6. DATE OF BIRTH (month, day, year) 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Sander Aronson

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rose ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sig Hamburger
(Address) Belvedere & Greenspring Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Date March 28 1939

19. UNDERTAKER Sol Levinson & Bros
(Address) 1124-26 W North Ave

Date of Filing MAR 27 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-27, 1939

22. I HEREBY CERTIFY, That I attended deceased from 11-11, 1936, to 3-27, 1939

I last saw h[illegible] alive on 3-27, 1939. Death is said to have occurred on the date stated above, at 8 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	3-21-39
Mitral Insufficiency	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Edmund Levin, M. D.

(Address) Lansdale

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56516

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Sesnic

If U. S. Veteran specify WAR

(a) Residence: No. 237 Vine St. St., Ward Johnstown Pa

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-15-1913

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
25	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 1086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Machine Operator

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Samuel Sesnic

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Freda Glasser

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Kenas

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Grandview, Pa Date 3/27/39 19

19. UNDERTAKER C. E. Schimunek

(Address) 2603 E. MADISON. ST.

20. FILED MAR 27 1939 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 3, 1939 to Mar 27, 1939

I last saw him alive on Mar 27, 1939. Death is said to have occurred on the date stated above, at 1:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary tuberculosis	Jan 1939
Tuberculous meningitis	3/15/39

over

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. A. Brennan, M. D.

(Address) Johns Hopkins Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56517

CERTIFICATE OF DEATH

107-a F 56517

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 Callendar St., 21-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Thomas William Gray

If U. S. Veteran specify WAR

(a) Residence: No. 504 Callendar St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 17 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	0	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hunter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Thomas

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary O'Brien

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Sarah Groh

(Address) 524 Callendar St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 3/28/39

19. UNDERTAKER Ambrose Inc.

(Address) 1017 W. Cross St.

20. MAR 27 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1938 to Mar 25, 1939

I last saw him alive on Mar 25, 1939. Death is said to have occurred on the date stated above, at 12:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	Mar 24
Other contributory causes of importance:	
Malnutrition with extreme emaciation	Years.

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Huntington Williams, M. D.

(Address) 729 Linden Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 56518

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56518

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hosp. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella V. Cavaliers

If U. S. Veteran specify WAR

(a) Residence: No. 1852 N. Wolfe St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Cavalier

6. DATE OF BIRTH (month, day, year) 12/17/1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Conaughy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Dugan

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. Cavaliers

(Address) 1852 N. Wolfe St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudenslager Date 3/29/39

19. UNDERTAKER Geo. J. Roth Jr.

(Address) 1735 Thompson St

3/29/39 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-25-39

22. I HEREBY CERTIFY That I attended deceased from 3-8-39 to 3-25-39 19

I last saw h[illegible] alive on 3-25-39 Death is said to have occurred on the date stated above, at 6:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis & Uremia	?
Diabetis Mellitus	?
Arteriosclerotic Cardio Vascular Disease	?
Contributory causes of importance: Pneumococcus Peritonitis	about Feb. 5 '39

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. R. Tennyson M. D.

(Address) St. Joseph's Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V0 8

W F

56519

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B F 56519

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 525 S. Decker ave - W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary S. Hollermann If U. S. Veteran specify WAR

(a) Residence: No. 525 S. Decker ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Hollerman

6. DATE OF BIRTH (month, day, year) Oct. 12 1866

7. AGE — Years 72 | Months 5 | Days 13 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ind.

FATHER

13. NAME Henry Randall

14. BIRTHPLACE (city or town) (State or country) Eng.

MOTHER

15. MAIDEN NAME Catherine Smith

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMANT Chas. Hollermann
(Address) 525 S. Decker ave

18. BURIAL, CREMATION, OR REMOVAL
Place Bel. Av. Cem. Date 3/28 1939

19. UNDERTAKER John A. Moran
(Address) 1300 E. Baltimore St.

20. FILED 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 25th 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1, 1939, to Mar. 25, 1939

I last saw he alive on Mar. 25, 1939. Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular Disease	
Myocardial failure	3-1-39
Other contributory causes of importance:	

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. A. Schumacher M. D.

(Address) 842 S. Eaton ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56520

CERTIFICATE OF DEATH

46-aF 56520

1. PLACE OF DEATH St Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton St., 925 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. dys. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mr James Plunkett

If U. S. Veteran specify WAR

(a) Residence: No. 3925 Wilkens Ave St., 20 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 23-1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Woodensburg Baltimore Md
(State or country) Maryland

FATHER

13. NAME Henry W. Plunkett

14. BIRTHPLACE (city or town)
(State or country) Pa

MOTHER

15. MAIDEN NAME Margaret Small

16. BIRTHPLACE (city or town)
(State or country) Pa

17. INFORMANT Wm Mercer Mill
(Address) 2404 Eastwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 3-29-39

19. UNDERTAKER J. B. Tilbert & Son
(Address) 1800 Eutaw Place

MAR 27 1939 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-26-1939

22. I HEREBY CERTIFY, That I attended deceased from 12-21-38 to 3-26-39

I last saw h. alive on Mar. 26 1939. Death is said to have occurred on the date stated above, at 12 05 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Oesophagus with generalized metastases.	2 mos.
Other contributory causes of importance: Marked Secondary anemia	2 mo?

Was an operation performed? yes Date of 12-30-38 1-20-39

For what disease or injury?

Name of operation Oesophagoscopy

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph E. Muse Jr. M. D.

(Address) St. Agnes Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 5

HEALTH DEPARTMENT—CITY OF BALTIMORE

56521

CERTIFICATE OF DEATH

108 F 56521

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1902 Eutaw Place St. 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henrietta A. Link

If U. S. Veteran specify WAR

(a) Residence: No. 1902 Eutaw Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of M. Starr Link

6. DATE OF BIRTH (month, day, year) July 19, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Ritz,

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mollie King,

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mr. M. Starr Link,

(Address) 1902 Eutaw Place.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date Mch. 29, 1939

19. UNDERTAKER David Sondheim & Son,

(Address) 1902 Eutaw Place.

[redacted] Harrington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch. 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar. 21 1939 to Mar. 26 1939

I last saw h[illegible] alive on Mar 26 1939 Death is said to have occurred on the date stated above, at 4.20P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/21/39
Other contributory causes of importance:	
Myocarditis.	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? Clx Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) L. N. Meyer M. D.

(Address) 1520 E. 33rd. St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

56522 F

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56522

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 5-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lucy Debole (40808)

If U. S. Veteran specify WAR .....

(a) Residence: No. 278 N. Exeter St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 1, 1921

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
17	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Paul

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Mary Uldlimo

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date March 28, 1939

19. UNDERTAKER Vigliato Funeral Home Inc.
(Address) 1546 N. Gay St

20. FILED MAR 27 1939 Thurlington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 10, 1939 to March 25, 1939

I last saw her alive on March 25, 1939. Death is said to have occurred on the date stated above, at 3:45 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Nov 1938
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56523

CERTIFICATE OF DEATH

X 46-F F 56523

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hosp. St., 9-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Evering

If U. S. Veteran specify WAR

(a) Residence: No. Stemmers Run Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 28-1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co Md.

FATHER

13. NAME Christian Evering

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Margaret Schuler

16. BIRTHPLACE (city or town) (State or country) Balto Co Md.

17. INFORMANT Mrs. Mary Evering

(Address) Falding Ring Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date 3/29 1939

19. UNDERTAKER John G. Connelly

(Address) Govt Md.

20. FILED MAR 27 1939 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26 1939

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1939, to March 26, 1939.

I last saw her alive on March 26, 1939. Death is said to have occurred on the date stated above, at 12 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Head of Pancreas	?
Metastasis to Liver	?

Other contributory causes of importance:

Diabetes Mellitus	?

Was an operation performed? Yes Date of March 25, 1939

For what disease or injury? Carcinoma Head of Pancreas

Name of operation Exploratory Laparatomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Bernard J. Sabatini, M. D.

(Address) St Joseph Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VD 9

F 56524

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B F 56524

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 812 N. Glover Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Miss Suzanna Schaefer

If U. S. Veteran specify WAR

(a) Residence: No. 812 N. Glover St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 10-1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John J. Schaefer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Maria Bruns

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John H. Schaefer

(Address) 4252 Nicholas Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Paul's Cem. Date Mar. 28-39

19. UNDERTAKER John E. Miller

(Address) 2334 Jefferson St.

20. FILED MAR 27 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/6, 1939 to 3/26, 1939

I last saw her alive on 3/26, 1939 Death is said to have occurred on the date stated above, at 1.35 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Hypostatic pneumonia	
Other contributory causes of importance:	
Arteriosclerotic C.V. Dis	

Was an operation performed? ... Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas E Marsh, M. D.

(Address) 801 N Fayette Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

56525

CERTIFICATE OF DEATH

23 F 56525

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. 5 mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emily Wacker

If U. S. Veteran specify WAR

(a) Residence: No. 1003 W. North ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Wacker

6. DATE OF BIRTH (month, day, year) Oct. 2, 1917

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME William Heinrich

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

MOTHER

15. MAIDEN NAME Mercie McKenny

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Mar. 28, 1939

19. UNDERTAKER John J. Miller

(Address) 2334 Jefferson St.

20. FILED MAR 27 1939 Huntington Williams

V6 8

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1938 to Mar 25, 1939

I last saw h.c.r. alive on Mar. 25, 1939. Death is said to have occurred on the date stated above, at 3 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	Feb 1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. M. Curtis, M. D.

(Address) Baltimore City Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 56526

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a F 56526

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4939 Edgemere ave St., 7-16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Katie L. Valentine

If U. S. Veteran specify WAR .....

(a) Residence: No. 4939 Edgemere ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ezra Frank Valentine

6. DATE OF BIRTH (month, day, year) September 28-1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co. Maryland

FATHER

13. NAME John Dinhart

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Ezra Frank Valentine
(Address) 4939 Edgemere Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date March 29 19 39

19. UNDERTAKER George L. Lehnert.
(Address) 2101 Frederick Ave.

20. FILED MAR 27 [illegible] Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 26 1939

22. I HEREBY CERTIFY, That I attended deceased from March 1938 to March 26 1939

I last saw h.er alive on March 25 1939. Death is said to have occurred on the date stated above, at 5:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	3-19-39

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? non Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Gustav Hechstein M. D.

(Address) 2726 Penna. Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

39109
cahe/cee

F 56527

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 56527

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. Gen. Hosp. St. 23-1 107-a Ward)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louisa Rausch

If U. S. Veteran specify WAR

(a) Residence: No. 104 W. Fort Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christian Rausch

6. DATE OF BIRTH (month, day, year) Sept. 15, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Don't know

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Christian Rausch (Husband)

(Address) 104 W. Fort Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date March 29, 19 39

19. UNDERTAKER A. Howard Evans

(Address) 1400-02 S. Charles St.

20. FILED MAR 27 1939 Huntington Williams Registrar

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 19 39

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon, and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	3/22/ 1939
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) L. J. Pittman, M. D.
Coroner

(Address) 1304 E. Cease Street

39108

ahe/cee

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56528

CERTIFICATE OF DEATH

82-aF 56528

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1400 Patapsco St. St., Ward) 23-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. Kaiser

If U. S. Veteran specify WAR

(a) Residence: No. 1400 Patapsco St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nicholas Kaiser

6. DATE OF BIRTH (month, day, year) Sept. 20, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Frederick Stoffel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Eckhard

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Kaiser (Son)
(Address) 1400 Patapsco St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date March 29, 39

19. UNDERTAKER A. Howard Evans
(Address) 1400-02 S. Charles St.

20. FILED MAR 27 1939 19 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26. 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15 1939 to March 26 1939

I last saw her alive on March 26 1939. Death is said to have occurred on the date stated above, at 2.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-24-39
Other contributory causes of importance: Arteriosclerosis	

Was an operation performed? NO Date of

For what disease or injury? NO

Name of operation

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? NO Date of Injury 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) Huntington Williams M. D.

(Address) 1321 S. Charles St

V6 8

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Korinek

56529 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 56529

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital 123 Balto Ind Registered No. D-3963

CITY OF BALTIMORE: (No. ..... St. 27-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? 4 yrs. ..... mos. ..... ds.

2. FULL NAME Jerry F. Kyrinek

If U. S. Veteran specify WAR.

(a) Residence: No. 5207 York Road St., ... Ward Baltimore Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Kosnek

6. DATE OF BIRTH (month, day, year) Nov 24th 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63 yrs	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Silk

10. Date deceased last worked at this occupation (month and year) Mar 1939

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Bohemia (Karvinaty)

FATHER

13. NAME John Kosnik

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Asan

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Mrs. Anna Kosnek
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Hill Date Mar 29th 1939

19. UNDERTAKER Wm Cook
(Address) 127 St. Paul St

20. FILED ..... 19 ..... Registrar Huntingtown Williams Md

MAR 28 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/26/ 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/24/39 19 ..... to 3/26/39 19 .....
I last saw him alive on 3/22 19 39 Death is said to have occurred on the date stated above, at 11:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
hemorrhage into g.i. tract	
Other contributory causes of importance:	
	over

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) W Bordon Davis M. D.

(Address) Union Memorial Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 56530

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56530

CERTIFICATE OF DEATH

106-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 St. Ellwood Ave. 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Sarah Elizabeth Sadler

(a) Residence: No. 505 St. Ellwood Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John R Sadler

6. DATE OF BIRTH (month, day, year): April 10th 1869

7. AGE: Years 69 | Months 11 | Days 15 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Joseph E. Fairbanks

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Fannie Harrison

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Wm E. Sadler 505 St. Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Parkwood Date March 28th 39

19. UNDERTAKER (Address): William Cook 1217 St. Paul Street

MAR 28 1939 19 ... Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 25. 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 10- 1936 to Mar 25 1939

I last saw her alive on Mar 24 1939. Death is said to have occurred on the date stated above, at 8.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cer. Pneumonitis, Ex Arteriosclerosis	Mar-36
Other contributory causes of importance: Bronchial Monilasis, Pulmonary Edema	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. E. Gerger M. D.

(Address) 156 N. Linden Ave

F 56531

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56531

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Street) (Hospital) (Ward) 94-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Samuel M. Little

(a) Residence: No. Franklin Street (Usual place of abode) Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Little

6. DATE OF BIRTH (month, day, year) Sept 21st 1885

7. AGE (53) 53 Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Caretaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engine

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Balto. Md.

FATHER

13. NAME Elijah J. Little

14. BIRTHPLACE (City or town) (State or country) Petersburg Va.

MOTHER

15. MAIDEN NAME Emmie Hall

16. BIRTHPLACE (City or town) (State or country) Portsmouth Va.

17. INFORMANT Estelle Little

(Address) 203 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St. Matthews Cem Date Mar 28 1939

19. UNDERTAKER Wm Cook

(Address) 127 E Paul St

20. FILED 19 Huntington Williams, Registrar

V.S.R.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above at 7-8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Angina Pectoris,	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D. Coroner

(Address) 12 E Franklin St

Coroner.

WRITE PLAINLY WITH INKING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 28 1939

F 56532

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56532

CERTIFICATE OF DEATH

V 119 cc 187

Registered No. 187

1. PLACE OF DEATH Balto. City Hospitals

CITY OF BALTIMORE: (No. Bay View St., 764 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry Veney

(a) Residence: No. 1010 N. Bond St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpet [illegible]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James A. Veney

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mamie Thompson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT James A. Veney Father

(Address) Eastern Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Pt. Lookout Cem. Date 3-28 1939

19. UNDERTAKER Bryant & Jamie

(Address) 1100 E. Lexington St.

Thurlington Williams, M.D. Registrar.

20. FILED MAR 28 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance, were as follows:

	Date of onset
Entero - Colitis	3 Weeks
Other contributory causes of importance: Jaundice, Disorder	3 Weeks

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, what duty

(Signed) Chas. W. Wood Coroner M. D.

(Address) 1712 N. Bond St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 56533

56533 1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. V 131

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 522 St Paul ST. 11-7 WARD)

2-FULL NAME Sadie Hawkins

(a) RESIDENCE NO. 522 St Paul ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 58 mos. (?) ds. (?) How long in U. S., if of foreign birth? X yrs. X mos. X ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX f

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced. (write the word) Married

5a If married, widowed, or divorced (or) WIFE of Joseph Hawkins

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	58	(?)	(?)	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None (37)

(b) General nature of industry, business, or establishment in which employed (or employer) X X X X X X X X

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) ditto

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ditto

14 Informant Joseph Hawkins (Address) 522 St. Paul St.

15 [illegible] MAR 28 1939 19 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) MAR 25 1939

17 I HEREBY CERTIFY, That I attended deceased from JUN 18 1937 to MAR 25 1939.

that I last saw h alive on MAR 25 1939 19 .

and that death occurred, on the date stated above, at 11.45 A. m.

The CAUSE OF DEATH* was as follows:

acute Bronchio Pneumonia

probably after acute

Influenza X yrs. X mos 3 ds.

(duration)

CONTRIBUTORY (Secondary) Chronic Nephritis Chronic Endocarditis

(duration) 5 yrs.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? NO Date of X X X

Was there an autopsy? NO

What test confirmed diagnosis? Clinical test

(Signed) Otto Bruker M.D.

3/27 1939 (Address) 928 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Cem.

DATE OF BURIAL 3/28 1939

20 UNDERTAKER Mrs. Geo. H. Holland

ADDRESS 1637 Druid Hill Ave

N. B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 56534

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56534

CERTIFICATE OF DEATH

V 179

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Community Hospital St., 18-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Shirley A. Giddings

If U. S. Veteran specify WAR

(a) Residence: No. 1022 Boyd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 17/35

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
3	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME William Giddings

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Gertrude MacMillen

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Gertrude Giddings

(Address) 1022 Boyd St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 3/28/39

19. UNDERTAKER Wm Cowan & Son

(Address) 901 Stollens St

20. FILED 19 Registrar

MAR 28 1939 Hunting for Millicent, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardio-Respiratory Failure	4 hrs
Other contributory causes of importance: Phosphorus Poisoning	12 hrs

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Acc Date of injury 3/25, 1939.

Where did injury occur? Balto. Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Ate commercial rat poison from tube while at play

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Michael A Abrams, M. D.

Coroner

(Address) 2260 Eutaw place

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

56535 F 56535

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 Gorman Ave. St. 20-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Patrick J. Cavanaugh

If U. S. Veteran specify WAR

(a) Residence: No. 15 Gorman Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of late Bridgid J. Cavanaugh

6. DATE OF BIRTH (month, day, year) Mar 17, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motorman Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Transit Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME James Cavanaugh

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs Ella Larkin

(Address) # 15 Gorman Avenue.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 4/ 29/ 1939

19. UNDERTAKER John J. Cowan & Son

(Address) Hollins & Fremont Sts.

20. FILED MAR 28 1939 By Hunter Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 26th. 1939.

22. I HEREBY CERTIFY, That I attended deceased from March 24 1939 to March 26 1939

I last saw him alive on March 25 1939. Death is said to have occurred on the date stated above, at 6.55 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	3 24 39
Uremia	3 24 39
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David E. Bogard M. D.

(Address) 1905 W. Baltimore St.

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 56536

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56536

CERTIFICATE OF DEATH

CGK--39615

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 5-W Ward) 18

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Bessie Beatrice Hurt

(a) Residence: No. 502 Aisquith St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, year): 3-5-1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
36	36	0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Nathan Hurt

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Elizabeth XXXXXX

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Willie Hurt (Address) 502 Aisquith St

18. BURIAL, CREMATION, OR REMOVAL: [illegible] Date 3-29 1937

Cabin maybell Baltimore Annie Maria

19. UNDERTAKER: [illegible] (Address) 1218 McCulloh St

20. FILED: Huntington Williams, M.D. Registrar.

MAR 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3-25-1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 3 1936 to 3-25 1937

I last saw her alive on 3-24 1937 Death is said to have occurred on the date stated above, at 7A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma cervix	?
Other contributory causes of importance:	

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify

(Signed) L. Edward H ... M. D.

(Address) Bal City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

56537 56537

CERTIFICATE OF DEATH

16-34 V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Savage (38261)

If U. S. Veteran specify WAR

(a) Residence: No. 1213 N. Gilmor St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FeMale	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 3, 1917

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME ? Savage

14. BIRTHPLACE (city or town) (State or country) ??

MOTHER

15. MAIDEN NAME Leona Dixon

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 3/29 39

19. UNDERTAKER Thomas E. Kelly
(Address) 1363 Presstman St

20. FILED Registrar for William Bodine
MAR 28 1939

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) March 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from October 22, 1938 to March 25, 1939.

I last saw her alive on March 25, 1939. Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	June 1938
Tuberculosis of larynx	Aug 1938
Other contributory causes of importance:	
Anemia secondary to infection	Oct 1938
Syphilis	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. M. Curtis, M. D.

(Address) Balto. City Hospitals

Information should be carefully supplied. Any space not applicable should be marked "None." Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 56538

F 56538 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 210-M

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 11-4 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Agnes Johnson

(a) Residence: No. 1118 Madison St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leo Johnson

6. DATE OF BIRTH (month, day, year) July 17, 1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 097

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H.W.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Richard Hawkins

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Harriday

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Leo. Johnson

(Address) 1118 Msdison Av.

18. BURIAL, CREMATION, OR REMOVAL

Mt Olivet Date 3 - 29 1939

19. UNDERTAKER Frances a Hensley

(Address) 575 W Biddle St

20. FILED Huntington Williams, M.D. Registrar.

MAR 28 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal Injury to Abdoman	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, Suicide or Homicide? Accident March 25, 1939, 19

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Crossing McCulla St at Dolphin St

Nature of injury struck by Auto.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. O. Moellen Coroner, M. D.

(Address) 2757 W Mn

HEALTH DEPARTMENT—CITY OF BALTIMORE

56539

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 16-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Wright (42790)

If U. S. Veteran specify WAR .....

(a) Residence: No. 1012 Poplar Grove St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lottanzio

6. DATE OF BIRTH (month, day, year) April 2, 18 85

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret Daniels

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date 3/28/ 1939

19. UNDERTAKER E. W. Brown & Co

(Address) 2924 Eutaw Place

20. FILED ..... 19.....

MAR 24 1939 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1939 to March 24, 1939

I last saw him alive on March 24, 1939. Death is said to have occurred on the date stated above, at 1:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	APR 1936
Arteriosclerosis General	1936

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

Instructions: Fill in all items accurately and completely. Use ink. Print plainly. Any physician who refuses or neglects to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Bautz

HEALTH DEPARTMENT—CITY OF BALTIMORE

56540 F 56540

CERTIFICATE OF DEATH

51-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 420 N Catalpha Rd, 27-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph F. Bautz (Bautz)

If U. S. Veteran specify WAR

(a) Residence: No. 420 N Catalpha Rd, ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Bautz

6. DATE OF BIRTH (month, day, year) June 4, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chef. 41

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 60

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Michael Bautz

14. BIRTHPLACE (city or town) (State or country): France

MOTHER

15. MAIDEN NAME: Annie Thorpe

16. BIRTHPLACE (city or town) (State or country): —

17. INFORMANT: Elizabeth Bautz

(Address) 420 N Catalpha Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 3-29 1929

19. UNDERTAKER: Leonard J. Ryder

(Address) 501 Hanford Rd

20. FILED ... 19... Huntington Hilliard Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-24 1929

22. I HEREBY CERTIFY, That I attended deceased from April 1 1928 to March 24 1929.

I last saw him alive on March 24, 1929. Death is said to have occurred on the date stated above, at 11:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	
Metastasis to Lung and Pleura	
Pulmonary Oedema	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Herbert C. Notzke M. D.

(Address) 2151 Walbrook

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 56541 HEALTH DEPARTMENT—CITY OF BALTIMORE F 56541

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward) 27-12

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William Henry Reese

If U. S. Veteran specify WAR None

(a) Residence: No. 5002 St. Albans Way St., City Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Nellie Reese (Rogers)

6. DATE OF BIRTH (month, day, year) Sept. 3, 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Vice President

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Western Electric

10. Date deceased last worked at this occupation (month and year) 3/6/39

11. Total time (years) spent in this occupation 34

12. BIRTHPLACE (city or town) (State or country) Indiana Michigan City - Ind.

FATHER

13. NAME William Reese

14. BIRTHPLACE (city or town) (State or country) Ind. Michigan City - Ind.

MOTHER

15. MAIDEN NAME Hattie Cook

16. BIRTHPLACE (city or town) (State or country) Ind Michigan City Ind

17. INFORMANT Mrs Wm. Pollard - (daughter)
(Address) Towson.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date 3/28/39

19. UNDERTAKER STEWART & MOWEN COMPANY
(Address) (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

20. FILED Mar 28 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar. 7, 1939 to Mar 26, 1939

I last saw him alive on Mar 26, 1939. Death is said to have occurred on the date stated above, at 11 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	3/6/39
Cerebral embolism	3/26/39

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify —

(Signed) F. V. D. Wack, M. D.

(Address) 513 East 39th.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

56542

HEALTH DEPARTMENT—CITY OF BALTIMORE

56542

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2135 E. Fairmount Ave St., 1-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 40 yrs. ..... mos. ..... ds.

2. FULL NAME Aaron Cohen

If U. S. Veteran specify WAR .....

(a) Residence: No. 2135 E. Fairmount St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena

6. DATE OF BIRTH (month, day, year) 5/7/2

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor 0080

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Leah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Husband

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 3/28/39

19. UNDERTAKER Jack Lewis Inc

(Address) 1454 E. Baltimore

20. FILED ..... 19..... Registrar.

VS 3

MAR 28 1939

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/28/39. 19

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1935. to March 27, 1939

I last saw him alive on March 27, 1939 Death is said to have occurred on the date stated above, at 8 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Other contributory causes of importance: Nephritis, Myocarditis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Symptoms and Course Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel Silverstein, M. D.

(Address) 225 Park Avenue

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

$6543 HEALTH DEPARTMENT—CITY OF BALTIMORE E 56543

CERTIFICATE OF DEATH ✓ 82-a

Registered No.

1. PLACE OF DEATH 515 Robert St 14-3
CITY OF BALTIMORE: (No. Robert St St. 14-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. d.

2. FULL NAME Francis Priscilla Allen If U. S. Veteran specify WAR

(a) Residence: No. 515 Robert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James M. Allen

6. DATE OF BIRTH (month, day, year) Feb. 24, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date decedent last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert County Md.

FATHER

13. NAME Albert Barnett

14. BIRTHPLACE (city or town) (State or country) Calvert County Md.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Wahseeda Male (Address) 515 Robert

18. BURIAL, CREMATION, OR REMOVAL Place Mt Lubury Date March 1939

19. UNDERTAKER J. A. Brooks (Address) 1463 N. Caroy St

20. FILED MAR 28 1939 Harrington Wilkerson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1939 to March 26, 1939

I last saw her alive on March 25, 1939. Death is said to have occurred on the date stated above, at 4:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/26/39
Other contributory causes of importance: Hypertension & Arteriosclerosis	3 mo.

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert Lee Tilghman M. D.

(Address) 2248 Madison Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

56544 HEALTH DEPARTMENT—CITY OF BALTIMORE

360234

CERTIFICATE OF DEATH

82-a F 56544

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 10-7 Ward)

Length of residence in city or town where death occurred 17 yrs. 4 mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Jordan

(a) Residence: No. 1435 E. Eager St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/11/10

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	28	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chef

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Charles Jordan

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Irene Young

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Carbutt Memorial Park Date 3-28-1939

19. UNDERTAKER Mrs. R. A. Elliott & Daughter
(Address) 1125 N. Milton Ave

Mar 28 1939 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March-25, 1939

22. I HEREBY CERTIFY, That I attended deceased from March-22, 1939, to March-25, 1939.

I last saw him alive on March-25, 1939. Death is said to have occurred on the date stated above, at 5.50 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Lymphosarcoma	1937
? subdiaphragmatic Hemorrhage	Today
Uraemia	2 months

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ferdinand Sluteford M. D.

(Address) Johns Hopkins Hospital

Lee Roy Johnson

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56545

CERTIFICATE OF DEATH

121 F 56545

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 15-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leeboy Johnson

If U. S. Veteran specify WAR

(a) Residence: No. 108 Laurens St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 20-1896

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	42	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Thomas Short

14. BIRTHPLACE (city or town) (State or country) V. A.

MOTHER

15. MAIDEN NAME Lesa Lambert

16. BIRTHPLACE (city or town) (State or country) V. A

17. INFORMANT Mary Robinson

(Address) 1833 Eastland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Date 3-28- 1939

19. UNDERTAKER Mrs R. L. Elliott Daughter

(Address) 112 N. Caroline St

20. FILED Huntington Williams, M.D. Registrar.

MAR 28 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-25-1939

22. I HEREBY CERTIFY, That I attended deceased from 3-21 1939 to 3-25 1939

I last saw he alive on 3-25 1939 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Appendix	
Generalized Peritonitis	3-11-39

Other contributory causes of importance:

Was an operation performed? Yes Date of 3-24-39

For what disease or injury? Generalized Peritonitis

Name of operation Pelvic Puncture

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) D. L. Jackson, M. D.

(Address) Provident Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

56546

36035

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56546

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

CITY OF BALTIMORE: (No. ..... St. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William J Poag

If U. S. Veteran specify WAR .....

(a) Residence: No. 214 College ave St., ... Ward. Rock Hill S.C.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1-18-35

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. Car

FATHER

13. NAME James Poag

14. BIRTHPLACE (city or town) (State or country) S. Car

MOTHER

15. MAIDEN NAME Mary Grover

16. BIRTHPLACE (city or town) (State or country) Ky

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Rock Hill, S.C. Date Mar 28 1939

19. UNDERTAKER John O. Mitchell & Son

(Address) 19 or 21 E. Black

20. FILED Mar 28 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 24, 1939 to Mar 27, 1939

I last saw him alive on Mar 27, 1939 Death is said to have occurred on the date stated above, at 11-P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-27-39
Spastic Paraplegia	Birth

Other contributory causes of importance:

Sulfanilamide or Sulfapyridine
Hemoglobinuria

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Harold G. Grieb M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 28 1939

56547

F 56547

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 3-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Joseph Pulaski

(a) Residence: No. 1612 Gough St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (~~WIFE~~) Mary Pulaski

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	—		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Longshoreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shipping Industry

10. Date deceased last worked at this occupation (month and year) 3/27/39

11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Jozef Pulaski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Catherine Matkowski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mary Pulaski

(Address) 1612 Gough St.

18. BURIAL, CREMATION, OR REMOVAL

Place ST. STANISLAUS Date March 30 1939

19. UNDERTAKER George A Weber.

(Address) 705 S Ann St.

MAR 28 1939

19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/27, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	1/2 hr.
Other contributory causes of importance: Coronary Thrombosis	1/2 hr.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19..

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A Abrami, M. D.

Coroner

(Address) 2360 Eutaw place

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 56548

HEALTH DEPARTMENT—CITY OF BALTIMORE

56548

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Owing Malone

If U. S. Veteran specify WAR World war

(a) Residence: No. 741 W. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jno. Owing

6. DATE OF BIRTH (month, day, year) 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. W Pk Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Bethlehem Pa

FATHER

13. NAME Patrick Malone

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Bridin Hanna

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Bethlehem Pa Date 3/30 39

19. UNDERTAKER E. Rhett Lee
(Address) Lee Butler

20. FILED ... 19 ... Huntington Williams Registrar

MAR 28 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 27. 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 25th 1939 to Mar 27th 1939

I last saw him alive on Mar 27th, 1939. Death is said to have occurred on the date stated above, at 8 05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	
Acute Pulmonary edema	
Hypertensive Arterio sclerotic	
Cardio Vascular Disease	
Other contributory causes of importance: Subarrachnoid hemorrhage (Primary)	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. King B. E. Leegar, Jr. M. D.
(Address) University Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 56549 HEALTH DEPARTMENT—CITY OF BALTIMORE F 56549

CERTIFICATE OF DEATH

+ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Lansing Theodore Headley

(a) Residence: No. 3216 McShane Way St., Ward. Balto Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 6, 1938

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dundalk Md.

FATHER

13. NAME Lansing L. Headley

14. BIRTHPLACE (city or town) (State or country) Morgantown W. Va.

MOTHER

15. MAIDEN NAME Beating Eklund

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Lansing L. Headley
(Address) 3216 McShane Way.

18. BURIAL, CREMATION, OR REMOVAL
Place Fairview Date 3/28 1939

19. UNDERTAKER Leonard D. Carrington
(Address) 21 W. 25th St

20. FILED Hunting Ivy Williams, M.D. Registrar.

MAR 28 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-pneumonia (Primary)	
Other contributory causes of importance: —	

Was an operation performed? No Date of ...

For what disease or injury? —

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify ...

(Signed) Paul Schreiber Coroner, M. D.

(Address) ...

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 56550

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56550

CERTIFICATE OF DEATH

1223

Registered No. 3963

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. 5 mos. 15 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Benjamin Louis Orchard

If U. S. Veteran specify WAR ...

(a) Residence: No. 1028 E 20th St. City Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Laura A Orchard

6. DATE OF BIRTH (month, day, year) Oct. 11 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman P. O.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Lima Ohio

FATHER

13. NAME William E Orchard

14. BIRTHPLACE (city or town) (State or country) Springfield Ohio

MOTHER

15. MAIDEN NAME Anna Wiesner

16. BIRTHPLACE (city or town) (State or country) Lima Ohio

17. INFORMANT Mrs Laura A Orchard

(Address) 1028 E 20th St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Mar 30 1939

19. UNDERTAKER William M Mareck

(Address) 715 Light St

20. FILED ... 19... by William M ... Registrar.

MAR 28 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1939 to March 27, 1939

I last saw him alive on March 27, 1939. Death is said to have occurred on the date stated above, at 1:37 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia,	3-24-39
Intestinal Obstruction	2-17-39

Other contributory causes of importance:

Was an operation performed? yes Date of 3-22-39

For what disease or injury? Intestinal Obstruction

Name of operation Release of Intestinal adhesions

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) W Bowdoin Davis M. D.

(Address) Union Memorial Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

56551

HEALTH DEPARTMENT—CITY OF BALTIMORE

56551

CERTIFICATE OF DEATH

92-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 200 E. Randall St. 24-4 Ward)

Length of residence in city or town where death occurred 83 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Carrie Hyde

(a) Residence: No. 200 E Randall St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Samuel Hyde

6. DATE OF BIRTH (month, day, year) Jan 22 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
83	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Christian Dieklmann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Hannah Hoffner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Lottie Fritz
(Address) 200 E Randall St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date March 29 1939

19. UNDERTAKER William M Mareck
(Address) 711 Light St

20. FILED ..... 19 ..... Registrar.

MAR 28 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from October 4, 1936 to March 26, 1939.

I last saw her alive on March 26, 1939. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease.	1936
Other contributory causes of importance:	
Hypertension	1936

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no. If so, specify .....

(Signed) Henry F. Buettner M. D.

(Address) 5065 Edmondson Ave. Balto., Md.

8 P.M.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 56552

HEALTH DEPARTMENT—CITY OF BALTIMORE

56552

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 340 S. Fulton Ave. St., 19-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Fry

If U. S. Veteran specify WAR

(a) Residence: No. 340 S. Fulton Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin Fry

6. DATE OF BIRTH (month, day, year) July 16, 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Ernest Troutman

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Leroy Mathews (Nephew)
(Address) 5 Overbrook Rd., Catonsville

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Mar. 29, 1939

19. UNDERTAKER G. Howard Strong
(Address) 715 Light St.,

20. FILED 19 Registrar.

MAR 28 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1938 to March 27, 1939

I last saw h[illegible] alive on March 26 5.30 1939. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Decompensated Mitral Regurgitation	20 Yrs
Mitral Regurgitation	1 Yr.
Hypertension arteriosclerosis	1 Yr
Other contributory causes of importance:	
Chronic Interstitial Nephritis	1 Yr

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Thos. F. A. Stevens M. D.

(Address) 2878 Harford Rd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V6 8

Dr. Stevens
2878 Harford Rd.

F 56553 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50 F 56553
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2706 W. Franklin St. St., 20-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lillian May King

(a) Residence: No. 2706 W. Franklin St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Geo. R. King

6. DATE OF BIRTH (month, day, year) July 2, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	8 mos.	25 days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) July 1938

11. Total time (years) spent in this occupation 30 yr

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Geo. Albert Rotan

14. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

MOTHER

15. MAIDEN NAME Marietta Henkel

16. BIRTHPLACE (city or town) (State or country) Martinsburg, W. Virginia

17. INFORMANT Mrs. Marietta Fuller

(Address) 2706 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Mar 29th 1939

19. UNDERTAKER Leo J. Legore

(Address) 1701 E. Fait Ave.

20. FILED , 19 , Registrar.

MAR 30 1939 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from September 1939 to March 26, 1939

I last saw her alive on March 26, 1939 Death is said to have occurred on the date stated above, at 2:45 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the lung	1938
Other contributory causes of importance:	
Carcinoma of the breast	June 1937

Was an operation performed? Yes Date of Nov. 1937

For what disease or injury? Carcinoma of the breast

Name of operation Removal of the breast

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. L. Wilkinson M. D.

A. L. Wilkinson, M. D.

(Address) 5713 Bel Air Rd.

Information should be entered in ink, and must be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 56554

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

25 F 56554

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1430 Richardson St. 24-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Magdalene Haspert

If U. S. Veteran specify WAR .....

(a) Residence: No. 1430 Richardson St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Haspert.

6. DATE OF BIRTH (month, day, year) Dec 23rd 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia.

FATHER

13. NAME Philip Ryanbacher

14. BIRTHPLACE (city or town) (State or country) Russia.

MOTHER

15. MAIDEN NAME Elizabeth Millenbergen

16. BIRTHPLACE (city or town) (State or country) Russia.

17. INFORMANT Adam Haspert

(Address) 1430 Richardson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem. Date Mar. 30th, 1939

19. UNDERTAKER Charles H. Dill

(Address) 716 E. Fayette ave.

20. MAR 28 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1939, to March 27, 1939.

I last saw h[illegible] alive on March 26 1939. Death is said to have occurred on the date stated above, at 4:30 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Peritonitis	?

Other contributory causes of importance:

Was an operation performed? yes. Date of 1/31/39

For what disease or injury? Peritonitis

Name of operation Exploratory Laparotomy Date of 1/31/39

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) S. H. Barranco, M. D.

(Address) 4362 Fayette Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v 3

56555 HEALTH DEPARTMENT—CITY OF BALTIMORE 56555

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2549 W. Fayette St. 20-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Harry V. Ardisson

If U. S. Veteran specify WAR

(a) Residence: No. 2549 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lilly Bell Ardisson (nee Proctor)

6. DATE OF BIRTH (month, day, year) Nov. 25, 1871.

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
67	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sargeant, Police Dept.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Maxwell Ardisson

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Mary Ahl

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Harry V. Ardisson
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 3/29/39, 19

19. UNDERTAKER Harry L. Whittle
(Address) 4101 Edmondson Ave.

20. FILED MAR 28 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1939 to March 26, 1939

I last saw him alive on March 26, 1939. Death is said to have occurred on the date stated above, at 9.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
bronchopneumonia	3-22-39
myocarditis	indefinite

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) C. Hobart Smith M. D.

(Address) 917 Park Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 56556 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 56556

CERTIFICATE OF DEATH

11-a

1. PLACE OF DEATH General German Aged Home — Registered No. 28-4

CITY OF BALTIMORE: (No. 22 S. Athol Ave. St. ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME ~~Mrs~~ Rose S. Schobban — If U. S. Veteran specify WAR ...

(a) Residence: No. 22 S. Athol Ave. St. ... Ward. ... (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 18, 1854

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
84	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dress Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Berlin Germany

FATHER

13. NAME Frederick Schobban

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophia Erdman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT General German Aged Home

(Address) 22 S. Athol Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 3/29/39, 19

19. UNDERTAKER Harry S. Little

(Address) 4101 Edmondson Ave.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 26. 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from Mch. 1/39, 19 ... to Mch. 19/39, 19 ... I last saw her alive on Mch. 17/39, 19 ... Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Influenza Mch. 10/39.

Other contributory causes of importance:

Broncho Pneumania Mch. 14/39.

Was an operation performed? No. Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Harry Wade Chamberlain, M. D.

(Address) 933 Hanover St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 28 1939

56557

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56557

CERTIFICATE OF DEATH

91

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 202 S Augusta Ave 20-E Ward)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... da. How long in U. S. If of foreign birth? 70 yrs. ... mos. ... da.

2. FULL NAME James P. Healy

If U. S. Veteran specify WAR .....

(a) Residence: No. 202 S Augusta St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna L. Healy

6. DATE OF BIRTH (month, day, year) May 16 1863

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	75	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Banker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Matthew Healy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Cunningham

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Anna L Healy
(Address) 202 S Augusta Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Catholic Cem Date 3/29 1939

19. UNDERTAKER Joseph A Fahey
(Address) Fordham & Stapleton

20. FILED ..... 19... ..... Registrar.

MAR 28 1939 Huntingtown Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from May, 1937, to March 26, 1939

I last saw him alive on March 26, 1939. Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral arterio Sclerosis	about 2 yrs
Other contributory causes of importance:	
Arteria Sclerosis	about

Was an operation performed? not Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify none

(Signed) Marshall B Wood M. D.

(Address) Catonsville Md

state CAUSE OF DEATH in plain terms, so that it may be properly examined. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Lockard

F 56558 HEALTH DEPARTMENT—CITY OF BALTIMORE F 56558

CERTIFICATE OF DEATH

90 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp St., 19-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Mrs. William Lockard

(a) Residence: No. 1839 Frederick Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M Lockard

6. DATE OF BIRTH (month, day, year) Mch 15 1911

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
26		11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Howard F Lockard

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Edna Rogers

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Mary M Lockard (Address) 1839 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL Cathedral Cem Date 3/29 19 39

19. UNDERTAKER Geo W Tinley (Address) Factory Lafayette

20. FILED ... 19 ... Registrar.

MAR 28 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-26-39. 19

22. I HEREBY CERTIFY, That I attended deceased from 3-10-39, 19 ..., to 3-26-39, 19 ...

I last saw h... alive on 3-26-39, 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Pneumonia Lobar

Date of onset

Other contributory causes of importance:

Tuberculosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? ... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) George H. Granville M.D.

(Address) Bon Secours Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Give OCCUPATION in every instance. See instructions on back of certificate.

56559

HEALTH DEPARTMENT—CITY OF BALTIMORE

56559

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1201 W 37th St. St., 13-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie F Considine

If U. S. Veteran specify WAR

(a) Residence: No. 1201 W 37th St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of James F Considine

6. DATE OF BIRTH (month, day, year) 7-23-1864

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	74	7 5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Michael Kelly

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Annie Kelly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Considine

(Address) 1201 W 37th St

18. BURIAL, CREMATION, OR REMOVAL Place Cath. Cem. Date 3/29 -, 19 39

19. UNDERTAKER Henry McMenamin

(Address) [illegible]

20. FILED MAR 28 1939, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 19 39 to March 27, 19 39

I last saw her alive on March 26, 19 39. Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	Sudden
Other contributory causes of importance: Chronic Myocarditis	10 yrs
" Nephritis	10 yrs

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John M Zierler, M. D.

(Address) 2308 Eutaw Place

SEE CAUSE OF DEATH in plain words, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

56560 — CERTIFICATE OF DEATH — GK--42982 — F 56560

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME William Price

(a) Residence: No. Hilton Stone Quarry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary

6. DATE OF BIRTH (month, day, year): 7-4-1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	54	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): W. Va.

FATHER

13. NAME: David Price

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Sally

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL: MAR 28 1939 Place ... 3/29/39 19

19. UNDERTAKER: Clay & Wilson 1100 Brantly Co
(Address) Per E. L. Rogers

20. FILED MAR 28 1939 19 Huntington Williams, M.D. Registrar.

4689

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 20. 1939

22. I HEREBY CERTIFY, That I attended deceased from March 16. 1939. to March 20. 1939.

I last saw him alive on March 20. 1939. Death is said to have occurred on the date stated above, at 4:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	1939

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation. Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) H. A. de Sautelle, M. D.

(Address) Baltimore City Hospitals

BE CAUSE OF DEATH in plain terms, so that it may be properly classified. State whether OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56561

CERTIFICATE OF DEATH

Registered No. 180

1. PLACE OF DEATH Johns Hopkins Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 5-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sheila Stanley

(a) Residence: No. 28 N. Spring St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-7-38

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1		20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wm. McKinney

14. BIRTHPLACE (city or town) (State or country) S. Car.

MOTHER

15. MAIDEN NAME Myrtle Stanley

16. BIRTHPLACE (city or town) (State or country) unk.

17. INFORMANT Beard

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date March 25 1939

19. UNDERTAKER Wendel & Deegan

(Address) 1406 E. Eager St.

20. FILED ..... 19.. Huntington Whitelaw, Registrar

MAR 28 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1939, to Mar. 27, 1939

I last saw her alive on Mar 27, 1939. Death is said to have occurred on the date stated above, at 12 (?) m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Burns, extensive 1st + 2nd degree	2-23-39
Terminal pneumonia	
Meningitis + septicemia	

Other contributory causes of importance: .....

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Feb 23, 1939

Where did injury occur? 28 N. Spring St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Coal oil (stove explosion)

Nature of injury & ? burns face

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Ethel Walker M. D.

(Address) Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56562

CERTIFICATE OF DEATH

159 F 56562

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward) 19-1

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Alston.

If U. S. Veteran specify WAR

(a) Residence: No. 403 N. Mount St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Single.

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 25 1939

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
12 hrs.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Willard Alston.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Pearl Alston

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 28 1939

Commissioner of Health

19. UNDERTAKER

(Address) For M. A. Bloom

MAR 28 1939 Huntington Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar. 25 1939 to Mar 25 1939

I last saw him alive on Mar 25 1939. Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity.	

Other contributory causes of importance:

Atelectasis.	

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Richard S. Guyer M. D.

(Address) University Hospital

SEE CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V8 B

4690

Weaver

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56563

CERTIFICATE OF DEATH

82-a F 56563

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 18-W Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mrs Bertha Weaver

If U. S. Veteran specify WAR .....

(a) Residence: No. 1119 Sarah Ann St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm Weaver

6. DATE OF BIRTH (month, day, year) —

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Phila, Pa

FATHER

13. NAME Henry Clark

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Charity Meyers

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Henry Clark
(Address) 1119 Sarah Ann St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date March 28 1939

19. UNDERTAKER Peter F. Williams
(Address) 1119 Sarah Ann St

20. FILED MAR 28 1939 Huntington Williams M.D. Registrar.
MAR 28 1939

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/25, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest therein and from the evidence obtained by said Inquest, Autopsy or Inquiry, find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Oedema	12 hrs
Other contributory causes of importance: Cerebral Hemorrhage	12 hrs

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury ?

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Michael A. Shaw M. D.
Coroner

(Address) 350 Calvert Bldg

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 56564

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 F 56564

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4747 Park Heights Ave St. 27-16 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Maurice Clinton Belt

(a) Residence: No. 4747 Park Heights Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Sept. 10 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Co. Md.

FATHER

13. NAME G. Dorsey Belt

14. BIRTHPLACE (city or town) (State or country) Baltimore, Co. Md.

MOTHER

15. MAIDEN NAME Catherine Hoffman

16. BIRTHPLACE (city or town) (State or country) Baltimore, Co Md.

17. INFORMANT Mr. Bayard O. Belt

(Address) 4747 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Tabor Balto. Co. Date March 29 19 39

19. UNDERTAKER William J. Tickner & Sons

(Address) North & Pennsylvania Aves

20. FILED MAR 28 1939 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1939 to March 27, 1939

I last saw him alive on March 27, 1939 Death is said to have occurred on the date stated above, at 8:40P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	about 2 yrs
/	

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John D Bubert M. D.

(Address) 4803 Park Heights Ave

OCCUPATION is very important. See instructions on back of certificate.

V0 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 56565 94-B F 56565

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1205 Oakhurst Place Ward 7)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Emma Louise Primes.

(a) Residence: No. 1205 Oakhurst Place Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 17, 1868

7. AGE: Years 71 | Months 0 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince Georges Co. Md.

FATHER

13. NAME Wm. A. Primes

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ann E. Loveless

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Miss Emma Deale

(Address) 1205 Oakhurst Place

18. BURIAL, CREMATION, OR REMOVAL

Place Leeland Md. Date Mar 29 1939

19. UNDERTAKER Wm. Mackey & Sons

(Address) North & Pa Ave.

20. FILED 19 Huntington Millington, Md.

MAR 29 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 26. 1939

22. I HEREBY CERTIFY, That I attended deceased from March 24 1939 to Mar 26 1939

I last saw her alive on March 25 1939 Death is said to have occurred on the date stated above, at 3.30a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	Mar 24 1939
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Autopsy

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John A. Thatcher M. D.

(Address) 12-19 Baptist Church

MAKE CAUSE OF DEATH in plain terms. If unknown, state so. OCCUPATION is very important. See instructions on back of certificate.

V3 B

F 56566

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-A F 56566

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3202 Abell Avenue St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dr. Ross Eckman

If U. S. Veteran specify WAR

(a) Residence: No. 3202 Abell Avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of: Mary E Eckman

6. DATE OF BIRTH (month, day, year): Sept 10-1875

7. AGE: Years 63 | Months 6 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Dentist & Specialist

9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc.: Dentistry

10. Date deceased last worked at this occupation (month and year): 63

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Lancaster Pa

FATHER

13. NAME: Martin Eckman

14. BIRTHPLACE (city or town) (State or country): Penna

MOTHER

15. MAIDEN NAME: Eleanora Myers

16. BIRTHPLACE (city or town) (State or country): Penna

17. INFORMANT: Mrs Mary E Eckman

(Address): 3202 Abell Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Lancaster, Pa Date: Mar 29, 1939

19. UNDERTAKER: J M Frederick Sons

(Address): Balto

20. FILED: 19 Thomas Williams

MAR 28 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 27 to March 26, 1939

I last saw him alive on March 26, 1939. Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb 1937
Other contributory causes of importance: —	

Was an operation performed? yes Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) 720 N Paca

Note CAUSE OF DEATH in plain terms, so that it may be properly classified. Name OCCUPATION is very important. See instructions on back of certificate.

F 56567

56567

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 210-M

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 26-3 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Philip Gast

(a) Residence: No. 6508 Fait Av. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widdowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elvira Gast

6. DATE OF BIRTH (month, day, year) Oct. 20, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0*0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Gast

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Margaret Giese

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Theresa Weissner

(Address) 528 Nwekirk St.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Cem. Date Mar. 29, 1939

19. UNDERTAKER Henry Sonder & Sons Inc.

(Address) Baltimore & Fairlys

20. FILED MAR 29 1939 Huntington Williams, M.D.

MAR 29 1939

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)
to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Laceration L. Forearm, Fracture of L. Ulna	
Brain Abcess	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, Suicide or Homicide? Date of injury, 19

Accident Feb. 4, 1939

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

How injury occurred Struck by doorhandle of Auto.

Eastern Av. at City Line

24. Was disease or injury alleged to have been caused by employment? Laceration L. Forearm Fracture of L. Ulna

(Signed) H. H. Williams M. D.
Attending Physician or Coroner

(Address) 2757 Eastern Av

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

56568

HEALTH DEPARTMENT—CITY OF BALTIMORE

56568

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Infirmary, 6-5 Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Harmon Haun

If U. S. Veteran specify WAR

(a) Residence: No. 520 South Main St., Ward. Woodstock, Virginia

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of Annie K. Haun

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	None		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Woodstock Virginia

FATHER

13. NAME Jacob Haun

14. BIRTHPLACE (city or town) (State or country) Woodstock Va.

MOTHER

15. MAIDEN NAME Elizabeth Coffman

16. BIRTHPLACE (city or town) (State or country) Woodstock Va.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodstock Cemetery Va. Date Mar. 31, 1939

19. UNDERTAKER W. H. Rudisill

(Address) Fort Gratiot Pa.

20. FILED MAR 29 1939 Hampton Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1934, to MARCH 29, 1939.

I last saw him alive on March 29, 1939 Death is said to have occurred on the date stated above, at 12:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis With Uraemia	Feb 1939
Other contributory causes of importance: Benign Prostatic Hypertrophy.	

Was an operation performed? None Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wesley J. Ketz, M. D.

(Address) The Church Home and Inf.

OCCUPATION is very important. See instructions on back of certificate.

36569

HEALTH DEPARTMENT—CITY OF BALTIMORE

36569 #42206 SF

CERTIFICATE OF DEATH

√ 23

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Corrine Culver

(a) Residence: No. 904 W. Lexington St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/4/1922

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
16	16	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

FATHER

13. NAME Roy Culver

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Sadie Goner

16. BIRTHPLACE (city or town) N.C. (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL
Place M. P. Cemetery Date 3/30 39

19. UNDERTAKER William A. Jackson (Address) 716 Pennsylvania Ave

20. FILED Mar 29 1939 Registrar.

MAR 29 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/26/39

22. I HEREBY CERTIFY, That I attended deceased from February 20, 1939 to March 26, 1939

I last saw her alive on March 26, 1939. Death is said to have occurred on the date stated above, at 3:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary tuberculosis (glands)	1939

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. De Sanctis M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

56570

HEALTH DEPARTMENT—CITY OF BALTIMORE

56570

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1322 Argyle ave St. 7-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sophia Veney

If U. S. Veteran specify WAR .....

(a) Residence: No. 1322 Argyle ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Washington Veney

6. DATE OF BIRTH (month, day, year) 3-15-1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67 65	—	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Richmond County Va.

FATHER

13. NAME Griffin Veney

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Susan Jackson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Bertie Lemon
(Address) 1322 Argyle ave

18. BURIAL, CREMATION, OR REMOVAL Place Counth Va Date 3/30 39 19

19. UNDERTAKER Wm A Jackson
(Address) 916 Pennsa ave

20. FILED ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 27 1939

22. I HEREBY CERTIFY, That I attended deceased from March 25 1939 to March 27 1939

I last saw h[illegible] alive on March 26 1939 Death is said to have occurred on the date stated above, at 1.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Cerebral hemorrhage	
Renal Complications	

Other contributory causes of importance: None

Was an operation performed? None Date of 0

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? None

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of Injury None, 19.....

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury .....

Nature of Injury 0

24. Was disease or injury in any way related to occupation of deceased? None If so, specify None

(Signed) John C Stewart M. D.

(Address) 1318 Pennsa Ave

OCCUPATION is very important. See instructions on back of certificate.

MAR 29 1939

Huntington Williams, Registrar

F 56571

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 56571

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1014 Calhoun St. 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Madam Green

If U. S. Veteran specify WAR ...

(a) Residence: No. 1014 Calhoun St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Flora Green

6. DATE OF BIRTH (month, day, year) Sept. 30, 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

FATHER

13. NAME George Green

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

MOTHER

15. MAIDEN NAME Martha Ward

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Flora Green Wife
(Address) 1014 Calhoun

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Mar. 29. 1939

19. UNDERTAKER E K Olson
(Address) 533 West Lemmon St

Huntington Williams, Registrar

MAR 29 1939

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26. 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above 11 46 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) C Harry ... M. D.
Coroner

(Address) 1216 Hanover

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

56572

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56572

CERTIFICATE OF DEATH

✓ 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 805 N. Streeper St., 7-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos., da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John E. ~~Reisinger~~ Reisinger

If U. S. Veteran specify WAR

(a) Residence: No. 805 N. Streeper St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna V Reisinger

6. DATE OF BIRTH (month, day, year) March 9 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	0	19	18

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital

10. Date deceased last worked at this occupation (month and year) March 27 39

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Mathias Reisinger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) State or country) Germany

17. INFORMANT John E. Reisinger

(Address) 805 N. Streeper

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date March 31 1939

19. UNDERTAKER John Ulrich

(Address) 2008 Aliceanna

20. FILED Huntington Williams, M.D.

MAR 29 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by Autopsy (or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Cerebral Embolism	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schreiber Coroner M. D.

(Address) Coroner

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

36573 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 56573

CERTIFICATE OF DEATH

42941 95-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 3-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Howard Weitzel

If U. S. Veteran specify WAR .....

(a) Residence: No. 1503 E. Pratt St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Lee

6. DATE OF BIRTH (month, day, year) 11-8-1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Martin Weitzel

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Saloma Bennett

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date March 31 1939

19. UNDERTAKER .....
(Address) .....

20. FILED ....., 19..... Registrar.

VS 8
MAR 29 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28. 1939

22. I HEREBY CERTIFY, That I attended deceased from March 15 1939 to March 28 1939

I last saw him alive on March 28 1939 Death is said to have occurred on the date stated above, at 8½ A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asteno sclerotic heart disease	1937
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Clinical .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. A. De Lautelle M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 56574 F 56574

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 147 N Highland Ave. 26-4 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lettie Verlaney Rice

(a) Residence: No. 147 N. Highland Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob H. Rice

6. DATE OF BIRTH (month, day, year) May 22-1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1937

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cockeysville Md.

FATHER

13. NAME John W Green

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Sarah Dortch

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Deborah Chaney

(Address) 147 N. Highland ave

18. BURIAL, CREMATION, OR REMOVAL

Place Forest Lawn Cem. Date March 30 1939

19. UNDERTAKER John Elliott

(Address) 2008 N. Eutaw

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-27- 1939

22. I HEREBY CERTIFY, That I attended deceased from 8-2- 1938 to 3-27- 1939

I last saw h[illegible] alive on 3-26- 1939 Death is said to have occurred on the date stated above, at 1:47 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorhage	3-15-39

Other contributory causes of importance:

Chronic Parenchymatous Nephritis	unknown
Hypertension	unknown

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? P-S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Chester Roland, M. D.

(Address) 2532 Edmondson ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Also statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 29 1939

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 56575

CERTIFICATE OF DEATH

✓ 47-C

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 8-3 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Earl Paylin Hume — If U. S. Veteran specify WAR .....

(a) Residence: No. 2803 E Preston St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE of~~ Victoria

6. DATE OF BIRTH (month, day, year) 11-9-02

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
36	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Factory work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tennis Ball Co

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Charles Hume

14. BIRTHPLACE (city or town) (State or country) Va —

MOTHER

15. MAIDEN NAME Josephine Monday

16. BIRTHPLACE (city or town) (State or country) Va —

17. INFORMANT Friends — (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL: Date Mar. 30/39
Place Lang & Griggs Funeral Home Va

19. UNDERTAKER John A. Miller
(Address) 2334 Jefferson St

20. FILED MAR 29 1939 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1939 to March 27, 1939

I last saw him alive on March 27, 1939. Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the bronchus	Jan 1939
Other contributory causes of importance: Metastasis to brain	Feb 1939

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Lowering Neely M.D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

56576 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 56576

CERTIFICATE OF DEATH

V 93-e

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2117 Denison St. St. 15-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Emma V. Wiley

If U. S. Veteran specify WAR .....

(a) Residence: No. 3207 Clifton Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John W. Wiley

6. DATE OF BIRTH (month, day, year) Oct. 5, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired (D.S.)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Robert Farland

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lizetta Longenderfer

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Arline V. DeLauney
(Address) 3207 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem'ty Date Mar. 29 1939

19. UNDERTAKER John O. Mitchell & Sons, Inc.
(Address) 1900 Eutaw Place MCM

20. FILED ..... 19 ..... Registrar.

MAR 29 1939 Huntington Williams, M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27/39. 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19/39 19 ..... to March 27 1939

I last saw her alive on March 26 1939. Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Feb. 19/39
Myocarditis	Feb. 19/39
Cerebral hemorrhage and paralysis	Feb. 23/39
Other contributory causes of importance: Arterio Sclerosis	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsied Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, state .....

(Signed) Wendell Reichert, M. D.

(Address) 2220 Garrison Boulevard

56577

F 56577

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a cc

1. PLACE OF DEATH Balto. City Hospitals — Registered No. 1877

CITY OF BALTIMORE: (No. Bay View St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Conway — If U. S. Veteran specify WAR

(a) Residence: No. 806 E. Madison St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

3a. If married, widowed or divorced HUSBAND of (or) WIFE of Louis Conway

6. DATE OF BIRTH (month, day, year) April 24-1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Matthew Benson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Nellie Harris

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Helen Wilson

(Address) 806 E. Madison St.

18. BURIAL, CREMATION, OR REMOVAL

Place Pleasant Rest Date 3 - 30. 1939

19. UNDERTAKER Frances A. Hemsley

(Address) 278 N. Bradford St.

20. FILED MAR 29 1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to ... death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	years
Other contributory causes of importance: Arterio-sclerosis	years

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Thos. W. Wood M. D.
Coroner

(Address) 1712 N. Broadway

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

56578

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 56578

CERTIFICATE OF DEATH

1131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 134 E. Patt. Pk. Ave St. 1-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Abraham Cohen

If U. S. Veteran specify WAR

(a) Residence: No. 134 E. Patt. Pk. Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Esther Cohen

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 81 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Father Bernard Cohen

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Sara —

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Morris Cohen

(Address) 134 E. Patt. Pk. Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Forest Lawn Date 3-29-39

19. UNDERTAKER: Jack Lewis Inc

(Address) 1739 E. Baltimore St

MAR 29 1939

20. FILED: Huntington Williams Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-26- 1939

22. I HEREBY CERTIFY, That I attended deceased from March 28 1939 to March 26 1939

I last saw h[illegible] alive on March 24 1939. Death is said to have occurred on the date stated above, at 10:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Nephritis & Uremia — acidosis	?
Other contributory causes of importance: Leukemia	2 days

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Isaac Stewart, M. D.

(Address) 700 E. Patt St

OCCUPATION is very important. See instructions on back of certificate.

V8 3

56579

F 56579

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) City Hospital (St.,) 4-1 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Waldo Pollard

If U. S. Veteran specify WAR

(a) Residence: No. 125 E. Baltimore St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of UnKnown

6. DATE OF BIRTH (month, day, year) 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77 76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. BK 1062

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Watchman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mass.

FATHER

13. NAME UNKnown

14. BIRTHPLACE (city or town) (State or country) UnKnown

MOTHER

15. MAIDEN NAME UnKnown

16. BIRTHPLACE (city or town) (State or country) UnKnown

17. INFORMANT John T. McCaslin

(Address) 125 E. Balto. St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date 3/29/39 19

19. UNDERTAKER C. E. Schumacher

(Address) 2603 E. Madison St.

20. FILED 19 Huntington Williams, M.D. Registrar

MAR 29 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Fracture of R. Femur	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following: Accident, Suicide or Homicide? Accident Date of injury March 9, 1939, 19

Where did injury occur? Balto. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Crossing Fremont Av. at Edmondson Av. struck by Auto.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so,

(Signed) T. H. Williams M. D.

Coroner

(Address) 3757 Wash

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

56580 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 56580

CERTIFICATE OF DEATH

Registered No. 4 N 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 320 S. Mount St., 19-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary C. Chapman

If U. S. Veteran specify WAR

(a) Residence: No. 320 S. Mount St. St., Ward,
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James M. Chapman

6. DATE OF BIRTH (month, day, year) Dec. 25, 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME Jacob Smith

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT William H. Chapman
(Address) 2022 Penrose Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 3/29/39

19. UNDERTAKER Frederick A. Cole
(Address) 200 W. Lombard St.

20. FILED MAR 29 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1936 to March 26 1937

I last saw h alive on March 25 1937. Death is said to have occurred on the date stated above, at 11:45 m. P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	unknown
Other contributory causes of importance:	
chronic myocarditis	unknown
generalized arteriosclerosis	unknown

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Nathan Rosenau, M. D.

(Address) 206 S. Gilmor St

OCCUPATION is very important. See instructions on back of certificate.

56581

F 56581

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1602 Greenmount Ave 4-1 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Meisel

If U. S. Veteran specify WAR Spanish American

(a) Residence: No. 330 St Paul Place, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 11th 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed Pensioner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Meisel
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Myer
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George W. Meisel
(Address) 1602 Greenmount Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto National Date MAR 31, 1939

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St.

20. FILED 19 Registrar

APR 28 1939

Huntington Publishing Co., N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came
(Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Emmet D. Wolfe Coroner, M. D.

(Address) 1331 E. North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 56582

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56582

CERTIFICATE OF DEATH

V 52

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Inf. St., 8-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5/12 yrs. mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew J. Evans

If U. S. Veteran specify WAR

(a) Residence: No. Baltimore Md. 1214 N Broadford (Usual place of abode) St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of ~~(or) WIFE of~~ Mary E. Evans

6. DATE OF BIRTH (month, day, year) Dec 12th 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	2 3	28 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proprietor Hotel 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Transfer Business

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 29

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Baker Evans

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Mrs. Mabel Hartley

(Address) 214 N Bradford St Balt

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Mar 31st 1939

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

19a. FILED MAR 29 1939 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-28 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-9 1939 to 3-28 1939

I last saw h[illegible] alive on 3-28 1939. Death is said to have occurred on the date stated above, at 11 15 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Ear	1931
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wesley J. Keys M. D.

(Address) The Church Home & Inf.

OCCUPATION is very important. See instructions on back of certificate.

V 8 a

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56583

CERTIFICATE OF DEATH

23

F 56583

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyden Hospital St., 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Klonzy Lydia

(a) Residence: No. 840 W Saratoga St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 15, 1924

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
14	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Willis

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Maggie

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mother

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Mar 29, 1939

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 S Schroeder St.

20. FILED MAR 29 1939 By ..... Registrar.

V63

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1939 to March 24, 1939

I last saw h.. alive on March 24, 1939. Death is said to have occurred on the date stated above, at 1.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Tuberculous Meningitis	7 days

Other contributory causes of importance:

Intestinal Tuberculosis

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Myra V. Dell M. D.

(Address) Lyden Hosp.

OCCUPATION is very important. See instructions on back of certificate.

35-9173

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36584

CERTIFICATE OF DEATH

66-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 18-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Bernice Johnson

If U. S. Veteran specify WAR .....

(a) Residence: No. 309 N. Carrollton St., Cse Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-27/13

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
26	25			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Charles Johnson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ella Pennell

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records -
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date May 30, 39

19. UNDERTAKER Mrs Katie R. Williams
(Address) 3228 Sheridan Ave.

20. FILED ..... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1939 to Mar 27, 1939

I last saw her alive on Mar 27, 1939 Death is said to have occurred on the date stated above, at 11:25 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diffuse toxic goitre	1938
Other contributory causes of importance:	

Was an operation performed? Yes Date of March 27 39

For what disease or injury? Goitre

Name of operation Thyroidectomy

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Palmer H. Futcher, M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

MAR 29 1939

56585 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 56585

34563-18

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 14-1 Ward)

Length of residence in city or town where death occurred ash42 yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Annie L. Giles

(a) Residence: No. 1909 Eutaw Place St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Walter F. Giles

6. DATE OF BIRTH (month, day, year) 8-2-1889 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49 46 49	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown Operator of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe Factory

10. Date deceased last worked at this occupation (month and year) 4 93

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) Pa. (State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) Pa. (State or country)

17. INFORMANT B.C.H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Cem. Date Mar 30 1939

19. UNDERTAKER 1179 Cook (Address) 1207 St Paul St

20. Mar 28 1939 Thurston Hollingsworth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1938 to March 28, 1939

I last saw her alive on March 28, 1939 Death is said to have occurred on the date stated above, at 6:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	1937
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. De Lanfelle M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

ve a

36586 HEALTH DEPARTMENT—CITY OF BALTIMORE 36586

CERTIFICATE OF DEATH

160-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 657 Light St. 22-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Foster

(a) Residence: No. 657 Light St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Mar. 27, 1939

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		2 1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. -------

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore, (State or country) Md.

FATHER

13. NAME GEORGE FOSTER

14. BIRTHPLACE (city or town) (State or country) MASS.

MOTHER

15. MAIDEN NAME Mary Plummer

16. BIRTHPLACE (city or town) (State or country) VA.

17. INFORMANT Mrs. John Sanford
(Address) 41 York St.,

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date Mar. 29, 1939

19. UNDERTAKER J. Howard Young
(Address) 915 Light St.,

20. FILED Mar 29 1939, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/27/39, 19... to 3/28, 1939

I last saw him alive on 3/28 1939 Death is said to have occurred on the date stated above, at 3.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

over

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Samuel Rubin M. D.

(Address) 203 Petapsco Ave

OCCUPATION is very important. See instructions on back of certificate.

Vol. 3

56587 DeGruchy V E 56587

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 51-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen Hosp St., 11-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 5 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David J.R. de Gruchy

If U. S. Veteran specify WAR

(a) Residence: No. Parkwood Rd Baltimore Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Mary Grace E. Gruchy

6. DATE OF BIRTH (month, day, year) April 20, 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME John de Gruchy

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Jane Valpa

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs David J.R. de Gruchy

(Address) Parkwood Rd Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL

Place Fork, Balto Co Md Date Mar 31, 1939

19. UNDERTAKER Clarence E. Arthur

(Address) Fork, Md

20. FILED , 19 (Registrar)

MAR 29 1939

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1938 to March 28, 1939

I last saw him alive on March 28, 1939 Death is said to have occurred on the date stated above, at 1 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate	?
Carcinomatosis	1938
Other contributory causes of importance:	
Hydronephrosis	1938

Was an operation performed? Yes Date of 2-20-39

For what disease or injury? Carcinoma of prostate

Name of operation Transurethral prostatic resect,

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. W. Mansfield M. D.

(Address) Md. Gen. Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

No. 56588

CERTIFICATE OF DEATH

82-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 533 Prestman St., 14 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mary Mazie Edwards

If U. S. Veteran specify WAR .....

(a) Residence: No. 533 Prestman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edward

6. DATE OF BIRTH (month, day, year) 10/23/1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Washington District of Col.

FATHER

13. NAME Charles Washington

14. BIRTHPLACE (city or town) (State or country) Washington D. C.

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Clemira ~~Hawkins~~ Edwards Bailey

(Address) 533 Prestman St.

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Memk. Date Mar. 29, 1937

19. UNDERTAKER Mrs. Geo. H. Holland

(Address) 165 Druid Hill Ave.

20. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/26, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/1, 1937, to 3/26, 1937

I last saw her alive on 3/25, 1937. Death is said to have occurred on the date stated above, at 2:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
* Paralysis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify.....

(Signed) B. M. Rhett M. D.

(Address) 21 34 Druid Hill Ave

OCCUPATION is very important. See instructions on back of certificate.

VS 5

56589

HEALTH DEPARTMENT—CITY OF BALTIMORE 56589

CERTIFICATE OF DEATH CGK--43081 95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 11-3 Ward)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jennie Beatrice Powell

(a) Residence: No. 215 W. Biddle St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edward

6. DATE OF BIRTH (month, day, year) 2-15-1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
64	64	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Henry Fosett

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Davis

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date May 29 1939

19. UNDERTAKER Wm. Lee Howland
(Address) 63 Druid Hill Ave

20. FILED 19 Thurston Hill Registrar

MAR 29 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27. 1939

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1939 to March 27, 1939

I last saw her alive on March 27, 1939. Death is said to have occurred on the date stated above, at 10:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. L. De Santibañes M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 56590

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

OGK--42408

46-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 2 7 7 Ward) 40

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME ~~Andrew Robinson~~ (Andrew J. Robertson)

If U. S. Veteran specify WAR

(a) Residence: No. 5323 Hamlen Ave. (5323 Hamlin Ave.) St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) January 18, 1862 ~~Feb ? 1862~~

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
~~??~~	77	? 2	? 8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Street Salesman ~~Unknown~~

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Carroll County (State or country) Md.

FATHER

13. NAME John Hobinson Robertson

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Sarah Beaver

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT City Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place ... Date March 29, 1939

19. UNDERTAKER ... (Address) 1003 W. Baltimore St.

20. FILED MAR 29 1939 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-26-1939

22. I HEREBY CERTIFY, That I attended deceased from 2-26, 1939 to 3-26, 1939

I last saw him alive on 3-26, 1939. Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Ascending Colon	?
Bronchopneumonia	4 days

Other contributory causes of importance:

Was an operation performed? yes Date of 3-21-39

For what disease or injury? Carcinoma Colon

Name of operation Nickulicz Colon

What test confirmed diagnosis? Clinical Was there an autopsy? ND

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) E K Woodward M. D.

(Address) Balto City Hosp.

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE

V6 9

56591 HEALTH DEPARTMENT—CITY OF BALTIMORE 56591

CERTIFICATE OF DEATH

87-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 1509 Ward)

Length of residence in city or town where death occurred 19 yrs. 4 mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John E. Lann

If U. S. Veteran specify WAR .....

(a) Residence: No. 3708 Wintebaumer St., Rd. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 11-25-19

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
19	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Charles Lann

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Katherine Stutts

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Relatives
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Mar 31 1939

19. UNDERTAKER Oma Tuckner Bond
(Address) Scott & Davies

20. FILED MAR 29 1939 Hunter Foy Williams, Registrar.

V8 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 28. 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar. 22, 1939 to Mar 28, 1939.

I last saw him alive on Mar 28, 1939. Death is said to have occurred on the date stated above, at 6:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stricture of urain	
(Inflammatory stricture of ogunduct of Syphilis)	
	over

Other contributory causes of importance:

Was an operation performed? yes Date of Mar 28

For what disease or injury? Cystostomy

Name of operation Stricture of urain

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Kenneth L. Pickrell M. D.

(Address) Johns Hopkins

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56592

CERTIFICATE OF DEATH

43213 J F 56592

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 16-6 Ward) 137 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Herman Bredekamp If U. S. Veteran specify WAR

(a) Residence: No. 2724 Harlem Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret E.

6. DATE OF BIRTH (month, day, year) 9-15-1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer, odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City

10. Date deceased last worked at this occupation (month and year) Sept 1938

11. Total time (years) spent in this occupation 18 mo

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Joseph H Bredekamp

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary ~~Stodtman~~ Strodtman

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. U. E. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Mar 31 1939

19. UNDERTAKER Mr. Mrs. John N. Teufel & Son
(Address) 801 N. Fayette St

20. FILED MAR 29 1939 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-28, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-24, 1939, to 3-28, 1939

I last saw him alive on 3-28, 1939 Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy	?
Uremia	3 days
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? None If so, specify

(Signed) L. K. Wentworth, M. D.

(Address) Balto. City Hosp

36593 F 56593 43274 ST

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 20-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Jack Grimm

If U. S. Veteran specify WAR .....

(a) Residence: No. 2010 W. Franklin St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence

6. DATE OF BIRTH (month, day, year) 2/22/1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	61	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 087

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Joseph Grimm

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Schnur

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date April 1 1939

19. UNDERTAKER William Cook

(Address) 217 St Paul Street

20. FILED MAR 29 1939 [illegible], Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/29/39, 19

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1939, to March 29, 1939

I last saw him alive on March 29, 1939. Death is said to have occurred on the date stated above, at 5:25 A.m.

The principal cause of death and related causes of Importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	1938
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. De Santalla M. D.

(Address) Baltimore City Hospitals

F 56594

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 56594

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-1 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR ....

2. FULL NAME Carl Ludwig Johanson

(a) Residence: No. Jackson Heights, Long Island, N.Y. Ward. ....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Johanson

6. DATE OF BIRTH (month, day, year) Jan. 27, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt. of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. apartment house

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Carl Andis Johanson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Anna Oberg

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Mr. Swen Nelson
(Address) 3569 Broadway, New York City

18. BURIAL, CREMATION, OR REMOVAL
Place Fresh Pond Cem., N.Y.C. Mar. 29 1939

19. UNDERTAKER John Mitchell Sons
(Address) 1900 Eutaw Place, Baltimore

20. FILED MAR 29 1939 Huntington Williams M.D. Registrar.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet Wound of Skull	3-27-39

Other contributory causes of importance:

Was an operation performed? no Date of ....

For what disease or injury? ....

Name of operation .... Date of ....

What test confirmed diagnosis Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 3-27 1939.

Where did injury occur? Anchor Hotel 617 W. Pratt St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury Bullet wound.

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ....

(Signed) Samuel Block M. D.
(Address) 1331 E. North Ave

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56595

CERTIFICATE OF DEATH

82-a F 56595

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. So. Balto. Gen. Hosp. St. 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Bertha E. Greenholtz

(a) Residence: No. 1703 Belt Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Royden P. Greenholtz

6. DATE OF BIRTH (month, day, year) Oct. 7, 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Ellis Cannox

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Manzella Combs

16. BIRTHPLACE (city or town) (State or country) Tenn.

17. INFORMANT Mrs. Royden P. Greenholtz
(Address) 1703 Belt St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 3/30/ 1939

19. UNDERTAKER D. F. McCaffrey
(Address) 1316 East Ave

20. FILED MAR 29 1939 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/27/ 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplagia	3/27 1939 about

Other contributory causes of importance:

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) I. Littman, M. D. Coroner

(Address) 1304 E. Chase Street

OCCUPATION is very important. See instructions on back of certificate.

596

HEALTH DEPARTMENT—CITY OF BALTIMORE

L 56596

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3016 Woodland Ave St.) (Ward 27-17)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida May Clary

If U. S. Veteran specify WAR

(a) Residence: No. 3016 Woodland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Widow

5a. If married, widowed, or divorced
HUSBAND (or) WIFE of John D. Clary

6. DATE OF BIRTH (month, day, year) Oct. 22, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md.

FATHER

13. NAME Jacob L. Stoops

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Margaret Hedrick

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mrs. H. Bernard Hyll

(Address) 5314 Wendley Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Md. Date Mar. 30 1939

19. UNDERTAKER Wm. T. Hickauer & Sons

(Address) North & Pa Ave.

20. FILED MAR 28 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1939 to March 27, 1939

I last saw her alive on March 27, 1939. Death is said to have occurred on the date stated above, at 7:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	6 mo
Other contributory causes of importance: Chronic Nephritis	6 mo

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. L. Elmy M. D.

(Address) 7 W. Main, Westminster, Md.

OCCUPATION IS VERY important. See instructions on back of certificate

V0 3

56597

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56597

CERTIFICATE OF DEATH

92-a CC

Registered No. 1877

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 3126 Elliot St. 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — mos. — ds. How long in U. S. If of foreign birth 31 yrs. mos. ds.

2. FULL NAME Pelagia Ratacyak

If U. S. Veteran specify WAR

(a) Residence: No. 3126 Elliot St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anthony Ratacyak

6. DATE OF BIRTH (month, day, year) Nov 28 - 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	3	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 1937

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME John Sabonyak

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Elsie Ginski

(Address) 3018 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL

Mt. Davidsons Sem Date March 30 39

19. UNDERTAKER Stephen Trakowski INC

(Address) 1530 S. Hedenwood Ave Williamsport, Md.

FILED MAR 29 1939 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Minutes
Valvular Heart Disease	Years
Other contributory causes of importance: Arterio-sclerosis, Varicose Veins	Some time

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood M. D. Coroner

(Address) 1712 N. Broadway

OCCUPATION is very important. See instructions on back of certificate.

V S 6

Grave #3

F 56598

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56598

CERTIFICATE OF DEATH

183

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Pier #5 Pratt St. St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Doe - Probable John C Doe

If U. S. Veteran specify WAR

(a) Residence: No. unknown St., Ward. Place of Death

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: unknown

6. DATE OF BIRTH (month, day, year): unknown

7. AGE: Years: About 50; Months: ; Days: ; If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): unknown

FATHER

13. NAME: unknown

14. BIRTHPLACE (city or town) (State or country): unknown

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT: Balto City Police Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL: PUBLIC CEMETERY MAR 29 1939

Place Date ... 19

Commissioner of Health

19. UNDERTAKER: Per H. A. Moore

(Address)

MAR 29 1939 Huntington Williams, M.D. Registrar

V S 6

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 23, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowned	unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? unknown Date of injury unknown 19

Where did injury occur? Pier 5 Pratt St. Baltimore (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury Drowning

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so specify

(Signed) Samuel Wolfe M. D.

(Address) 1331 Eutaw Pl. Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

56599

CERTIFICATE OF DEATH

34-J-18 56599

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 16-6 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Margaret Browning

(a) Residence: No. 2841 Raynor Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Howard Browning

6. DATE OF BIRTH (month, day, year) 1890 July 28

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	8	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Huntow West Virginia

FATHER

13. NAME Walter Kirkhaph

14. BIRTHPLACE (city or town) (State or country) West Virginia Huntow West Va.

MOTHER

15. MAIDEN NAME Celeste?

16. BIRTHPLACE (city or town) (State or country) Huntow West Virginia

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 3/31/39

19. UNDERTAKER Howard F. Mayhew
(Address) 108 West North Ave.

20. FILED MAR 29 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28. 1939

22. I HEREBY CERTIFY, That I attended deceased from March 20. 1939. to March 28. 1939

I last saw her alive on March 28. 1939. Death is said to have occurred on the date stated above, at 7.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-21-39
Other contributory causes of importance: Cerebral thrombosis	3-19-39

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Sautelle M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 56600

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C F 56600

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 714 Park Ave St. 12-2 Ward)

Length of residence in city or town where death occurred 60 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Owens

If U. S. Veteran specify WAR None

(a) Residence: No. 2912 N Calvert St., 12 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mathilda D. Owens

6. DATE OF BIRTH (month, day, year) Nov-25-1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wholesale Dry Goods

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carr Owens & Co.

10. Date deceased last worked at this occupation (month and year) Mar-28-39

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) A. A. Co. Maryland

FATHER

13. NAME Norman T. Owens

14. BIRTHPLACE (city or town) (State or country) Dale, Md

MOTHER

15. MAIDEN NAME Isabella Stelle

16. BIRTHPLACE (city or town) (State or country) A. A. Co. Md

17. INFORMANT Miss Mildred A. Owens (daughter)

(Address) 2912 N Calvert St

18. BURIAL, CREMATION, OR REMOVAL

Place Forest Park Date 3/31/39

19. UNDERTAKER STEWART & MOWEN COMPANY

(Address) (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

20. FILED MAR 30 1939

Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry)

to ... death on the day stated above. 8 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... Coroner, M. D.

(Address) 126 Ramsay

OCCUPATION is very important. See instructions on back of certificate.

V 8 6

F 56601

56604

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V178-D

1. PLACE OF DEATH Dr. removed dead on arrival at
CITY OF BALTIMORE: (No.) West Balto Gen. Hospital (St.) (Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. 7 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm. Clyde Berryman
If U. S. Veteran specify WAR

(a) Residence: No. 3610 Copley Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs Loretta Berryman

6. DATE OF BIRTH (month, day, year) Aug 26, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45.	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Collahan Seafood Inc, Helper Jack

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Club

10. Date deceased last worked at this occupation (month and year) 3/09

11. Total time (years) spent in this occupation 30 yr

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Wm Henry Berryman

14. BIRTHPLACE (city or town) (State or country) Reisterstown Md

MOTHER

15. MAIDEN NAME Ada Louise Perkins

16. BIRTHPLACE (city or town) (State or country) Hanover Pa.

17. INFORMANT Loretta M. Berryman.
(Address) 3610 Copley Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 3/30 1939

19. UNDERTAKER Margaret A. Flynn
(Address) 1422 Light St.

20. FILED 19 Huntington Williams, M.D. Registrar

MAR 30 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28. 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated, found 9.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxiation by drowning, Accidental	

Other contributory causes of importance:
Enlargement of heart.

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of None

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, ~~suicide~~, or ~~homicide~~? Accident Date of injury 3/28 1939

Where did injury occur? 3610 Copley Rd.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Garage on Rear of home

Manner of injury Fell and stumped over wood

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Chas. M. D.
Coroner

(Address) 120 Hanover

OCCUPATION is very important. See instructions on back of certificate.

56602 F 56602

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a cc

Registered No. 187

1. PLACE OF DEATH Balto. City Hospitals

CITY OF BALTIMORE: (No. Bay View St., 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Catherine Dorsey

(a) Residence: No. 203 Smithson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Barnes

6. DATE OF BIRTH (month, day, year) March 11-1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
39		17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

MOTHER FATHER

13. NAME William Dorsey

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Harriet Carbary

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT M. Medical Records City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date March 30 1939

19. UNDERTAKER George T. Kelly
(Address) 1030 Druid Hill Ave

20. FILED MAR 30 1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	3 Months
Other contributory causes of importance: Edema - Ascites	3 Months

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation Clinical Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Bond St.

OCCUPATION is very important. See instructions on back of certificate.

56603 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 56603

CERTIFICATE OF DEATH

92-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1327 N Patterson Park Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Mary F Forrester

If U. S. Veteran specify WAR .....

(a) Residence: No. 1327 N Patterson Park St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Forrester

6. DATE OF BIRTH (month, day, year) 2/14/1852

7. AGE Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
87	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Richard S White

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Mary A Evans

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mrs John Faukes

(Address) 1325 N Patterson Park ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore City Date March 31, 1939

19. UNDERTAKER John Ulrich

(Address) 2000 Eastern Ave

20. FILED 3-30-1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-28-39

22. I HEREBY CERTIFY, That I attended deceased from 3-1-39 to 3-28-39

I last saw h alive on 3-27-39 Death is said to have occurred on the date stated above, at 4:30 A.

The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation — Date of onset 1928

Chronic

Rheumatoid arthritis

Other contributory causes of importance:

acute cardiac dilatation 10 days

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 19....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John A Ryerson M. D.

(Address) 100 Mallows Bldg

AGNES BERRY

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56604 CERTIFICATE OF DEATH ✓ 82-W F 56604

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 717 Druid Hill Ave. St. 11-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Agnes Berry

(a) Residence: No. 717 Druid Hill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C.	Widowed

6. If married, widowed or divorced: HUSBAND of (or) WIFE of Geo Berry

6. DATE OF BIRTH (month, day, year) 1868

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Colored Va

FATHER

13. NAME Jones

14. BIRTHPLACE (city or town) (State or country) Colored Va

MOTHER

15. MAIDEN NAME Robinson

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Isabella Jones

(Address) 1017 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 3-30-39

19. UNDERTAKER Mrs Princess A. Hinsley

(Address) 578 W. 13th St

Huntington West Virginia

20. FILED

MAR 30 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/27/39, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/20/39, 19, to 3/27/39, 19

I last saw her alive on 3/27/39, and Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/24/39
Cirrhosis of Liver	

Other contributory causes of importance:

Carcinoma of Cervix

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Lee Elliott, M. D.

(Address) 1514 Eutaw Place

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56605

CERTIFICATE OF DEATH

93 c F 56605

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3908 Dolfield Ave. St. 15-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles H. Babylon,

(a) Residence: No. 3908 Dolfield St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma L. Babylon,

6. DATE OF BIRTH (month, day, year) September 12, 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md. Dairy

10. Date deceased last worked at this occupation (month and year) March 21, 1939

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

FATHER

13. NAME W. L. Babylon,

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

MOTHER

15. MAIDEN NAME Catherine S. Fleathe,

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

17. INFORMANT Mrs Emma L. Babylon,

(Address) 3908 Dolfield Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date APR 1 1939

19. UNDERTAKER Geo H. Little

(Address) 2700 Edmondson Ave.

MAR 30 1939 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR 28 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1937 to Mar 28 1939

I last saw h.. alive on Mar 18 1939. Death is said to have occurred on the date stated above, at 10.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis with Hypertrophy of Heart	Aug 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Augustus P. VonSchrilz M. D.

(Address) 5816 Edmondson Ave

V8 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56606

CERTIFICATE OF DEATH

✓ 82-cF 56606

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2620 N. Calvert St. 12-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Ellsworth Chaney.

(a) Residence: No. 2620 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alverta Reese Chaney.

6. DATE OF BIRTH (month, day, year) August 19, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Chaney.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Ellen Reynolds.

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Miss Edna E. Chaney.
(Address) 2620 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date MAR 31 1939

19. UNDERTAKER Geo. W. Little
(Address) 2700 Edmondson Ave.

20. FILED MAR 30 1939 Huntington White Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR 28 1939

22. I HEREBY CERTIFY, That I attended deceased from March 20 1939 to March 28 1939.

I last saw him alive on March 28 1939. Death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	2 da.
Other contributory causes of importance: Hypertension - Arteriosclerosis	10 yrs
Cerebral arteriosclerosis	2 yrs.

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. Proom M. D.

(Address) 806 N. Eutaw

VS 3

56607 F 56607

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hospital for Women of Md 13-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Infant Brown

If U. S. Veteran specify WAR .....

(a) Residence: No. 3614 Ash St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Wh	Infant

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) March 25 1939

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 15 min.
				7 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore City

FATHER

13. NAME Charles Edward Brown

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary Janette Montgomery

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Chas Edw Brown

(Address) 3614 Ash St

18. BURIAL, CREMATION, OR REMOVAL

Place Carnegie Cohoestone 19 .....

19. UNDERTAKER .....

(Address) .....

20. FILED Mar 30 1939 Huntington Mills Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/25 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/25 1939 to 3/25 1939

I last saw her alive on 3/25 1939 Death is said to have occurred on the date stated above, at 1:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Geraldine K. Powell M. D.

(Address) Woman's Hospital

V 8 7

56608 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 56608

CERTIFICATE OF DEATH

V 82-6

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 927 Putland Ave. St. 7-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edward Boyd

(a) Residence: No. 927 Putland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 23, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	—	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Mar. 1939
11. Total time (years) spent in this occupation 30yr.

12. BIRTHPLACE (city or town) (State or country) King Queen Co. Va.

FATHER

13. NAME Alexander Boyd
14. BIRTHPLACE (city or town) (State or country) King Queen Co. Va.

MOTHER

15. MAIDEN NAME Sarah Harris
16. BIRTHPLACE (city or town) (State or country) King Queen Co. Va.

17. INFORMANT William Reid
(Address) 1733 E. Preston St

18. BURIAL, CREMATION, OR REMOVAL
Place Gloucester Point Va. 3-31 1939

19. UNDERTAKER Mrs R. A. Elliott & Daughter
(Address) 1129 N. Caroline St

20. FILED MAR 30 1939 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-29, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-22, 1939 to 3-29, 1939

I last saw h... alive on 3-29, 1939. Death is said to have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	3-29-39
Acute Pulmonary edema	3-29-39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. A. Berry M. D.

(Address) 1420 E. Clare St.

OCCUPATION IS VERY IMPORTANT

V2 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56609

CERTIFICATE OF DEATH

75 F 56609

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 12 E. 20th St. 12-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clarence Howard

If U. S. Veteran specify WAR .....

(a) Residence: No. 12 E. 20th St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Aug 30 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52.	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Manhattan N.Y.

FATHER

13. NAME William Shaster

14. BIRTHPLACE (city or town) (State or country) N.Y.

MOTHER

15. MAIDEN NAME Jane Howard

16. BIRTHPLACE (city or town) (State or country) Manhattan Md.

17. INFORMANT Fanny Straby

(Address) 12 E. 20th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Cem Date 3-30-, 1939

19. UNDERTAKER Mrs. R. A. Elliott & Daughter

(Address) 1429 N. Pearl St Williamsport, Md.

20. FILED MAR 30 1939, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1939 to March 27, 1939

I last saw him alive on March 26, 1939. Death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastritis	
	over
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) C. Hann M. D.

(Address) 12 E. 20th Hanover

F 56610

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 95B 12079-FS

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 26-11 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Perkowski
If U. S. Veteran specify WAR

(a) Residence: No. 3316 Fait Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Filia

6. DATE OF BIRTH (month, day, year) 1879 ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Walter Perkowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Anna Sklodowski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date 3/31 1939

19. UNDERTAKER William Fiaschowski
(Address) 1618 Eastern Ave

20. FILED 19 Registrar.

MAR 30 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-28-1939

22. I HEREBY CERTIFY, That I attended deceased from 2-16 1939 to 3-28 1939
I last saw him alive on 3-27 1939 Death is said to have occurred on the date stated above, at 6.40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Renal Calculus, right, with	
Urinary tract infection	?
arteriosclerotic heart disease	?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. H. Woodward Jr. M. D.
(Address) Balto City Hosp

F 56611

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56611

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH — Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4418 - Pmdence St., Cont. Bay 25-4 Ward)

Length of residence in city or town where death occurred 39 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 30 yrs. ..... mos. ..... ds.

2. FULL NAME Ignaty Bezelita (Bazilicka) — If U. S. Veteran specify WAR .....

(a) Residence: No. 4448 — Prudence St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jewdocha Bezelita

6. DATE OF BIRTH (month, day, year) about 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about	55	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Main Ship Bldg Co.

10. Date deceased last worked at this occupation (month and year) Aug. 1937

11. Total time (years) spent in this occupation 3 yrs.

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Gregoria Bezelita.

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME unknown.

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Jewdocha Bezelita. (Address) 4448 - Prudence St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross A.R. Co. Date Mar. 31 1939

19. UNDERTAKER Wm. S. Zialkowski (Address) 2807 Eastern Ave

20. FILED MAR 30 1939 Huntington Williams, M.D. Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 31 1939 to March 27 1939

I last saw him alive on March 27 1939 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Aug 31 1937
Chronic Interstitial Nephritis	1937

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

(Signed) William D. Scott M. D.

(Address) 4815 Pennington Ave

56612 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 56612

Edgewood

CERTIFICATE OF DEATH ✓ X 93-c

1. PLACE OF DEATH 6000 Belmont Ave. 27-12

CITY OF BALTIMORE: (No. ..... St. 27-12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 12 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr James E Summers

If U. S. Veteran specify WAR .....

(a) Residence: No. Easton Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida E. Summers

6. DATE OF BIRTH (month, day, year) About 1860

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	79	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Russell Summers

(Address) Easton, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Easton, Md. Date April 1, 1930

19. UNDERTAKER James A. Spence

(Address) Easton, Md.

20. FILED ..... 19.... ..... Registrar.

MAR 30 1930

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1930

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1930, to March 29, 1930

I last saw h.. alive on March 29, 1930 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance: Cerebral Hemorrhage	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Edward Roberts M. D.

(Address) 6100 York Road

56613 HEALTH DEPARTMENT—CITY OF BALTIMORE E 56613

CERTIFICATE OF DEATH

11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp. St., 9-7 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Francis M Stevenson, Sr.

(a) Residence: No. 2707 Kirk Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lauretta A. Hughes Stevenson

6. DATE OF BIRTH (month, day, year) Dec 22 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inn Business Owning

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mnf. of Cement

10. Date deceased last worked at this occupation (month and year) ... 33

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edwin D. Stevenson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Son Mr. Francis M. Stevenson Jr.
(Address) 2707 Kirk Ave

18. BURIAL, CREMATION, OR REMOVAL
Loudon Park Cemetery Date Mar 31 1939

19. UNDERTAKER Edward L. Conklin & Son
(Address) 924 Eager St

20. FILED ... 19... [illegible]
Mar 30 1939 Harry Pope

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-29- 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-23- 1939 to 3-29- 1939

Last saw h.i.m alive on 3-29-39 Death is said to have occurred on the date stated above, at 12-35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza & Secondary Broncho Pneumonia	3-16-39

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Bernard J. Fabiunke M. D.
(Address) St Joseph Hospital

56614

F 56614

HEALTH DEPARTMENT—CITY OF BALTIMORE

#42633 SF

CERTIFICATE OF DEATH

133

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs mos ds. How long in U. S. If of foreign birth? 61 yrs mos ds.

2. FULL NAME Archie Fistek or Mathew A. Fistek

If U. S. Veteran specify WAR

(a) Residence: No. 2035 Fleet St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 1/22/1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Vincent

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place St Stanislaus Date April 1 1939

19. UNDERTAKER Fred W. Ozarowski
(Address) 1930 Foster Ave

20. FILED 19 Huntington Williams Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-29, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-6, 1939, to 3-29, 1939

I last saw him alive on 3-28, 1939 Death is said to have occurred on the date stated above, at 6:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pyelonephritis staphylococcus ?	
Bronchopneumonia	3 days
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) L K Woodward Jr. M. D.

(Address) Balto City Hosp.

VS 3

56615 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 56615

CERTIFICATE OF DEATH

51-B

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 17-b Ward)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anthony N. Rettaliata

If U. S. Veteran specify WAR

(a) Residence: No. 2215 N. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Augusta R. Rettaliata

6. DATE OF BIRTH (month, day, year): July 28, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Tarentum (?) Penn.

FATHER

13. NAME: Joseph Rettaliata

14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER

15. MAIDEN NAME: Catherine Gardecca

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT: Miss Mary Rettaliata (Address) 2215 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL: Place Cathedral Cemetery Date April 1st 1939

19. UNDERTAKER: Chas. R. Crawford Inc (Address) 118 W. Mt. Royal Ave

Huntington Williams M.D. Registrar.

Filed APR 30 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3-29-39

22. I HEREBY CERTIFY, That I attended deceased from 3-27-39 to 3-29-39

I last saw him alive on 3-29-39 Death is said to have occurred on the date stated above, at 8:55 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-27-39
Carcinoma of bladder	1935
	over

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation: Cystoscopy What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Storm Swiss M. D.

(Address) Mercy Hospital

V8 8

56616 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 56616

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 229 S. Augusta Ave. St., 20-8 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME CHARLES B. BACKMAN

If U. S. Veteran specify WAR .....

(a) Residence: No. 229 S. Augusta Ave. St., 20 Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma C. Backman

6. DATE OF BIRTH (month, day, year) August 25, 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney at law

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Office

10. Date deceased last worked at this occupation (month and year) 40

11. Total time (years) spent in this occupation 1937

12. BIRTHPLACE (city or town) Detroit
(State or country) Michigan

FATHER

13. NAME John A. Backman

14. BIRTHPLACE (city or town) John A. Backman
(State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Merryman

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mrs. Emma C. Backman
(Address) 229 S. Augusta Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 3/31/39

19. UNDERTAKER J. J. Hickey
(Address) 1300 EUTAW PLACE

20. FILED ..... Registrar

MAR 30 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27-, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1938 to 3/27, 1939

I last saw him alive on 3/27, 1939 Death is said to have occurred on the date stated above, at 10:12 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon	

Other contributory causes of importance:

Senility	
Secondary Anemia	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) A. H. Crowther, M. D.

(Address) 4209 Frederick Ave

56617 ✓ E 56617

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1130 Hanover St. 23-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME LEWIS H HELDMAN

(a) Residence: No. 1130 Hanover St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Jennie Heldman.

6. DATE OF BIRTH (month, day, year) Oct 14th 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Henry Heldman.

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Lydia Schuib.

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Jennie Heldman.
(Address) 1130 Hanover St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date 4-1st, 1939

19. UNDERTAKER Bernard C. Harlan
(Address) 121 E West St.

20. FILED ..., 19... Registrar.

MAR 30 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938, to March 29, 1939.
I last saw him alive on March 28, 1939. Death is said to have occurred on the date stated above, at 8.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	March 28
Arterio sclerosis	1937
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Egbert H. Mortimer M. D.

(Address) 2706 St Paul Pl.

5618

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56618

CERTIFICATE OF DEATH

73

1. PLACE OF DEATH Bon Secours Hospital — Registered No.

CITY OF BALTIMORE: (No. 2025 W. Fayette St. 10-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Sister Placida Hogan
Sisters of Notre Dame

(a) Residence: No. 901 Aisquith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 17, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	0	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious prof.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Mass.

FATHER

13. NAME Mathew Hogan Sextn

14. BIRTHPLACE (city or town) (State or country) Ire.

MOTHER

15. MAIDEN NAME Mary Sweeney

16. BIRTHPLACE (city or town) (State or country) Cambridge Mass

17. INFORMANT Sr Mary Rostar.
(Address) 901 Aisquith St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date March 31 '39

19. UNDERTAKER Geo M Fenwick & Son
(Address) 511 Newport Av

20. FILED ... 19... Registrar.

Huntington Williams, M.D.

MAR 30 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30. 1939

22. I HEREBY CERTIFY, That I attended deceased from March 22. 1939 to March 30, 1939.
I last saw her alive on March 30, 1939. Death is said to have occurred on the date stated above, at 9.25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Arrest	1935
Other contributory causes of importance: Cardiac Hemorrhage	Jan. 1939

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George H Brouillet M.D.
(Address) Bon Secours Hosp.

56619

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C F 56619

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2117 Denison St. St., 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Anna Estelle Smith

If U. S. Veteran specify WAR

(a) Residence: No. Plaza Apts Pk Ave St., Wilson St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Judson A. Smith

6. DATE OF BIRTH (month, day, year) Mar. 7, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME [illegible] Askew

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary E Carroll

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Edwin E Smith

(Address) 215 E 73 St NYC.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Apr. 1, 1939

19. UNDERTAKER Wilson Stakner - Sons

(Address) North & Fulton Ave Huntington Station, N.Y.

20. Filed MAR 31 1939, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1938, to March 30th, 1939.

I last saw her alive on March 30, 1939. Death is said to have occurred on the date stated above, at 6:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3/29/39

Other contributory causes of importance:

Carcinoma of Colon	

Was an operation performed? — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edwin E. Reisert M. D.

(Address) 2345 Pennsylvania Ave Baltimore, Md.

V6 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 56620

56620

Registered No. 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2024 Edgemont St. 13-4th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank W. Lockwood

If U. S. Veteran specify WAR

(a) Residence: No. 2304 Edgemont Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Wht.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Blanche I. Lockwood

6. DATE OF BIRTH (month, day, year) Oct. 11-1865

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	73	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cotton Broker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton

10. Date deceased last worked at this occupation (month and year) Jan 1939

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm J. Lockwood

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Maggie Bayless

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Blanche I. Lockwood

(Address) 2304 Edgemont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date April 1, 1939

19. UNDERTAKER Wm. J. Gurney & Sons

(Address) Monument Sq

MAR 30 1939

Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feby 8, 1939, to March 29, 1939

That I saw h[illegible] alive on March 28, 1939 Death is said to have occurred on the date stated above, at 1145 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	2 mo.
Infiltration & Congestion of Lungs	
Other contributory causes of importance:	
Vomiting & gone.	
Weakness	2 mo.

Was an operation performed? No Date of

For what disease or injury? None

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. A. Somerville, M. D.

(Address) 1600 W. North Ave

F 56621

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

F 56621

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2910 E. Pratt St. St., 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Emma Bauer

(a) Residence: No. 2910 E. Pratt St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christopher Bauer

6. DATE OF BIRTH (month, day, year) Mar. 20, 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
89	0	8 9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0f^o

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John F. Lauterback

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Laura ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Kathryn Gerahty
(Address) 2910 E. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date Mar. 31, 39

19. UNDERTAKER Henry Sander & Son, Inc.
(Address) Baltimore St. & Broadway

20. MAR 30 1939 19... Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from July, 1937, to March 29, 1939.
I last saw her alive on March 29, 1939. Death is said to have occurred on the date stated above, at 1 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac failure due to arteriosclerotic myocarditis	3-28-39
Other contributory causes of importance: Generalized arteriosclerosis	—

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Morris B. Schreiber M. D.

(Address) 542 Fulton Ave

V8 8

F 56622 HEALTH DEPARTMENT—CITY OF BALTIMORE F 56622

CERTIFICATE OF DEATH

Registered No. 27-4407

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. 0 mos. 25 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME MRS. E. Kirkbride Miller (Elizabeth) If U. S. Veteran specify WAR NONE

(a) Residence: No. 4819 Keswick Road St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of E. Kirkbride Miller

6. DATE OF BIRTH (month, day, year) March 25 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~50~~ 51		0	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) ~~April~~ 1939

11. Total time (years) spent in this occupation ~~51~~

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Baxida Turner

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Maude Caldwell

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Mr. E. Kirkbride Miller (Address) 4819 Keswick Rd. Balto.

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cem. 3/30

19. UNDERTAKER STEWART & HOOVEN COMPANY (W. F. WOODEN SUC.) 108 W. NORTH AVENUE (Address)

MAR 30 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/30, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/20, 1939, to 3/30, 1939

I last saw h sr alive on 3/29, 1939. Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia.	
Rt. base.	3/24/39
Other contributory causes of importance:	
Circulatory Collapse	3/29

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. A. Mason Kirkbride, M. D.

(Address) Union Memorial Hosp.

V 3961

V8 3

56623 F 56623

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1300 N. Carey, St., 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry L. Wiggins

(a) Residence: No. 1300 N. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married.

3a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Sophia Wiggins

6. DATE OF BIRTH (month, day, year) Dec. 25, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Patterson Park, Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Sophia L. Wiggins
(Address) 1300 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem. Date 3/31/39, 19

19. UNDERTAKER Charles Hooper
(Address) 514 N. Calhoun St.

20. FILED MAR 30 1939 Huntington Williams, M.D. Registrar.

V 5 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above at 12 30 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes.	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Harry, M. D. Coroner

(Address) 1215 Hanover

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK

324

HEALTH DEPARTMENT—CITY OF BALTIMORE

56624

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 452 Lorraine Ave. 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Wm. Schuman

If U. S. Veteran specify WAR

(a) Residence: No. 452 Lorraine Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Schuman

6. DATE OF BIRTH (month, day, year) Sept 10-1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher W 3

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm. Schuman

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Elizabeth Ott

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Margaret Mark

(Address) 431 Brunswick Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem. Date Mar. 30 19 39

19. UNDERTAKER John A. Miller

(Address) 2334 Jefferson St.

20. FILED MAR 30 1939 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mch 27, 1939 to Mch 29, 1939

I last saw him alive on Mch 28, 1939 Death is said to have occurred on the date stated above, at 1:4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	
Arteriosclerosis	
Hypertension Endocarditis	1926

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Wm. Brenner M. D.

(Address) 11 N. Eutaw. Pl.

V8 B

6625 E 56625

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 152 cc

1. PLACE OF DEATH Balto. City Hospitals Registered No. 1872

CITY OF BALTIMORE: (No. Bay View St. 26-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos 3 ds. How long in U. S. If of foreign birth? yrs. mos ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Milligan

(a) Residence: No. 205 2nd Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or wife of)~~ Etta R. Milligan

6. DATE OF BIRTH (month, day, year) May 8-1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Milligan

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Etta R. Thomas

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Oneal C. Milligan Son

(Address) 544 Clement St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 4/1/39 19

19. UNDERTAKER J. F. McCauley

(Address) 130 E. Fort Ave.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia, Cellulitis right Arm, Abscess	5 days.

Other contributory causes of importance

Was an operation performed? Yes. Date of March 28 1939

For what disease or injury? Abscess right Arm

Name of operation Incision & Drain Date of March 28 1939

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Broadway

MAR 30 1939

MAR 30

6626 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 56626

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 6-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? 71 yrs. ..... mos. ..... da.

2. FULL NAME Frank Straka

If U. S. Veteran specify WAR .....

(a) Residence: No. 414 No. Bradford St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Straka

6. DATE OF BIRTH (month, day, year) Aug 19 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME John Straka

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Catherine Simanek

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Emma Straka

(Address) 414 N. Bradford St

18. BURIAL, CREMATION, OR REMOVAL

Place Key Sodemore Date April 3 1939

19. UNDERTAKER Frank Brack & Son

(Address) 1906 Eutaw Ave

20. FILED ..... 19 ..... Thurlow for Williams Registrar.

APR 31 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30. 1939

22. I HEREBY CERTIFY, That I attended deceased from March 22 1939 to March 30 1939

I last saw him alive on March 30 1939. Death is said to have occurred on the date stated above, at 5.00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	
arteriosclerotic Heart disease	

Other contributory causes of importance:

Generalized arteriosclerosis

Was an operation performed? Yes Date of March 22, 1939

For what disease or injury? Carcinoma of Stomach

Name of operation Gastro enterostomy

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) W. B. Cudwell M. D.

(Address) Mercy Hospital

36627 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 56627

CERTIFICATE OF DEATH

82-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1810 Fleet St. St. 9-3 Ward)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walenty Kaminiecki — If U. S. Veteran specify WAR .....

(a) Residence: No. 1810 Fleet St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wiktoria Kaminiecki

6. DATE OF BIRTH (month, day, year) 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (0)

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Jacob Kaminiecki

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unkonwn

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Wiktoria Kaminiecki
(Address) 1810 Fleet St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Mch. 31 1939

19. UNDERTAKER Fred W. Ozazewski
(Address) 1930 Eastern Ave.

20. FILED ..... 19..... Registrar.

MAR 31 1939 Hunting for Williams, M.D. Ozazewski

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1939 to March 28 1939

I last saw h... alive on March 28 1939. Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset (month or day)
Cerebral Hemorrhage	
Other contributory causes of importance:	
Hypertension	?
Myocardial Failure	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Leo L. Kolecheo M. D.

(Address) 126 S. Patterson Pk. Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

56628 56628

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3805 So 6th Street St., Brooklyn Boro)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Emil Vanden Bosch "Busch"

If U. S. Veteran specify WAR Spanish American

(a) Residence: No. 3805 So 6th Street Brooklyn Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Louisa Henrietta Bosch

6. DATE OF BIRTH (month, day, year) Nov 26 - 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Navy 1886

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Belgium

FATHER

13. NAME Ludwig Julides Van Den Bosch

14. BIRTHPLACE (city or town) (State or country) Belgium

MOTHER

15. MAIDEN NAME Rosalie Van Wanswe

16. BIRTHPLACE (city or town) (State or country) Belgium

17. INFORMANT Mrs Louisa H. Bosch

(Address) 3805 S. 6th St Brooklyn

18. BURIAL, CREMATION, OR REMOVAL

Place U. S National Date 4/3 '39

19. UNDERTAKER William Cook

(Address) 1213 E Fort St

20. FILED OCT 31 1939 19... Wilmington Williams, Registrar.

V8 8

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30. 1939

22. I HEREBY CERTIFY, That I attended deceased from June 5 1937 to March 30 1939

I last saw him alive on March 30, 1939. Death is said to have occurred on the date stated above, at 6.45 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Renal Disease	?
Hemaplegia	1937
Terminal Bronchial Pneumonia	Mar 1-1939

Other contributory causes of importance:

Was an operation performed? not Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Paul Ludwig, M. D.

(Address) 320 Outpatient Clinic

Spec.—1-10-21—M&T—1500 Blks.

F 56629

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56629

CERTIFICATE OF DEATH.

94-B

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 314 E. North Ave. WARD 7-H)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Beale Howard Jr.

(a) RESIDENCE No. 314 E. North Ave ST., ... WARD ...

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (~~Wife of~~) Mrs Mary Jane Howard

6 DATE OF BIRTH (month, day, and year) Aug 22, 1875

7 AGE: Years 63 | Months 7 | Days 7 | If LESS than 1 day: hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Acme Transfer Co. Pres.

(b) General nature of industry, business, or establishment in which employed (or employer) ✓ 0086

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country): Baltimore City Md.

PARENTS

10 NAME OF FATHER: John Beale Howard

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Co. Maryland

12 MAIDEN NAME OF MOTHER: Emily Wheatley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant: Mrs. Mary Jane Howard

(Address) 314 E. North Ave

15 Filed MAR 31 1939, 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH March 30

16 DATE OF DEATH (month, day, and year) March 30 1939

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1938, to Mch 30, 1939, that I last saw him alive on Mch 29, 1939, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) ✓ yrs. ✓ mos. ✓ ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) ✓ yrs. ✓ mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Methods

(Signed) George C. Shannon, M. D.

(Address) 700 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenlea Cemetery

DATE OF BURIAL: April 1 1939

20 UNDERTAKER: William Cook

ADDRESS: 1758 Carey St

CAUSE OF DEATH. See instructions on back of certificates. IMPORTANT

M. D. F. 1268-9

56630

HEALTH DEPARTMENT—CITY OF BALTIMORE

56630

CERTIFICATE OF DEATH

W 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 Conway St., 22 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward P. Robb

(a) Residence: No. 618 Conway St., 22 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Annie Robb

6. DATE OF BIRTH (month, day, year) Nov 10, 1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Moses Robb

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Ward

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Carrie Robb

(Address) 637 Barre St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto National Date 3/31/39 19

19. UNDERTAKER Isaiah L Brown & Son

(Address) 108 W Montgomery St

20. FILED MAR 31 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/28/39. 19

22. I HEREBY CERTIFY, That I attended deceased from Mar 23. 1939. to Mar 28 1939

I last saw him alive on Mar 28 1939. Death is said to have occurred on the date stated above, at 9.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/23/39

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) D T Carroll M. D.

(Address) 911 Warner St

56631 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 56631

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp'l St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mr Henry J. Higgins

If U. S. Veteran specify WAR

(a) Residence: No. 1101 N. Ostend St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	SINGLE

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb 22 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. TOOL MAKER.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Thos. L Higgins

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Catherine Byrnes

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Michael Higgins
(Address) 1101 N Ostend St

18. BURIAL, CREMATION, OR REMOVAL
Cathedral Date April 3rd 1939

19. UNDERTAKER Bernard C. Harlz
(Address) 1200 N. Ostend St. Balto Md

20. FILED Harry Huddington Williams, Registrar.

4-31 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-31-39.

22. I HEREBY CERTIFY, That I attended deceased from 1-20-39, 19, to 3-31-39, 19

I last saw him alive on 3-31-39, 19. Death is said to have occurred on the date stated above, at 3:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation.	
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) George H. Bramhill M.D.

(Address) Bon Secours Hosp

6632

F 56632

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital Ward) 12-6

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph W Price

If U. S. Veteran specify WAR

(a) Residence: No. 2831 Remington Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Cau

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maria Price

6. DATE OF BIRTH (month, day, year) 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Dan'l Price

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ellen Butler

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Walter Price

(Address) 2831 Remington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Mar 31 1939

19. UNDERTAKER Sam'l H Chase & Son

(Address) 638 N. Gilmor

FILED MAR 31 1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-28-39

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	3/26/39

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George S. Adler M. D.

(Address) 50 Pleasant St

V S 6

F 56633

F 56633 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4300 Granada Ave St. 15-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jane Kirkpatrick Dickson

(a) Residence: No. 4300 Granada Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Henry Dickson

6. DATE OF BIRTH (month, day, year) Feb 10 1845

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
94	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME -------Kirkpatrick

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT Charles H. Dickson

(Address) 4300 Granada Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date April 1 1939

19. UNDERTAKER Harry A. Amacost

(Address) 4204 Ridgewood Ave

20. FILED ..... 19 ..... Registrar

MAR 31 1939

Hunting to Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/30/39 19

22. I HEREBY CERTIFY, That I attended deceased from 3/29 1939 to 3/30 1939

I last saw h.. 21 alive on 3/29 1939. Death is said to have occurred on the date stated above, at 11.45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar?	3-[illegible]
Exhaustion.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? Not examined Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry Russell M. D.

(Address) 3702 Greenmount Ave

F 56634

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56634

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2901 Montebello Terrace 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Frederick Gustavus Walper

(a) Residence: No. 2901 Montebello Terrace, ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Steinbock

6. DATE OF BIRTH (month, day, year) Nov - 12th 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Silk Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1886

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Geo. Henry Walper

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Lillian Walper
(Address) 2901 Montebello Terrace

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 3 | 31 | 39

19. UNDERTAKER Geo. Weber & Son
(Address) 2503 Edmondson Ave

20. FILED ..... 19..... Registrar.

MAR 31 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 | 28 | 39. 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 19 39 to Mar 28, 19 39

I last saw him alive on Mar 25, 19 39 Death is said to have occurred on the date stated above, at 12 m. Noon.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	
Other contributory causes of importance: Arteriosclerosis + Myocarditis	

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Chas Bruns M. D.

(Address) 467 S Hanover Balto

F 56635

F 56635 HEALTH DEPARTMENT—CITY OF BALTIMORE #43268

CERTIFICATE OF DEATH

V 82-a SF

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 15-1 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Boyer (also known as Benjamin Frank Boyer) If U. S. Veteran specify WAR

(a) Residence: No. 1380 Woodyear St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married (sep.)

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louise

6. DATE OF BIRTH (month, day, year) 8/23/~~1891~~ ?/885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
~~54~~ 53 ~~54~~	7	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Benjamin

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date April 3, 1939

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Schroeder St

20. FILED ..... 19..... Registrar.

APR 31 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/30/39 . 19

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1939 to March 30, 1939

I last saw him alive on March 30, 1939. Death is said to have occurred on the date stated above, at 12 30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	3-16-39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospitals

6636 D.C. Paul Ahrenbeck, M.D. F. 56636

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3012 White Ave St. 27-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Katherine E. Schorr

(a) Residence: No. 3012 White ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George L. Schorr Jr.

6. DATE OF BIRTH (month, day, year) April 16th 1888

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
50	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Louis H. Breyer

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Emma K. Arnold

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Mr. George L. Schorr Jr.
(Address) 3012 White Ave.

18. BURIAL, CREMATION, OR REMOVAL Moreland Park Cem. Date April 3 1939

19. UNDERTAKER Frederick Lasagna Sons
(Address) 7401 Belair Road

20. FILED APR 31 1939 Hamilton Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1939 to , 19

I last saw her alive on March 29, 1939. Death is said to have occurred on the date stated above, at 5:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-30-39
Hypertension, Arteriosclerosis	?

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W. Haley Barker M. D.

(Address) 1020 St. Paul St.

M. D. B. 1268-9

F 56637

56637 HEALTH DEPARTMENT—CITY OF BALTIMORE

V 34-94-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Roland Park — Registered No.

CITY OF BALTIMORE: (No. 414 Woodlawn La St., 27-14 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Farber

(a) Residence: No. 414 Woodlawn La St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Edith Mercer

6. DATE OF BIRTH (month, day, year) Dec 22 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry L. Farber

14. BIRTHPLACE (city or town) (State or country) Innsbrook Austria

MOTHER

15. MAIDEN NAME Annie Stalfort

16. BIRTHPLACE (city or town) (State or country) Innsbrook Austria

17. INFORMANT Grant H. Farber (Address) 414 Woodlawn Rd

18. BURIAL, CREMATION, OR REMOVAL Place Green Mt Date April 1st 1939

19. UNDERTAKER Henry W. Eugene Sons (Address) McCulloh & Orchard Sts

20. FILED 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from August 27, 1932, to March 30, 1939

I last saw h[illegible] alive on March 29, 1939 Death is said to have occurred on the date stated above, at 2:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis, tertiary, general paresis	At least 7 yrs.
Cerebral thrombosis	Mar. 22, 39
Bronchopneumonia	Mar. 27, 39
Other contributory causes of importance:	
~~Cerebral thrombosis~~	~~Mar. 22, 39~~ ?
~~Bronchopneumonia~~	~~Mar. 27, 39~~
Arterio sclerosis	

Name of operation None Date of

What test confirmed diagnosis? Gen. Path. Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John Tilden Howard M. D.

(Address) 12 E. Eager St., Balto Md.

56638

F 56638

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 1070 CC

1. PLACE OF DEATH Balto. City Hospitals — Registered No. 1512

CITY OF BALTIMORE: (No. Bay View St., 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Georg Herbst

(a) Residence: No. 7033 Ellsworth St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Kunigunda Herbst

6. DATE OF BIRTH (month, day, year) July 20-1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Georg Herbst

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Georg Herbst Jr. Son

(Address) 7033 Ellsworth Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Apr 1 1939

19. UNDERTAKER Martin W. E. Bippel

(Address) 37 S. Ann St.

20. FILED ... 19... Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29. 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	2 Weeks.
Other contributory causes of importance: Arterio-sclerosis Gen'l. Senility	Some time

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. E. Wood, M. D. Coroner

(Address) 1712 N. Broadway

R 31 1630

HEALTH DEPARTMENT—CITY OF BALTIMORE

56639 — CERTIFICATE OF DEATH — 92a — F 56639

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 Edmondson Ave St., 47-3 Ward).

Length of residence in city or town where death occurred Life yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Edward T. Gordon

If U.S Veteran specify WAR .....

(a) Residence: No. 822 Edmondson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	Col	Widower

5a. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of — N

6. DATE OF BIRTH (month, day, year) —

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Counter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Jas. Gordon

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Louise Martin

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Lena Gordon

(Address) 1123 Wilkens

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 6-31-39

19. UNDERTAKER Mrs R. E. Elliott-Daughter

(Address) 1217 N. Carrollton Ave

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May. 28. 1939

22. I HEREBY CERTIFY, That I attended deceased from May. 6. 1939 to May. 28. 1939

I last saw h[illegible] alive on May. 28. 1939. Death is said to have occurred on the date stated above, at 12 m Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Edward Disease Heart	
Other contributory causes of importance:	

Was an operation performed? — Date of —

For what disease or injury?

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Claude W. Garner M.D.

(Address) 627 Edmondson

56640 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 56640

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH Mercy Hospital — Registered No.

CITY OF BALTIMORE: (No. ... St., 8-3 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Klietsch — If U. S. Veteran specify WAR

(a) Residence: No. 165 W. Cathedral St., Ward. (Usual place of abode) (If non-resident give city or town and State) Ford Lee.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 9, 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) Dec. 1937 — 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME Thomas Murphy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Kennedy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Madeline Klietsch

(Address) 165 W. Cathedral St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date April 1st 1939

19. UNDERTAKER Leo G. Brooks

(Address) 1701 N. Gate Park Ave.

20. FILED Hunterstown Hilliard Registrar

MAR 31 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1939 to March 27, 1939

I last saw her alive on March 24, 1939. Death is said to have occurred on the date stated above, at 5 1/2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Squamous Cell Ca of R. heart	6 mos.
Melanoma (at scapula)	Life
Other contributory causes of importance:	
Dues.	

Was an operation performed? Yes Date of Feb. 6, 1939

For what disease or injury? Diagnostic biopsy

Name of operation Excision mole rt. scapula

What test confirmed diagnosis? Biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Edward A. Lange M. D.

(Address) Mercy Hospital

5641 HEALTH DEPARTMENT—CITY OF BALTIMORE 56641

CERTIFICATE OF DEATH

1. PLACE OF DEATH Hebrew Home for the Aged + Infirm 953

CITY OF BALTIMORE: (No. Belvedere + Greenspring St., 27 Ward) 7747

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. da. How long in U. S. If of foreign birth? 57 yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Otto Rosenthal

(a) Residence: No. Belvedere + Greenspring St., 27 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced: Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Ida Rosenthal

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 85; Months; Days; If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Seymour Thalheimer

(Address) Belvedere + Greenspring Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Washington Hebr. Date 3-31-39

19. UNDERTAKER: Jack Levine Inc.

(Address) 4734 E. Balto. St.

20. FILED MAR 31 1939

Huntington Williams, M.C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1938, to March 30, 1939.

I last saw him alive on March 30, 1939. Death is said to have occurred on the date stated above, at 8:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-22-39
Chr. cardiovascular disease	
Hypertension	
Atherosclerosis	
Other contributory causes of importance: Chr. Bronchitis	

No

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) H. Edmund Levin, M. D.

(Address) Levindale

56642

HEALTH DEPARTMENT—CITY OF BALTIMORE 56642

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mr. James R. Lumley

(a) Residence: No. 611 Glenoldon Ave. St., 11th Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harriet E Lumley

6. DATE OF BIRTH (month, day, year) Feb. 24 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pharmacist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0025

10. Date deceased last worked at this occupation (month and year) Jan 6 1939

11. Total time (years) spent in this occupation 39 yrs

12. BIRTHPLACE (city or town) (State or country) Nebraska

FATHER

13. NAME James R Lumley

14. BIRTHPLACE (city or town) (State or country) India

MOTHER

15. MAIDEN NAME Emily J Fell

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs Harriet E Lumley

(Address) 611 Glenoldon Av

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 4-3-39

19. UNDERTAKER Geo H Little 2700 Monondon Ave.

(Address)

20. FILED MAR 31 1939 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30. 1939

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1939 to March 30, 1939

I last saw him alive on March 30, 1939 Death is said to have occurred on the date stated above, at 5.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular Renal Disease	June 1934
Chronic Nephritis	"
Terminal Uremia	3-29-39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify.

(Signed) Francis J. Januszewski M. D.

(Address) Maryland General Hosp.

56643

HEALTH DEPARTMENT—CITY OF BALTIMORE

56643

CERTIFICATE OF DEATH

106a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 502 E. 42nd St. 27-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elijah E. Enson

If U. S. Veteran specify WAR .....

(a) Residence: No. 502 E. 42nd St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Sallie Enson

6. DATE OF BIRTH (month, day, year) Dec 27 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME George Enson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ruth Ann Enson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Sally Enson

(Address) 502 E. 42nd St.

18. BURIAL, CREMATION, OR REMOVAL

Place Black Rock Date Apr. 1st 1939

19. UNDERTAKER John C. Butler Jr.

(Address) 3200 E. Baltimore

20. FILED ..... Registrar.

APR 31 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/30/1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 27, 1939 to Mar 30, 1939

I last saw him alive on Mar 30, 1939. Death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Oedema	Mar 29
Other contributory causes of importance: Acute Bronchitis	Mar 20

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. H. Pearce M. D.

(Address) 2105 Eutaw

56644

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 210 MF 56644

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital // Ward) 11-H

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Luther Baker

(a) Residence: No. 1110 Madison Av. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lena Baker

6. DATE OF BIRTH (month, day, year) 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Lena Baker
(Address) 1110 Madison Av.

18. BURIAL, CREMATION, OR REMOVAL
Mt. Calvary Cem. Date Mar 31 1939

19. UNDERTAKER Adolphus Halstead
(Address) 918 Druid Hill Ave.

20. FILED MAR 31 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis Clin Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, Suicide or Homicide? Accident March 11, 1939 ... 19...

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Crossing Eutaw St at Hoffman St

Nature of injury Struck by Auto.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. R. Schulman M. D.
Coroner

(Address) 2757 W. ...

HEALTH DEPARTMENT—CITY OF BALTIMORE

56645

CERTIFICATE OF DEATH

131 F 56645

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3007 Greenmount Ave St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. 10 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rebekah E. Poole

If U. S. Veteran specify WAR

(a) Residence: No. 4701 Kenwood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.

4. Color or Race: White

5. Single, Married, Widowed, Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Preston S. Poole

6. DATE OF BIRTH (month, day, year): May 24, 1895

7. AGE: Years 43 | Months 10 | Days 6 | If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Wilson Eccleston

14. BIRTHPLACE (city or town) (State or country): Leavenworth Kansas

MOTHER

15. MAIDEN NAME: Mattie Nagle

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT (Address): Mr. Preston S. Poole 4701 Kenwood Ave.

18. BURIAL, CREMATION, OR REMOVAL Place: Lorraine Cem. Apr. 1 1939

19. UNDERTAKER (Address): Wm. Tuckyler Boon North & Pa Aves.

20. FILED Apr 1 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 29. 1939

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1939 to March 29, 1939

I last saw her alive on March 29, 1939 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

Coronary Embolism — Date of onset 3/28/39

Other contributory causes of importance:

Chronic Interstitial Nephritis — Unknown

Hypertension — Unknown

Was an operation performed? No Date of

For what disease or injury? ------

Name of operation

What test confirmed diagnosis? Clinical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Thos. Turner Dudley M. D.

(Address) 401 E. 25th Street

HEALTH DEPARTMENT—CITY OF BALTIMORE

56646

CERTIFICATE OF DEATH 108 F 56646 CC

Registered No. 872

1. PLACE OF DEATH Balto. City Hospitals

CITY OF BALTIMORE: (No. Bay View St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Schmidt

If U. S. Veteran specify WAR .....

(a) Residence: No. 1308 Hillman St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mathilda Schmidt

6. DATE OF BIRTH (month, day, year) Jan. 4 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman 662

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoppe Dolmus

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Nicholas Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mathilda Schmidt

(Address) 1308 Hillman St. City

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date April 3 19 39

19. UNDERTAKER Philip Herwig Sons

(Address) 2016 Orleans

MAR 31 1939

FILED ..... 19 ..... Registrar

Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar-Pneumonia	Week
Other contributory causes of importance: Coma.	24 Hours

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Chas. W. Wood M. D.

Coroner

(Address) 1712 N. Broadway

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56647

CERTIFICATE OF DEATH

23

F 56647

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 138 N. Ellwood Ave St., (Ward) 6th Lib

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Ida J. Johnson

If U. S. Veteran specify WAR

(a) Residence: No. 138 N. Ellwood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of late Robert Johnson

6. DATE OF BIRTH (month, day, year) Jan 8-1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Peter Rutledge

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Catherine

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Mrs. Ruth Dondera

(Address) 2501 Penna. Ave S.E. Wash D.C.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date April 1 19 39

19. UNDERTAKER Philip Henry & Sons

(Address) 20 N. Pleasant St.

20. FILED ... 19... Hunting for Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29. 1939

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1939. to March 29, 1939

I last saw her alive on March 28, 1939 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X Ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph Pokorny M.D.

(Address) 2200 E Madison St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48 F 56648

F 56648

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1112 N Patterson Pl Ave St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Frances Quick

If U. S. Veteran specify WAR

(a) Residence: No. 1112 N. Patterson Pl Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Walter S. Quick

6. DATE OF BIRTH (month, day, year) Nov. 9 - 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) March 1939

11. Total time (years) spent in this occupation 20+

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME Frank Oldhart

14. BIRTHPLACE (city or town) (State or country) Montgomery Co Md.

MOTHER

15. MAIDEN NAME Margaret Seitz.

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

17. INFORMANT Walter S. Quick

(Address) 1112 N Patterson Pk Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Com. Date April 39

19. UNDERTAKER Philip Henry Sons

(Address) 2 E Preston St

20. FILED ... 19... Huntington Hill, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1939 to March 29, 1939.

I last saw her alive on March 29, 1939. Death is said to have occurred on the date stated above, at 8:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Uterus	2 yrs
Other contributory causes of importance:	

Was an operation performed? March 17, 1937 Date of March 1937

For what disease or injury?

Name of operation Hysterectomy Supervoltage

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. F. A. Stevens, M. D.

(Address) 2878 Harford Rd

56649 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 56649

CERTIFICATE OF DEATH 87B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 46 N. Gorman Ave St. 2 Ward 2)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

If U. S. Veteran specify WAR _____

2. FULL NAME Ross Franklin Durham

(a) Residence: No. 467 N. Gorman ave St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Pauline Durham

6. DATE OF BIRTH (month, day, year) 3/19/1881

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	58		11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conveyor Tailor

9. Industry or business in which work was done, as milk mill, saw mill, bank, etc. 6086

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Franklin P. Durham

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Pauline Durham
(Address) 467 N. Gorman ave

18. BURIAL, CREMATION, OR REMOVAL.
Place Mt. Olivet Date 4/1/39 19

19. UNDERTAKER Harry A. Tuttle
(Address) 4101 Edmondson ave

20. FILED _____, 19___ _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/30/39, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/ -, 1939 to 3/30-, 1939

I last saw him alive on 3/30-, 1939. Death is said to have occurred on the date stated above, at 12:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Sclerosis	1934
Other contributory causes of importance:	

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19___

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Chas A Cuno M. D.

(Address) 1145 N Bals

MAR 31 1939 Registrar for Baltimore, Md.

F 56650

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56650

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. General Hospital St., 15-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mrs. Rose Engel

If U. S. Veteran specify WAR .....

(a) Residence: No. 1301 N. Fulton Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of John N. Engel

6. DATE OF BIRTH (month, day, year) August 24 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min
	68	7	7 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Frederick Labelle

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Roseline Spelenberg

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John N. Engel

(Address) 1301 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Pk Date 4/1/39 19

19. UNDERTAKER Harry A. Rutzke

(Address) 4101 Edmondson Ave

20. FILED ..... 19 ..... Registrar.

MAR 31 1939 Hearing by Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 20, 1939, to March 30, 1939

I last saw her alive on March 30, 1939. Death is said to have occurred on the date stated above, at 3 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Other contributory causes of importance:	
Hypertension Pneumonia	

Was an operation performed? Yes Date of Feb 10, 1939

For what disease or injury? Diabetic Gangrene

Name of operation Amputation of Left Thigh

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William P. Thompson M. D.

(Address) Md. General Hospital

6651

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56651

CERTIFICATE OF DEATH

51C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 11-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. Life mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Dorsey

If U. S. Veteran specify WAR .....

(a) Residence: No. 319 W. Hoffman St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Annie Dorsey

6. DATE OF BIRTH (month, day, year) 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 10 50

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Charles Dorsey

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Emma Russell

(Address) 119 Rugg Lane

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lebanon Date 3/31 19 39

19. UNDERTAKER Thomas E. Kelsey

(Address) 303 Pulaski Hwy E.

20. FILED MAR 31 1939 19 ... Registrar.

88

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/28 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-21 1939 to 3-28 1939

I last saw h... alive on 3-28 1939 Death is said to have occurred on the date stated above, at 12 39 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Carcinoma 2) Prostate	
Partial intestinal obstruction	
Carcinomatosis.	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Bernard Harris M. D.

(Address) Provident Hosp

5652

HEALTH DEPARTMENT—CITY OF BALTIMORE 56652

CERTIFICATE OF DEATH

95-B 40625-FS

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. life mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emily Jones — If U. S. Veteran specify WAR

(a) Residence: No. 1405 Cairo St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James

6. DATE OF BIRTH (month, day, year) 1-3-~~1888~~ 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
~~52~~ 51	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Stephen Duppins

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary elizabeth

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT R.C.H. records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date March 31 1939

19. UNDERTAKER William A. Jackson
(Address) 916 Pennsylvania Ave.

20. FILED MAR 31 1939 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29 1939

22. I HEREBY CERTIFY, That I attended deceased from January 5, 1939, to March 29, 1939

I last saw ~~her~~ alive on March 29, 1939. Death is said to have occurred on the date stated above, at 11 ~~00~~ P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio-vascular disease	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Lautelle M. D.

(Address) Baltimore City Hospitals

F 56653 F 56653

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 77-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 2-X Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Catherine Lukaszewski

(a) Residence: No. 106 S. Ann St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 3, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	0	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bretoria (State or country) Md.

FATHER

13. NAME Marcin Lukaszewski

14. BIRTHPLACE (city or town) Brets. (State or country) Md.

MOTHER

15. MAIDEN NAME Victoria Mazur

16. BIRTHPLACE (city or town) Brets. (State or country) Md.

17. INFORMANT Marcin Lukaszewski
(Address) 106 S. Ann St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date March 31, 1939

19. UNDERTAKER John J. Weber
(Address) 401 S. Chester St

20. FILED ... 19 ... Registrar.

MAR 31 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lead Encephalitis	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
— If so, specify

(Signed) Paul Schreiber Coroner, M. D.
(Address) Coroner

5654 E 56654

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Hattie 15-10 N. Durham St. (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hattie R. Eilerman
If U. S. Veteran specify WAR

(a) Residence: No. 15-10 N. Durham St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Eilerman

6. DATE OF BIRTH (month, day, year) Sept 23-1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	6	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER
13. NAME William Weber
14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER
15. MAIDEN NAME Priscilla Wagner
16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT John H. Eilerman
(Address) 15-10 N. Durham St.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date 4-1-39

19. UNDERTAKER Wendell E. Humphreys
(Address) 1201 N. Broadway

20. FILED MAR 31 1939 19 William Roseman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-29-39 19

22. I HEREBY CERTIFY, That I attended deceased from 1-16 19 39 to 3-29 19 39
I last saw her alive on 3-29 19 39 Death is said to have occurred on the date stated above, at 10P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	3/20/39
Other contributory causes of importance: Chronic Interstitial Nephritis	1/16/39

Was an operation performed? NO Date of
For what disease or injury? NO
Name of operation NO
What test confirmed diagnosis? Clinical signs Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? NO Date of injury 19
Where did injury occur? NO
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place NO
Manner of injury NO
Nature of injury NO

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify NO

(Signed) David Miller M. D.
(Address) 1500 N Broadway

56655 HEALTH DEPARTMENT—CITY OF BALTIMORE E 56655

CERTIFICATE OF DEATH

✓ 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Goodwin

If U. S. Veteran specify WAR

(a) Residence: No. 304 Lanvale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Beatrice Goodwin

6. DATE OF BIRTH (month, day, year) Jan 18-1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Work — 0021

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME Ashley Goodwin

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Dollie Adams

16. BIRTHPLACE (city or town) (State or country) S C

17. INFORMANT Mrs Beatrice Goodwin

(Address) 304 Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date March 31 1939

19. UNDERTAKER Archibald E Gaddis

(Address) 210 N Eutaw St.

20. FILED Huntington Williams M.D.

MR 31 1939

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 29, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Apoplexy	Mar 28 39

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) George S. Allen M. D.

(Address) 56 W Lexington St

56656 E 56656

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 114-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 8-7 Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 20 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Minnie Constantino

(a) Residence: No. 1511 N. Chapel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: 7 | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Joseph

6. DATE OF BIRTH (month, day, year): 7/22/11

7. AGE: Years: 27 | Months: 8 | Days: 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

MOTHER FATHER
12. BIRTHPLACE (city or town) (State or country): Italy
13. NAME: Vincent Rizzo
14. BIRTHPLACE (city or town) (State or country): Italy
15. MAIDEN NAME: Mary Ferligno
16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT: Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Red. Cem. Date: Apr. 3 1939
Visitation Funeral Home Inc.

19. UNDERTAKER: Dr. Piatkowski
(Address) 2007 Eastern Ave

20. FILED: APR 1 1939 — Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar. 15, 1939, to Mar. 30, 1939.
I last saw her alive on Mar. 30, 1939. Death is said to have occurred on the date stated above, at 4:31 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung abscess due to Organized tuberculosis	3.4.39
Other contributory causes of importance: Pulmonary collapse	

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Freeman Billings M. D.
(Address) .....

Geneva Gilliard

56657 F 56657

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 Stirling St., 10-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Geneva Gilliard

If U. S. Veteran specify WAR

(a) Residence: No. 721 Stirling St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Norman Gilliard

6. DATE OF BIRTH (month, day, year) Feb 3 - 1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Marion S C

FATHER

13. NAME Thomas Dunmore

14. BIRTHPLACE (city or town) (State or country) Marion S C

MOTHER

15. MAIDEN NAME Ida Dunmore

16. BIRTHPLACE (city or town) (State or country) Marion

17. INFORMANT Norman Gilliard

(Address) 721 Stirling St

18. BURIAL, CREMATION, OR REMOVAL

Place Marion S C Date April 1st 1939

19. UNDERTAKER Robt. E. Williams & Sons

(Address) 1515 Pennsylvania Ave

20. FILED APR 1 1939 Registrar

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 28, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the date stated above.

Dew

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Peritonitis	Mar 28
Appendicitis	39

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen, M. D.

Coroner

(Address) 507 Cinquefoil Lane

56658 HEALTH DEPARTMENT—CITY OF BALTIMORE 56658

CERTIFICATE OF DEATH

✓ 46-2

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 719 N Eden St., 10-2 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Ogburn

If U.S. Veteran specify WAR .....

(a) Residence: No. 719 N. Eden St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced (or) WIFE of Robert Ogburn

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	appx 66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs Butler (2 nieces)

(Address) 719 N Eden St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date April 1 1939

19. UNDERTAKER Mrs Lottie Agnes

(Address) 1408 Cleveland ave

20. FILED 3 31 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 1938 to March 29 1939

I last saw her alive on March 27 1939. Death is said to have occurred on the date stated above, at 8:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal (Caecum) Carcinoma	6 mos
Other contributory causes of importance:	
Chr. Nephritis	6 mos
Secondary Anemia	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury .. .. 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ND If so, specify .....

(Signed) R J Young M. D.

(Address) 1429 Mt Prospect Ave

EAves

F 56659

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137 F 56659

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 7-14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. 3 mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Eaves

(a) Residence: No. 3416 Belvedere Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helena

6. DATE OF BIRTH (month, day, year) 1-4-1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer plaster's helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Feeney

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Helena Eaves

(Address) 3416 Belvedere Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Petica Cem. Fred Co Md Date April 3 19 39

19. UNDERTAKER George W. Zipfelen

(Address) 137 E Eager St.

20. FILED MAR 31 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-30 19 39

22. I HEREBY CERTIFY, That I attended deceased from 1-19-39 to 3-30-39

I last saw him alive on 3-30-39 Death is said to have occurred on the date stated above, at 11.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	?
with Cardiac failure	
Other contributory causes of importance:	
	acute

Was an operation performed? Yes Date of 1-28-39

For what disease or injury? Obstruction by prostatic hypertrophy

Name of operation Supra pubic prostatectomy

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify

(Signed) C Effinger M. D.

(Address) Mercy Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 56660 ✓131 F 56660

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1612 N.Gay St. 8-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME John W. Reed

If U. S. Veteran specify WAR ___

(a) Residence: No. 1612 N.Gay St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie E. Reed

6. DATE OF BIRTH (month, day, year) July 13, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	58	8	22 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman pd 12

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W.P.A.

10. Date deceased last worked at this occupation (month and year) ___

11. Total time (years) spent in this occupation ___

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME George Reed

14. BIRTHPLACE (city or town) Not Known (State or country)

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Not Known (State or country)

17. INFORMANT George E. Reed

(Address) 1612 N.Gay St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Cemt. Date April 1, 1939

19. UNDERTAKER George W. Zirkle

(Address) 1037 E. Eager St.

20. FILED MAR 31 1939 Registrar for Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1939, to March 30, 1939

I last saw her alive on March 29, 1939 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular disease of Heart	6 mo
Other contributory causes of importance:	
Chronic Nephritis	6 mo

Was an operation performed? ___ Date of ___

For what disease or injury? ___

Name of operation ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___

If so, specify ___

(Signed) W. J. Gray, M. D.

(Address) 6 E Monroe

56661 F 56661

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital 5-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Ethel Pearl Stanley

(a) Residence: No. 1103 Thompson St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
fem	Col	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 29-1938

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Arthur Stevenson

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Catherine Jackson

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Catherine Stanley

(Address) 1030 Thompson

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Cem Date 4-1-1939

19. UNDERTAKER Bryant & Harris & Wright

(Address) 1280 N Caldery St

31 1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-29-1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry) ... (Inquest, Autopsy or Inquiry) ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Enteric Bronchio - pneumonia	3/25
Other contributory causes of importance: Marasmus	3/29

Was an operation performed? — Date of ...

For what disease or injury? —

Name of operation — Date of ...

What test confirmed diagnosis? Widal Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Jerge J. Allen M. D.

(Address) 500 Park Ave

V S 6

Urner, Morgan

56662 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 56662

CERTIFICATE OF DEATH

V+ 96

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

Length of residence in city or town where death occurred ...yrs.....mos. 21 ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Mr Urner Morgan

If U. S. Veteran specify WAR .....

(a) Residence: No. Mt. Airy Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Beulah Morgan

6. DATE OF BIRTH (month, day, year) Nov. 6, 1909

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	29	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trucker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fred. Co. Md.

MOTHER FATHER

13. NAME Levi Morgan

14. BIRTHPLACE (city or town) (State or country) Penna

15. MAIDEN NAME Elizabeth Dever

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Beulah Morgan

(Address) Mt. Airy Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem Date April 2, 1939

19. UNDERTAKER C. M. Walter

(Address) Mayfield Md.

20. FILED ..... 19.. Registrar.

APR 1 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 10th, 1939 to Mar 31st, 1939

I last saw him alive on Mar 31st 1939 Death is said to have occurred on the date stated above, at 1.44 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subarachnoid Hemorrhage	3/30/39

Other contributory causes of importance:

Congenital cerebral aneurysm	
	over

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. King B. E. Leeson, Jr. M. D.

(Address) University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56663 F 56663

CERTIFICATE OF DEATH

V X 21 F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Ann Keegan

(a) Residence: No. R.F.D. Laurel Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of —

6. DATE OF BIRTH (month, day, year) Jan 25 1915

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Laurel Md

FATHER

13. NAME Francis Keegan

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Goldie Harding

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Goldie Keegan

(Address) Laurel Md

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Md Date Apr 1st 1939

19. UNDERTAKER Lloyd Yaeger

(Address) Laurel Md

20. FILED APR 1 - 1939 Huntington Williamsport, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Respiratory Collapse (Nursing)	10 min
Traumatic Pancreatitis	26 days
Other contributory causes of importance: Multiple abdominal abscess	1 week

Was an operation performed? Yes (2) Date of 3/5/39, 3/31/39

For what disease or injury? Traumatic Pancreatitis & Complications

Name of operation Surgery of pancreas Date of 3/5/39

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~Suicide~~ or ~~Homicide~~? Yes Date of injury 3/5, 1939

Where did injury occur? Laurel, Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public highway

Manner of injury Fell off bicycle while going down hill.

Nature of injury Ruptured Pancreas

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A. Adams, M. D. Coroner

(Address) 2736 Eutaw Place

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

56664

CERTIFICATE OF DEATH

✓ 97 F 56664

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4317 Sheldon ave St. 26-36 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME David H. Hartman

(a) Residence: No. 4317 Sheldon ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	white	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Oledia May

6. DATE OF BIRTH (month, day, year) Oct 29 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Winchester Va.

FATHER

13. NAME John D. Hartman

14. BIRTHPLACE (city or town) (State or country) Lancaster Pa.

MOTHER

15. MAIDEN NAME Edie Lewis

16. BIRTHPLACE (city or town) (State or country) Winchester Va

17. INFORMANT Harry D. Hartman

(Address) 4317 Sheldon ave

18. BURIAL, CREMATION, OR REMOVAL

Winchester Va Date March 31 1939

19. UNDERTAKER Sol Levenson Bro

(Address) 1824-26 W Mathews

20. FILED Huntington West Virginia Registrar.

APR 1-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/31/1939

22. I HEREBY CERTIFY, That I attended deceased from 3/22 1939 to 3/31 1939.

I last saw him alive on 3/31 1939. Death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1935
Hypertension	
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) C. C. Littman, M. D.

(Address) 1304 E Lake.

665

HEALTH DEPARTMENT—CITY OF BALTIMORE

No. 56665

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 648 Pitcher St. 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mamie Madden

If U. S. Veteran specify WAR

(a) Residence: No. 648 Pitcher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Albert Madden

6. DATE OF BIRTH (month, day, year): June 6. 1882

7. AGE: Years 56 | Months 9 10 | Days 7 24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stno - Maid -

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: — 670

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: George McCollum

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Jennie Butler

16. BIRTHPLACE (city or town) (State or country): Charles Co. Md

17. INFORMANT: Albert Madden

(Address) 648 Pitcher St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Cem. Date 4-2-39 19

19. UNDERTAKER: Mrs Frances A. Hensley

(Address) 578 N Bridge St. Hagerstown, Md

20. FILED: Harry Hartings Registrar.

APR 1 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1939, to March 30, 1939

I last saw her alive on March 30, 1939. Death is said to have occurred on the date stated above, at 11:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	March 26
Other contributory causes of importance:	

Was an operation performed? — Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? Phy Ex Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. Garland Ottenhoff M. D.

(Address) 1534 Druid Hill Ave

F 56666

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 622 N. Carrollton St. 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Sophia Emmerso-

If U. S. Veteran specify WAR

(a) Residence: No. Aged, men + women's St. Home Colored Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, Divorced (write the word): Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Not known

6. DATE OF BIRTH (month, day, year): 1875

7. AGE: 64 Years | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

MOTHER

13. NAME

14. BIRTHPLACE (city or town) (State or country): Not Known

FATHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT (Address): Aged Home Church

18. BURIAL, CREMATION, OR REMOVAL: Not Known

Place: Auburn Date: 4-1-39

19. UNDERTAKER (Address): Mrs Gracey A. Hagaday 3780 W. Baltimore St

Huntington Williams Inc

20. FILED: APR 1 - 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3-30, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1939 to March 31, 1939

I last saw her alive on March 30, 1939 Death is said to have occurred on the date stated above, at 9:45 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy — Date of onset

Other contributory causes of importance: Arteriosclerosis

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward J. Wheatley, M. D.

(Address) 1230 Druid Hill Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56667

CERTIFICATE OF DEATH

94 F 56667

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 5713 Roland Ave St., 12-1 Ward)

Length of residence in city or town where death occurred 75 yrs. 0 mos. 28 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Adele Heilholtz-Sadtler

If U. S. Veteran specify WAR None

(a) Residence: No. 3948 Cloverhill Rd St., 12 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of C. Herbert Sadtler

6. DATE OF BIRTH (month, day, year) March 2/1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	0	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

13. NAME Miss Heilholtz

14. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

15. MAIDEN NAME Emily Shannessy

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mr. Thos. M. Sorrell (son-in-law)

(Address) 3948 Cloverhill Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date Mar 31/39, 19

19. UNDERTAKER STEWART & MOWEN COMPANY

(Address) (W. F. MOWEN SUC.) 108 W. NORTH AVENUE

20. FILED APR 1 1939, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 30 March, 19 39

22. I HEREBY CERTIFY, That I attended deceased from November 35, to March 30, 19 39

I last saw her alive on March 30, 19 39. Death is said to have occurred on the date stated above, at 4 00 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	
Other contributory causes of importance: arterio-sclerosis	

Was an operation performed? no Date of

For what disease or injury?

Name of operation none

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Gray Turnbull, M. D.

(Address) 712 Park Avenue

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56668 CERTIFICATE OF DEATH 131 F 56668

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 26 N. Mount St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George W. Muir

If U.S. Veteran specify WAR

(a) Residence: No. 26 N. mount St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. Color or Race Col-

5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta Muir

6. DATE OF BIRTH (month, day, year) Jan 11 1878

7. AGE Years 61 Months 2 Days 19 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Yard Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Proprietor

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) Somerset Co Maryland.

MOTHER FATHER

13. NAME Alexander Muir

14. BIRTHPLACE (city or town) (State or country) Somerset Co Maryland.

15. MAIDEN NAME Eliz White

16. BIRTHPLACE (city or town) (State or country) Somerset Co Maryland.

17. INFORMANT Henrietta Muir

(Address) 26 N. Mount

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Hill Date April 2nd 39

19. UNDERTAKER Elroy O Wilson

(Address) 1005 Brantingham

20. FILED 1939 Huntington Pittsman Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/30, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/16, 1939 to 3/30, 1939

I last saw him alive on 3/29, 1939 Death is said to have occurred on the date stated above, at 11a, m.

The principal cause of death and related causes of importance were as follows:

Uremia Myocarditis + nephritis

Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Hypertension - Uremia ++ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) D Trautman, M. D.

(Address) 1122 W Mt

HEALTH DEPARTMENT—CITY OF BALTIMORE

56669

CERTIFICATE OF DEATH

131 F 56669

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1203 N. Gilmor St., 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Wilson

If U.S. Veteran specify WAR

(a) Residence: No. 1203 McCulloh St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	C	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Connie Wilson

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. Carolina

FATHER

13. NAME Lee Wilson

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME not none.

16. BIRTHPLACE (city or town) (State or country) not none.

17. INFORMANT Connie Mary Wilson Wife

(Address) 1203 N. McCulloh St

18. BURIAL, CREMATION, OR REMOVAL

Place Lawrence S.C. Date April 2nd 39

19. UNDERTAKER Elroy Weldon

(Address) 1505 Pennsylvania Ave

20. APR 1 - 1939 Huntington Williams, U.F.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/31 1939

22. I HEREBY CERTIFY, That I attended deceased from March 2 1939 to March 31 1939

I last saw h[illegible] alive on March 31 1939 Death is said to have occurred on the date stated above, at 8:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Renal	3/7/39

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If [illegible]

(Signed) B. J. Holahan, M. D.

(Address) [illegible]

F 56670

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

F 56670

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto. Gen. Hosp. St. 24 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Girl Szyka

(a) Residence: No. Sandusky Range, Glen Burnie, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 31, 1939

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or 1 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Paul Szyka

14. BIRTHPLACE (city or town) Austria (State or country) Poland

MOTHER

15. MAIDEN NAME Josephine Wagowicz

16. BIRTHPLACE (city or town) Austria (State or country) Poland

17. INFORMANT Paul Szyka
(Address) Glen Burnie, Md

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's Date 4/1/39 19

19. UNDERTAKER J. W. Ozazowski
(Address) 1938 Eastern Ave

20. FILED APR 1 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from ..... 19... to ..... 19...

I last saw her alive on March 31, 1939. Death is said to have occurred on the date stated above, at 4 00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (stillbirth)	3/31/39
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Earle M. Wilder WILDER M. D.

(Address) 2341 Fortune Place

24-3345

56671

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56671

CERTIFICATE OF DEATH

42747 JS

46-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 15-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Home: R. Cann

If U. S. Veteran specify WAR

(a) Residence: No. 3003 Walbrook Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Cann

6. DATE OF BIRTH (month, day, year) 4-27-1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	11	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. W.P.A. Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drafting Department

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Benjamin Cann

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mollie Vickers

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Elaine Powell,

(Address) 3003 Walbrook Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Reisterstown, Md. Date Apr. 2 1939

19. UNDERTAKER Wm. J. Tickner & Sons,

(Address) North & Penna. Aves

20. FILED , 19 Registrar.

APR 1 - 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-31, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-9, 1939, to 3-31, 1939

I last saw him alive on 3-31, 1939 Death is said to have occurred on the date stated above, at 8:25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Sigmoid	?
Other contributory causes of importance:	

Was an operation performed? yes Date of 3-29-39

For what disease or injury? Carcinoma Sigmoid

Name of operation Medullary colon

What test confirmed diagnosis? Surgery Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Williams M.D. M. D.

(Address) Balto City Hosp.

56672

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

820 F 56672

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 Cedarcroft. Rd. St., 27 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Beulah M. Donohue.

If U. S. Veteran specify WAR .....

(a) Residence: No. 817 Cedarcroft Rd St., 27 Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas E Donohue

6. DATE OF BIRTH (month, day, year) Sept. 29. 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
60	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home. 0039

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore MD.

FATHER

13. NAME John Barnes

14. BIRTHPLACE (city or town) (State or country) Charleston. South Carolina.

MOTHER

15. MAIDEN NAME Julia Long.

16. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

17. INFORMANT Thomas E Donohue (Husband)
(Address) 817 Cedarcroft Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Cemt Date April 1 1939

19. UNDERTAKER Lilly & Zeiler INC.
(Address) 4035 Jacob St

20. FILED APR 1 - 1939 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1939, to Mar 30, 1939.

I last saw her alive on March 30, 1939. Death is said to have occurred on the date stated above, at 1:12 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	?
Cerebral Hemorrhage	3/28/39

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Blanchard Tilghman, M. D.

(Address) 16 East Biddle St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

56673

CERTIFICATE OF DEATH

53 E

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Md Gen Hosp St., 2nd Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edna L. Gleim

(a) Residence: No. 31 Gorman Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry H. Gleim

6. DATE OF BIRTH (month, day, year) Aug 7, 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

13. NAME Isaac Bloom

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Ellen

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Henry H. Gleim

(Address) 31 Gorman Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Apr 1 1939

19. UNDERTAKER George L. Gehnrot

(Address) 2101 Fendrick Ave.

20. FILED APR 1 - 1939 Wilkins for Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1939 to March 29, 1939

I last saw her alive on March 24, 1939 Death is said to have occurred on the date stated above, at 5:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Melanotic Sarcoma	1934(?)
Cerebral accident-Metastasis	1939.
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Wm H Maguigan M. D.

(Address) Md Gen Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56674 F 56674

CERTIFICATE OF DEATH

463

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. # 702 Sarah Ann pl St., 4-2 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Mosby

If U. S. Veteran specify WAR

(a) Residence: No. 702 Sarah Ann pl St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General 0040

10. Date deceased last worked at this occupation (month and year) 1939

11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME — —

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME — —

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Edith Wilson
(Address) 805 N. Fremont St.

18. BURIAL, CREMATION, OR REMOVAL
Date April 8, 1939

19. UNDERTAKER Adolphus Halstead
(Address) 918 N. Pine St.

20. [illegible] Washington Funeral Home, Inc.
APR 1 - 1939
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	1 day
Other contributory causes of importance: Carcinoma of Stomach; Chr. Myocarditis	1 yr

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) Michael A. Abrams, M. D.
Coroner

(Address) 2360 Eutaw place.

V S 6

Alfinito

HEALTH DEPARTMENT—CITY OF BALTIMORE

56675

CERTIFICATE OF DEATH

92a F 56675

Registered No.....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2506 Shirley Ave St., 15-13 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary A. Alfinito

(a) Residence: No. 2506 Shirley Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of late Vincent Alfinito

DATE OF BIRTH (month, day, year) Nov. 17 1879

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	4	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) England
(State or country)

13. NAME Charles Green

14. BIRTHPLACE (city or town) England
(State or country)

15. MAIDEN NAME Mary Anne ?

16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMANT Mrs. Alfinito (Daughter)
(Address) 2506 Shirley Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date April 3 1939

19. UNDERTAKER Frank Della Rocca
(Address) 52 N. Morley St.

FILED APR 4 1939 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/30/1939

22. I HEREBY CERTIFY, That I attended deceased from March 1938 to March 30 1939

I last saw her alive on March 30 1939. Death is said to have occurred on the date stated above, at 7.10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Disease	Jan 39

Other contributory causes of importance: Arterial hypertension, Chr. Endocarditis Obesity

Was an operation performed? No Date of .....

For what disease or injury? -

Name of operation -

What test confirmed diagnosis? Physical diagnosis Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. O. Schwerbaud, M. D.

(Address) 1401 Eutaw Place

HEALTH DEPARTMENT--CITY OF BALTIMORE

56676

CERTIFICATE OF DEATH

95B

F 56676

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7 E. Wheeling St., 23 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Henry H. Eilermann

If U. S. Veteran specify WAR .....

(a) Residence: No. 7 E Wheeling St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of Carrie A Eilermann

6. DATE OF BIRTH (month, day, year) March 8 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	—	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Eilermann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Johannes

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Carrie A Eilermann

(Address) 7 E Wheeling St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date April 1. 1939

19. UNDERTAKER William M Marech

(Address) 715 Light St

20. FILED APR 1 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29. 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar. 14. 1939. to Mar 29. 1939

I last saw h.. alive on Mar 29. 1939 Death is said to have occurred on the date stated above, at 9.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerotic Heart Disease	1936
acute myocardial failure	Mar, 1939

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George Silverston M. D.

(Address) 827 Light St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56677 — CERTIFICATE OF DEATH — 93c — F 56677

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5209 Windsor Mill Rd. St. 28-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Susie E. Smith

(a) Residence: No. 5209 Windsor Mill Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maurice P. Smith

6. DATE OF BIRTH (month, day, year) Sept. 20, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER'S MAIDEN NAME

13. NAME John T. Lowe

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Mary Cooper

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Miss Elizabeth F. Smith
(Address) 5209 Windsor Mill Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date Apr. 1, 1939

19. UNDERTAKER J. Howard Young
(Address) 715 Light St.

20. FILED ..... 19.. Registrar

APR 1 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1939 to March 29, 1939

I last saw her alive on March 29, 1939 Death is said to have occurred on the date stated above, at 3.45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	2 ds
Myocarditis	2 yrs
Other contributory causes of importance:	
C.P.C. of liver, lungs	1 yr
Odema of leg & ankles	1 yr

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) E. Mohorovic M. D.

(Address) 806 N. Fulton Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56678

CERTIFICATE OF DEATH

164a

F 56678

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3136 Kenyon Ave., St. 26th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lillian E. S. Rollyson

If U. S. Veteran specify WAR

(a) Residence: No. 3136 Kenyon Ave., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Isaac N. Rollyson

6. DATE OF BIRTH (month, day, year) July 29, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	8	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0837

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Philip Wittner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Helen B. Huibner

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Isaac N. Rollyson
(Address) 3136 Kenyon Ave.,

18. BURIAL, CREMATION, OR REMOVAL.
Place Baltimore Cem. Date Apr. 1, 1939

19. UNDERTAKER G. Howard Strong
(Address) 715 Light St.,

20. APR 1 - 1939 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 29, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide poisoning (Illuminating Gas)	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 3/29/ 1939

Where did injury occur? 3136 Kenyon Ave. Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Turned jets on in gas oven

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schenker Coroner, M. D.

(Address)

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

56679 1. CERTIFICATE OF DEATH 59 F 56679

1. PLACE OF DEATH West Side Gen. Hosp. Registered No.

CITY OF BALTIMORE: (No. 1513 Henry St. St., 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Hattie Johnson

If U. S. Veteran specify WAR

(a) Residence: No. 1513 Henry St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. Color or Race W.

5. Single, Married, Widowed, or Divorced, (write the word) Wid.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry G. Johnson

6. DATE OF BIRTH (month, day, year) June 3 - 1869

7. AGE: Years 69 | Months 9 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0039

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Richard Kendall.

14. BIRTHPLACE (city or town) (State or country) Virg.

MOTHER

15. MAIDEN NAME Mary Cooley

16. BIRTHPLACE (city or town) (State or country) Virg

17. INFORMANT Mr. Harry G. Johnson

(Address) 1513 Henry St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date 4/3 1939

19. UNDERTAKER J. H. McCarthy & Son

(Address) 530 E. Fort Ave

20. FILED APR 1 - 1939 Huntington Williams, Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1939 to March 31, 1939

I last saw her alive on March 31, 1939. Death is said to have occurred on the date stated above, at 7.50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorhage (Internal Capsule - Left)	
Other contributory causes of importance: Diabetes Mellitus	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. O'Leary, M. D.

(Address) W. 13 St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56680 CERTIFICATE OF DEATH 131 F 56680

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3910 Greenspring Av Ward 15-12

Length of residence in city or town where death occurred Life yrs. mos. dys. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph F. Hildebrand

(a) Residence: No. 3910 Greenspring St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Margaret P. Hildebrand

7. DATE OF BIRTH (month, day, year): Aug 25 1898

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	7	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Restaurant Keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self
10. Date deceased last worked at this occupation (month, day, year): 1939
11. Total time (years) spent in this occupation: 35 yrs

12. BIRTHPLACE (city or town) (State or country): Balto Md
13. NAME OF FATHER: J. H. Hildebrand
14. BIRTHPLACE (city or town) (State or country): Maryland
15. MAIDEN NAME OF MOTHER: Mary M Madden
16. BIRTHPLACE (city or town) (State or country): Maryland
17. INFORMANT (Address): Margaret P Hildebrand 3910 Greenspring Ave
18. BURIAL, CREMATION, OR REMOVAL — Place: Holy Redeemer Date: April 3 39
19. UNDERTAKER (Address): William Groth 1217 St Paul Street
20. APR 1 - 1939 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from 7/1, 1927, to 3/30, 1939

I last saw h[illegible] alive on 3/30, 1939. Death is said to have occurred on the date stated above, at 345 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	1922
chronic nephritis	1922
Uremia	3/27/39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) J. Greenberg, M. D.

(Address) 2710 Eutaw Pl.

HEALTH DEPARTMENT—CITY OF BALTIMORE

56681

CERTIFICATE OF DEATH

× 23

F 56681

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. 6 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bane E. Bradshaw

If U. S. Veteran specify WAR

(a) Residence: No. Towson, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Fannie Bradshaw

7. DATE OF BIRTH (month, day, year): Mar. 16, 1885

8. AGE: 54 Years | Months: 0 | Days: 15 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Belvedere Hotel

10. Date deceased last worked at this occupation (month and year): Nov 1938

11. Total time (years) spent in this occupation: 17

12. BIRTHPLACE (city or town) (State or country): Maryland

13. NAME: John Bradshaw

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Rentha Evans

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT: Fannie Bradshaw

(Address): North Windy Rd - Towson

18. BURIAL, CREMATION, OR REMOVAL

Place: Emanuel Church Cemetery Mt Wilson Pa Date: April 3rd 1939

19. UNDERTAKER: Wm Cook

(Address): 1217 E Baul St

Huntington Williams, Md.

20. FILED: Registrar.

APR 1 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar. 25, 1939, to Mar. 31, 1939

I last saw him alive on Mar. 31, 1939. Death is said to have occurred on the date stated above, at 8:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	
Tuberculous arthritis Rt. knee with secondary infection	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. E. Schaefer M. D.

(Address) Mercy Hospital

9679

HEALTH DEPARTMENT—CITY OF BALTIMORE

56682

CERTIFICATE OF DEATH

92a F 56682

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 207 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry W Kalb

If U. S. Veteran specify WAR .....

(a) Residence: No. 145 N. Monastery ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edna

DATE OF BIRTH (month, day, year) 6-25-95

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	43	9	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1031

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Louis Kalb

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Barbara Hammerbacher

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk Date April 3 1939

19. UNDERTAKER Geo Zepp & Sons

(Address) N. Gilmor St.

Huntington Williams, M.D.

20. FILED APR 1 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 30. 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 10, 1939 to Mar 30, 1939

I last saw him alive on Mar 20, 1939 Death is said to have occurred on the date stated above, at 7.58 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Infarct	Mar 28 '39
Myocardial Failure	Mar 1939
Rheumatic Heart disease	1937

Other contributory causes of importance: Stenosis + Insufficiency of Mitral Valve

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Fleming Neely, M. D.

(Address) Johns Hopkins Hospital

56683 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 56683

CERTIFICATE OF DEATH

✓ 24

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Sydenham Hospital 13-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 9 mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Tillett — If U. S. Veteran specify WAR

(a) Residence: No. 603 Whitelock St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word):

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): June 7, 1935

8. AGE — Years: 3 — Months: 9 — Days: 23 — If LESS than 1 day, hrs. or min.:

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

11. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

13. NAME: Thurman Tillett

14. BIRTHPLACE (city or town) (State or country): North Carolina

15. MAIDEN NAME: Carrie Holloway

16. BIRTHPLACE (city or town) (State or country): North Carolina

17. INFORMANT: mother
(Address): 603 Whitelock

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Calvary Cem. Date: 4/1 1939

19. UNDERTAKER: Robert L. Young
(Address): 807 N. Caroline St.

20. FILED: APR 1 1939 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 15 1939 to March 30, 1939

I last saw him alive on March 15, 1939. Death is said to have occurred on the date stated above, at 4.05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mediastinal Tuberculosis	?
Tuberculous meningitis	3/7/39

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Lumbar puncture Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Harry S. Tinkel M.D.

(Address) Sydenham Hospital

84 E 56684

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√106-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 825 E. 41st St. 9-L Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James J. O'Neill

If U. S. Veteran specify WAR .....

(a) Residence: No. 825 E. 41st St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Esther L. O'Neill

7. DATE OF BIRTH (month, day, year) July 29-1882

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	8	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Supt. Fer. Co.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Elias. O. Neill

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Charlotte Clark

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Esther L. O'Neil

(Address) 825 E. 41st St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cath. Cem. Date 4/3 1939

19. UNDERTAKER John A. Mc Cann

(Address) 3000 E. Balto. St.

20. FILED APR 1 - 1939 Hunterstown Wm. Pearce, M.D.

21

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1939 to Mar 31, 1939

I last saw h alive on Mar 16, 1939 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Emphysema & Bronchitis	1935

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Usual Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm Pearce M. D.

(Address) 2105 Clark St

LOKEMAN

HEALTH DEPARTMENT—CITY OF BALTIMORE

6685 56685

CERTIFICATE OF DEATH

V131

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3140 Leeds St. 22-6 Ward)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph W. Lokeman

If U. S. Veteran specify WAR

(a) Residence: No. 3140 Leeds St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	col	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sadie Lokeman

7. DATE OF BIRTH (month, day, year) 7-24-1860

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	7	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clay Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brick Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

13. NAME William Lokeman

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Saunders

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Sadie Lokeman

(Address) 3140 Leeds St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Star Date April 2, 1939

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Schroeder St

20. FILED APR 1 - 1939 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-30, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/20/39, 19 to 3/30, 1939.

I last saw h alive on 3/30, 1939. Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cardio Vascular	1 year
renal disease	ago
Lobar Pneumonia	3/30
Influenza	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. F. Carlson M. D.

(Address) Coroners Office

Huntington Ave Hillsdale, Md.

6686 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 56686

CERTIFICATE OF DEATH

√ 95-B

Registered No.....

1. PLACE OF DEATH St. Agnes' Hospital
CITY OF BALTIMORE: (No. Wilkens + Caton Aves St., 16-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Rose Sauerwald
If U. S. Veteran specify WAR .....

(a) Residence: No. 192 x Harlem Ave St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John C Sauerwald

7. DATE OF BIRTH (month, day, year): Sept 2 1892

8. AGE: Years 46 | Months 6 | Days 27 | If LESS than 1 day, ...hrs. or ....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (month and year): 1937
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

MOTHER
13. NAME: Jost Rauch
14. BIRTHPLACE (city or town) (State or country): Germany
15. MAIDEN NAME: Mary Luelber
16. BIRTHPLACE (city or town) (State or country): Germany

FATHER
17. INFORMANT: John Sauerwald
(Address): 524 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Redeemer H 4/3/39

19. UNDERTAKER: Leonard J Kayt
(Address): 5806 Hoffman Road

20. FILED: APR 1 - 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3-30-1939

22. I HEREBY CERTIFY, That I attended deceased from 2-16-1939 to 3-30-1939
I last saw her alive on 3/30 1939. Death is said to have occurred on the date stated above, at 7.18 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Hypertensive Cardio Vascular Disease.	
Other contributory causes of importance:	

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert Sheppard, M. D.
(Address) St. Agnes Hospital

56687

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 56687

1. PLACE OF DEATH Johns Hopkins Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward) Length of residence in city or town where death occurred ..... yrs. ..... mos. 25 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Thomas Wm T. Crafton If U. S. Veteran specify WAR .....

(a) Residence: No. 530 Maryland St., Ave. Ward. Norfolk Va.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 1908

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	31			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Wm T. Sr. Crafton

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Essie Brinson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL Norfolk Va Date 4/1 1939

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Holburn St.

20. FILED 4-2 1939 Registrar. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar. 6, 1939, to Mar 31, 1939

I last saw him alive on Mar 31, 1939 Death is said to have occurred on the date stated above, at 9.40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchiectasis, left lower lobe	5 yrs
Empyema, left post-operative	1 Wks

Other contributory causes of importance:

Was an operation performed? Yes Date of Mar 18-1939

For what disease or injury? Bronchiectasis

Name of operation left lower lobectomy

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, state what

(Signed) A W Sprong Jr M. D.
(Address) Johns Hopkins Hospital

56688

HEALTH DEPARTMENT—CITY OF BALTIMORE

56688

CERTIFICATE OF DEATH

+ 84.70a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat Ward)

Length of residence in city or town where death occurred ..... yrs. 10 mos. ..... da. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Bayer

(a) Residence: No. Philadelphia, Pa. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
F.	W.	Married

6a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Frederick C. Bayer

7. DATE OF BIRTH (month, day, year) Oct. 20-1880

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	5	11	

OCCUPATION

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — of 37

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Phila Penna

MOTHER FATHER

13. NAME Alexander Miller

14. BIRTHPLACE (city or town) (State or country) France

15. MAIDEN NAME Teresa Benischeck

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mt Hope Retreat Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Mt. Hope Cemetery
Place Springfield Phila Pa Date April 4th 1939

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED Apr 2 1939 Hunting for Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1- 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 26 1938 to April 1 1939

I last saw her alive on April 1- 1939 Death is said to have occurred on the date stated above, at 12:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Manic Depressive Psychosis	13 Wks ?
Arterio-Sclerosis	3 Mos
Glomerular Nephritis	3 Mos
Other contributory causes of importance:	
Hemorrhagic Purpura	3 Wks
Cardio-Vascular Collapse	1 Wk

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Thomas P. Hagen M. D.

(Address) 3 E Fredrick St

56689 HEALTH DEPARTMENT—CITY OF BALTIMORE 56689

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Lyndenhurst Hospital, 39-15 St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles H. Miller Sr. If U. S. Veteran ——— specify WAR .....

(a) Residence: No. 5905 Pimlico Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, ~~widowed or divorced~~ HUSBAND of Ida Adalaide Miller

7. DATE OF BIRTH (month, day, year) Dec. 28, 1872

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66 54	3	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Upholsterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation ×

12. BIRTHPLACE (city or town) Pennsylvania
(State or country)

13. NAME Benjamin Wolfe

14. BIRTHPLACE (city or town) Brownsburg Pennsylvania
(State or country)

15. MAIDEN NAME Mary Unknown

16. BIRTHPLACE (city or town) Brownsburg Pa
(State or country)

17. INFORMANT William H. V. Cook
(Address) 5905 Pimlico Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Morland Park Date April 3rd 1939

19. UNDERTAKER Wm Cook
(Address) 1217 E. Fayette St

20. FILED ....., 19..... Registrar.

4-2-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-24-39 19..., to 3-31-, 1939
I last saw h— alive on 3-31, 1939. Death is said to have occurred on the date stated above, at 2.05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Agranulocytosis	3-16-39 (?)
Terminal pneumonia	
Other contributory causes of importance: Mental Deficiency (Defective?)	

Was an operation performed? — Date of —
For what disease or injury? —
Name of operation —
What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19.....
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Myerly Tucker M. D.
(Address) Lyndenhurst Hospital

Annie C Wooden Tolzman

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 56690

CERTIFICATE OF DEATH

✓ 59

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 402 S. Parrish St. 19-3 Ward)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie C. Wooden Volzman

If U. S. Veteran specify WAR

(a) Residence: No. 402 S. Parrish St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Female	White	Married

6. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of William B. Tolzman

DATE OF BIRTH (month, day, year) June 2 1885

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	9		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife 0-37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) Mar 1939

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

13. NAME Thomas Pugh

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT William B. Tolzman

(Address) 402 S. Parrish St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodland Park Date April 3rd 1939

19. UNDERTAKER Wm Cook

(Address) 217 S. Paul St

[illegible] 1939 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 31st 1939

22. I HEREBY CERTIFY, That I attended deceased from 11-11, 1938 to March 31, 1939.

I last saw h[illegible] alive on March 31, 1939. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
cerebral Hemorrhage	3-29-39
Other contributory causes of importance: diabetes mellitus	unk

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Nathan Rosen, M. D.

(Address) 206 S. Gilmor St

56691 F 56691

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√50

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 715 Lennox St. 13-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Grace S. Knowles

(a) Residence: No. 715 Lennox St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Female	White	Widowed

6. If ~~married, widowed, or divorced~~ ~~DECEASED~~ (or) WIFE of James W. Knowles

DATE OF BIRTH (month, day, year) Jan 27th 1867

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	2	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME James Adam Knowles

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Anna Smith

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT James A. Knowles

(Address) 715 Lennox st

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date April 3rd 1939

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul st

20. FILED APR 3 — 1939 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 31st 1939

22. I HEREBY CERTIFY, That I attended deceased from July, 1938, to March 31, 1939

I last saw h[illegible] alive on March 31, 1939. Death is said to have occurred on the date stated above, at 3.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Breast (left)	Aprox-1938
Other contributory causes of importance: Pneumonia Bronch	

Was an operation performed? No Date of ✓

For what disease or injury? .....

Name of operation ✓

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ..... 19 ✓

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, [illegible]

(Signed) H S Love M. D.

(Address) 2211 Eutaw Place

F 56692

HEALTH DEPARTMENT—CITY OF BALTIMORE

56692

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 422 N Payson St St. 30-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Caroline Urbach

If U. S. Veteran specify WAR

(a) Residence: No. 422 N Payson St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Urbach

DATE OF BIRTH (month, day, year) Jan 17 1863

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	2	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Augustus Ewig

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Christiane Wagner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Urbach
(Address) 422 N Payson St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Park Date Apr. 3 1939

19. UNDERTAKER William Cook
(Address) 1213 St Paul St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1 1939

22. I HEREBY CERTIFY, That I attended deceased from December 15 1938 to March 9 1939

I last saw her alive on March 9 1939 Death is said to have occurred on the date stated above, at 1.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiac.	?
Vascular disease	

Other contributory causes of importance:

Senility

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) William Loughlin M. D.
(Address) 401 N. Payson St.

8

Franziska S Loeb

693

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56693

CERTIFICATE OF DEATH

179

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. 3-7-20 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2½ yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Franziska S. Loeb

If U. S. Veteran specify WAR .....

(a) Residence: No. Arlington Park Apts. St., 6100 block Park Heights Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Loeb

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Fanny Reham Berg

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Lewy —

16. BIRTHPLACE (city or town) (State or country) Germany Fürth Bayern

17. INFORMANT (Address) Jul Loeb Arlington Pk. Apts

18. BURIAL, CREMATION, OR REMOVAL Place Dale's Heights Date 4-2-39

19. UNDERTAKER (Address) Isaac Lewy Inc 1739 E. Baltimore St.

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-31-39. 19

22. I HEREBY CERTIFY, That I attended deceased from 3/28 1939 to 3/31 1939

I last saw her alive on 3/31 1939. Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Luminal poisoning	3/27/39
Bilateral lobar Pneumonia	3/29/39

Other contributory causes of importance: .....

Was an operation performed? ..... Date .....

For what disease or injury .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3-27 1939

Where did injury occur? 6100 block Park Heights Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Took an overdose of

Nature of injury Luminal

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Robert C. Crawford M. D.

(Address) Union Memorial Hospt.

56694 HEALTH DEPARTMENT—CITY OF BALTIMORE 56694

CERTIFICATE OF DEATH

94-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen'l Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hettie C. Anderson

If U. S. Veteran specify WAR

(a) Residence: No. 919 N. Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed,~~ or Divorced (write the word)
Female	White	Divorced

6. If ~~married, widowed, or~~ divorced HUSBAND of (or) WIFE of John N. Anderson

7. DATE OF BIRTH (month, day, year) Feb 1, 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	2	30	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nicomico Co Md

13. NAME Horatio A. Crawford

14. BIRTHPLACE (city or town) (State or country) Somerset Co Md

15. MAIDEN NAME Elizabeth Phillips

16. BIRTHPLACE (city or town) (State or country) Somerset Co Md

17. INFORMANT Norman A. Anderson

(Address) 919 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date APR 3 1939

19. UNDERTAKER Geo W. Little

(Address) 2720 EDMONDSON AVE

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-31, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1939 to March 31, 1939

I last saw her alive on March 31, 1939. Death is said to have occurred on the date stated above, at 10:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Hypostatic Pneumonia	
Coronary Artery Disease	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address)

8-2-1939 Filed in Baltimore, Md.

56695 HEALTH DEPARTMENT—CITY OF BALTIMORE 56695

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bon Secours Hosp St. 196-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. 11 mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret V. Laur

If U. S. Veteran specify WAR

(a) Residence: No. 625 N. Fulton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	WK.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 8. 1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Richard A Laur

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Lena Potthast

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Richard Laur

(Address) 625 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Cem 4/3 39

19. UNDERTAKER Geo A Fahey

(Address) Fulton & Lafayette

20. FILED APR 3 1939 Harriet for Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 30, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis	Mar 27

Other contributory causes of importance:

Was an operation performed? Yes Date of Mar 30-39

For what disease or injury? Acute Appendicitis

Name of operation Appendectomy Date of Mar 30

What test confirmed diagnosis Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H Hamm Coroner M. D.

(Address) 1822 W Baltimore

56696 ✓ F 56696

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2233 Christian St., 20-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary N. Salgee

If U. S. Veteran specify WAR

(a) Residence: No. 2233 Christian St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race Wh.

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles H. Salgee

6. DATE OF BIRTH (month, day, year) Oct 10. 1896

7. AGE: Years 42 | Months 5 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Henry Smith

14. BIRTHPLACE (city or town) (State or country) N. Car.

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Charles H. Salgee

(Address) 2233 Christian

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Apr 4 . 19 39

19. UNDERTAKER Geo A. Farley

(Address) Fayette & Fulton

20. FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1 . 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Cervix	7

Other contributory causes of importance:

Was an operation performed? no. Date of

For what disease or injury?

Name of operation Exam Date of

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) M. D.

(Address) 1827 W Baltimore St

Coroner

Jan 1939

Jan Williams, M.D. Registrar

U S 6

56697 HEALTH DEPARTMENT—CITY OF BALTIMORE E 56697

CERTIFICATE OF DEATH

X 46-F

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Mercy Hospital St. 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 2 mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Emma Hamilton

If U. S. Veteran specify WAR

(a) Residence: No. 162 Fawcett Ave Catonsville, Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Feb 26 1871

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	1	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland (State or country)

13. NAME Orman Hamilton

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Mary McDermott

16. BIRTHPLACE (city or town) New York (State or country)

17. INFORMANT Asst Supt Rec'd

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Cathedral Cem Date 4/4 39

19. UNDERTAKER Guy A Tuley

(Address) 1805 W Fayette

20. FILED APR 2 1939 Wm. J. Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 2 1939 to April 2 1939

I last saw her alive on April 2, 1939. Death is said to have occurred on the date stated above, at 5:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Liver	unknown
Other contributory causes of importance:	

Was an operation performed? Yes Date of March 27 1939

For what disease or injury? Carcinoma metastatic

Name of operation Biopsy Inguinal Gland

What test confirmed diagnosis? Clinical Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wilbur S. Brott M. D.

(Address) Mercy Hospital

11

56698 HEALTH DEPARTMENT—CITY OF BALTIMORE F 56698

CERTIFICATE OF DEATH

51-B

Registered No. 84232

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Caton + Wilkens Aves 20-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Patrick Hester

If U. S. Veteran specify WAR ...

(a) Residence: No. 2136 W. Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

3. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Mch 25 1869

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70 71		16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME OF FATHER Patrick Hester

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME OF MOTHER Mary Owens

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Margt Reard
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem Date 4/4/39

19. UNDERTAKER Jas E Kirby
(Address) Successor to Williams Mt

20. FILED ... 19... Registrar.

2-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-31-1939

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1939 to March 31, 1939

I last saw him alive on March 31, 1939. Death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	3-31-39
Hypertension C.V. Disease	
Arteriosclerosis	
Other contributory causes of importance: Possible Bladder neoplasm	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) John F. Coolahan M. D.

(Address) St Agnes Hospital

6699 HEALTH DEPARTMENT—CITY OF BALTIMORE F 56699

CERTIFICATE OF DEATH

59

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 216 Warren ave St. 22-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John J. Ryan

(a) Residence: No. 216 Warren ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Warren Ryan

DATE OF BIRTH (month, day, year) April 14, 1871

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	11	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Patrolman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME James Ryan

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Mary E. Holtzhaus
(Address) 216 Warren ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date April 4 1934

19. UNDERTAKER Margaret E. Flynn
(Address) 1422 Light St.

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1934

I HEREBY CERTIFY, That I attended deceased from March 17, 1934 to April 1, 1934

I last saw h— alive on April 1, 1934 Death is said to have occurred on the date stated above, at 9 a.m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Other contributory causes (not importance): Uremia	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... No

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) John A. Ahearn M. D.

(Address) 1337 S. Charles St.

F 56700

56700

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B 56700

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Hospital 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME John D. Tennison

(a) Residence: No. 40 E Montgomery St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of ~~last WIFE of~~ Minnie B. Tennison

7. DATE OF BIRTH (month, day, year) Oct 6 1880

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dynard St Mary Co Md

FATHER

13. NAME John E Tennison

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Jane A Hall

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Miss Dolors M Tennison

(Address) 40 E Montgomery St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date April 3 1939

19. UNDERTAKER William M Marech

(Address) 715 Light St

20. FILED 19 Registrar

R 2 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3/30/39

Other contributory causes of importance:

Was an operation performed? no. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) A. Fiddman M. D.

Coroner

(Address) 304 E. Lanvale

56701 F 56701

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-943

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1722 Darley Ave St., 5-b Ward)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Andrew Jackson

(a) Residence: No. 1722 Darley Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Jackson

6. DATE OF BIRTH (month, day, year) April 23 1875

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
63	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ticket Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Carr

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Andrew Jackson

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Ellen Williams

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Clara Jackson - Wife

(Address) 1722 Darley Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date April 3 19 39

19. UNDERTAKER Albert W. Gorsuch

(Address) 410 E North Ave

20. FILED 19 Registrar.

APR 2-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/30/1939

22. I HEREBY CERTIFY, That I attended deceased from 3/28/39, 19, to 3/30/, 1939

I last saw him alive on 3/30/, 1939. Death is said to have occurred on the date stated above, at 2.30 P m.

The principal cause of death and related causes of importance were as follow:

	Date of onset
Coronary Thrombosis	3/28/39
Hypertension	
Arteriosclerosis	

Other contributory causes of importance:

Syphilis	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Benj. B. Moses, M. D.

(Address) 447 N. Fayette Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56702

56702

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2411 Garrison Bldv. St. 15-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. 8 mos. 30 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Julia May Muller.

(a) Residence: No. 2411 Garrison Bldv. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of James Clay Muller

DATE OF BIRTH (month, day, year) July 1, 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	8	30	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME John Andrew Keenright

14. BIRTHPLACE (city or town)
(State or country) Maryland

15. MAIDEN NAME Permelia Ann Logan

16. BIRTHPLACE (city or town)
(State or country) Maryland

17. INFORMANT Miss Amelia A. Muller
(Address) 2411 Garrison Bldv.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Apr. 3 1939

19. UNDERTAKER Henry W. Meinstein
(Address) 805 N. Calvert St.

20. FILED 19 Registrar

APR 2-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 31 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15 1939 to March 31 1939

I last saw her alive on March 31 1939. Death is said to have occurred on the date stated above, at 4.20 mPM.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage (apoplexy) — Date of onset 2/15/39

Other contributory causes of importance: Arteriosclerosis & hypertension

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Sheldon Cortland M. D.

(Address) Med. Art Bldg

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56703

CERTIFICATE OF DEATH

X 107-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Robert Emmett Madden

If U. S. Veteran specify WAR .....

(a) Residence: No. Church Hill, Mt. Savage, Md. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, year) Oct 20-1938

AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
6 Mos.	5	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Robert Madden

14. BIRTHPLACE (city or town) (State or country) Md. Cumberland

15. MAIDEN NAME Catherine Mattingly

16. BIRTHPLACE (city or town) (State or country) Md. Mt Savage

17. INFORMANT Records. JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL St Patrick's Cem Md Date 4/5/39 19

Cumberland

19. UNDERTAKER John Keenan & Son

(Address) 941 Hollins St

APR 2 - 1939 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2 . 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 6 . 1939 to April 2 . 1939

I last saw him alive on April 2 . 1939 Death is said to have occurred on the date stated above, at 12 N.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia,	3-29-39
Eventration of the diaphragm	10 20 38

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? X-Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Wm. C Hopkins Jr. M. D.

(Address) Johns Hopkins Hospital

56704 F 56704

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5229 Beaufort Ave St., 27-18 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Theodosia P. Fonseca

If U. S. Veteran ——— specify WAR .....

(a) Residence: No. 5229 Beaufort Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed or divorced (or) WIFE of Crepiano

DATE OF BIRTH (month, day, year) March 29 1863

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	75	10	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ———

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Colombia South America

13. NAME Lucas Rodrigues

14. BIRTHPLACE (city or town) (State or country) Colombia South America

15. MAIDEN NAME Urisula

16. BIRTHPLACE (city or town) (State or country) Colombia South America

17. INFORMANT JJ Angulo
(Address) 5229 Beaufort Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date April 4 1939

19. UNDERTAKER William Cook
(Address) 1217 St Paul Street

20. FILED ..... 19 ..... Registrar.

APR 3 -- 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 2 1939

22. I HEREBY CERTIFY, That I attended deceased from March 24 1939 to Apr 2 1939

I last saw her alive on March 31 1939. Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Phlegmon	March 24

Other contributory causes of importance:

Fatty Proliferation Arteriosclerosis

Was an operation performed? no Date of ———

For what disease or injury? ———

Name of operation ———

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ——— Date of injury ——— 19.....

Where did injury occur? ———
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ———

Manner of injury ———

Nature of injury ———

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Charles J Wells M. D.

(Address) 5276 Pond Heights Ave

56705 HEALTH DEPARTMENT—CITY OF BALTIMORE C 56705

CERTIFICATE OF DEATH 39545 (MB)

Registered No.....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 24 Ward) 2

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran ——— specify WAR .....

2. FULL NAME John Manning

(a) Residence: No. 718 E. Fort Ave. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose

DATE OF BIRTH (month, day, year) 1/15/1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
71	71	2	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Bridget Lay

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date April 4th 1939

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul st

20. FILED 19 Registrar.

APR 5 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4 - 1 , 1939

22. I HEREBY CERTIFY, That I attended deceased from 12 - 1 , 1938 to 4 - 1 , 1939

I last saw h/im alive on 4 - 1 , 1939. Death is said to have occurred on the date stated above, at 10.20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Prostate with metastases	over 4 yrs
Other contributory causes of importance	

Was an operation performed? yes Date of 1-3-35

For what disease or injury? Urinary obstruction

Name of operation Supra pubic cystostomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Unknown If so, specify

(Signed) L. H. Woodward Jr. M. D.

(Address) Balto city Hosp

56706 HEALTH DEPARTMENT—CITY OF BALTIMORE F 56706

CERTIFICATE OF DEATH

92-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 603 N. Potomac St., 7-1 Ward)
Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran, specify WAR .....

2. FULL NAME August C. Bakker

3. (a) Residence: No. 603 N. Potomac St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

6. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) ~~WIFE of~~ Louise Bakker

7. DATE OF BIRTH (month, day, year) Dec 13th 1867

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	3	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Caspar Bakker

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Bertha Moffett
(Address) 603 N. Potomac St

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date April 4th 1939

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED ... 19... Registrar.

4-3 1939 Huntington-Hilleary, Inc

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1st 1939

22. I HEREBY CERTIFY, That I attended deceased from March 29 1939 to April 1 1939
I last saw h... alive on April 1 1939 Death is said to have occurred on the date stated above, at 5:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	
Arteriosclerosis	
Other contributory causes of importance:	
Acute Cardiac Dilatation	1 day

Was an operation performed? No Date of ...
For what disease or injury? ...
Name of operation ... No
What test confirmed diagnosis? Looking Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? 0 Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) Thos Kinsella M. D.
(Address) 800 N Potomac

56707

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56707

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 3275 E Baltimore St. 2-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daisy Bell Burgan

If U. S. Veteran specify WAR

(a) Residence: No. 3275 E Baltimore St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert H Burgan

7. DATE OF BIRTH (month, day, year) June 3 1876

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	9	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

13. NAME John Swanberger

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Alice Neary

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mr Melvin Mehn

(Address) 5611 Pilgrim Road

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date April 4 1938

19. UNDERTAKER John Ullrich

(Address) East Aliceanna

APR 3 1938 Hester Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1938 to April 1, 1938

I last saw her alive on April 1, 1938. Death is said to have occurred on the date stated above, at 12 30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. H. Ullrich, M. D.

(Address) 2757 Mun

6708

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56708

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 3719 E Fairmount Ave St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Fry

If U. S. Veteran specify WAR

(a) Residence: No. 3719 E Fairmount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna B Fry

DATE OF BIRTH (month, day, year) June 16 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	9	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Confectioner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Etienne Fry
(Address) Pimlico Race Course

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date April 3, 19

19. UNDERTAKER John Ulrich
(Address) 3600 Belvedere

20. FILED , 19 Registrar.

4-3-1939 Huntington Mitchell, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 18, 1939 to March 31, 1939

I last saw him alive on March 31, 1939. Death is said to have occurred on the date stated above, at 11 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Unknown
Chronic Myocarditis	Unknown
Other contributory causes of importance:	
Acute Myocardial Failure	4 hours

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clincal Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Theodore Costigan, M. D.

(Address) 2942 East Fayette Street

5289 HEALTH DEPARTMENT—CITY OF BALTIMORE F 56709

6028

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 8 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Elizabeth A. Creek

If U. S. Veteran specify WAR .....

(a) Residence: No. 82 Washington St. St., ... Ward. Lonaconing Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 11-8-14

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
24	4	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Oliver Creek

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Carrie Johnson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Record.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Annapolis Date April 5 1939

19. UNDERTAKER Thos. E. Hickey
(Address) Annapolis Md.

20. FILED APR 3 - 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 23, 1939 to April 1, 1939
I last saw her alive on April 1, 1939 Death is said to have occurred on the date stated above, at 6.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Bronchopneumonia~~	
~~Exhaustion~~	
Bilateral Pulmonary tuberculosis	Nov. 1937
Other contributory causes of importance:	
Hemothorax	3/29/39
Bronchopneumonia	3/29/39

Was an operation performed? Yes Date of 3/29/39
For what disease or injury? Pulmonary tuberculosis
Name of operation Intrapleural Pneumolysis
What test confirmed diagnosis? X-ray, Sputum exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) A. F. Jonas M. D.
(Address) The Johns Hopkins Hospital

56710 HEALTH DEPARTMENT—CITY OF BALTIMORE E 56710

CERTIFICATE OF DEATH

√160-13

1. PLACE OF DEATH Bon Secours Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Fayette St. St. 15-10 Ward)

Length of residence in city or town where death occurred .... yrs. .... mos. 3 ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Robert K. Dunnington — Baby boy Dunnington — If U. S. Veteran specify WAR .....

(a) Residence: No. 4049 Cold Spring Lane St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	✓

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

DATE OF BIRTH (month, day, year) March 30, 1939

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓ None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Virginius G. Dunnington

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Isabel Nichols

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Virginius G Dunnington
(Address) 4049 Cold Spring Lane

18. BURIAL, CREMATION, OR REMOVAL Leuden Park Date April 3 1939

19. UNDERTAKER John W. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED ..... By Beatrice Tony Williams Registrar.

APR 3-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1939 to April 1, 1939.

I last saw him alive on April 1, 1939 Death is said to have occurred on the date stated above, at 10:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subtentorial hemorrhage	3/29/39
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Lorz H. Brouillet M.D. M. D.

(Address) Bon Secours Hospital

56711

HEALTH DEPARTMENT—CITY OF BALTIMORE

56711

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. ..... St. 1st-E Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. 1 mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mrs. Phillian H. Daiger

If U. S. Veteran specify WAR .....

(a) Residence: No. 1609 Park Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Effie Daiger

DATE OF BIRTH (month, day, year) 2-18-77

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	1	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery Comp.

10. Date deceased last worked at this occupation (month and year) Mar. 1939

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Maryland

13. NAME Phillian Daiger

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Robinson

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT Mrs. Effie Cook Daiger

(Address) 1609 Park ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date April 4 1939

19. UNDERTAKER Shaw Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-1, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-10-, 1939, to 4-1, 1939

I last saw him alive on April 1st, 1939. Death is said to have occurred on the date stated above, at 11:37 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic C-V-Dis.	
Coronary Thrombosis	3-23-39
Cerebral Thrombosis	3-10-39

Other contributory causes of importance:

Chronic Bronchitis

Hemorrhoids

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? EKG Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. F. Lewis M. D.

(Address) Mercy Hospital

R 3-1939

56712 Homer F 56712

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 186-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 710 Gen. Hospital St., 15-10 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 91 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Amos A. Hammer
(a) Residence: No. 3900 Chatham Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen Waggner.

6. DATE OF BIRTH (month, day, year) Feb 24 1847.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
91	1	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER
13. NAME Albert H. Hammer
14. BIRTHPLACE (city or town) (State or country) Vermont

MOTHER
15. MAIDEN NAME Margaret Rase
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Hospital Records
(Address) Md. Gen. Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Apr. 3 1939

19. UNDERTAKER John O. Mitchell & Son, Incs
(Address) 1900 Eutaw Place

20. FILED Apr 3 1939 19 Taylor Williams, Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) April 1, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above. 3-46 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Right femur	

Other contributory causes of importance Bronchial Pneumonia

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, Suicide, or Homicide? Accd. Date of injury 3/11 1939
Where did injury occur? 3900 Chatham Rd. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Fell in alleyway
Manner of injury Fell in alleyway
Nature of injury Fracture Right femur

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. Hann, M. D.
Coroner
(Address) 1265 Hanover

713 F 56713

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 122-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen Hosp St., 21-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Brogan

If U. S. Veteran specify WAR

(a) Residence: No. 111 W. Cross St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Viola

DATE OF BIRTH (month, day, year) July 4, 1889

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	8	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. WPA.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Ben. Brogan

14. BIRTHPLACE (city or town) (State or country) Ga.

15. MAIDEN NAME Annie Wrasley

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Viola Brogan

(Address) 1110 W. Cross St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore National Date 4/4/39 19

19. UNDERTAKER Ambrose, Inc.

(Address) 1017 W. Baso St.

20. FILED APR 3 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 24 1939 to March 31, 1939

I last saw him alive on March 31, 1939 Death is said to have occurred on the date stated above, at 9 5/6 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia (Paralytic ileus)	1938 3-25-39

Other contributory causes of importance:

Was an operation performed? Yes Date of? 3-25-39

For what disease or injury? Hernia

Name of operation Hernioplasty

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Col Mansfield M. D.

(Address) Md. Gen Hospital

6714 HEALTH DEPARTMENT—CITY OF BALTIMORE 56714

CERTIFICATE OF DEATH

46-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St. 25-1 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth Domeyer

(a) Residence: No. River Road, St Dennis, Md. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced (or) WIFE of Henry L. Domeyer

7. DATE OF BIRTH (month, day, year) March 21st 1868

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	0	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME ? Eckers

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Sophia ?

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Margaret Mayer

(Address) Relay, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place St Matthews Cem. Date April 4th 1939

19. UNDERTAKER Wm. J. Tickner & Sons.

(Address) North & Penna Aves.

20. FILED 19 Huntington Williams, Registrar

APR 3 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1st. 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach and Liver	?

Other contributory causes of importance:

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) M. Hanna M. D. Coroner

(Address) 182 W Baltimore St

56715

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56715

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St., 15-2 Ward)

Length of residence in city or town where death occurred 59 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Thomas H. McCarty, Sr.

(a) Residence: No. 1525 McKean Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of [redacted] Emma M. McCarty

7. DATE OF BIRTH (month, day, year) December 23rd 1879

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	3	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Highways Department Baltimore City.

10. Date deceased last worked at this occupation (month and year) March 1939

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Jack McCarty

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME ? Fredenburg

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Emma M. McCarty
(Address) 1525 McKean Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date April 3rd 1939

19. UNDERTAKER Wm. J. Tickner & Sons.
(Address) North & Penna Aves.

FILED APR 3 1939 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	?
Chronic Interstitial Nephritis	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. H. Hamm M. D. Coroner

(Address) 1822 W Baltimore

S 6

56716 HEALTH DEPARTMENT—CITY OF BALTIMORE F 56716

CERTIFICATE OF DEATH

93-C

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1718 Longwood Street St. 15-6 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Cecelia Wonn

(a) Residence: No. 1718 LongwoodnStreet St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of -----

DATE OF BIRTH (month, day, year) Sept 17th 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	6	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County, Md.

13. NAME William Wonn

14. BIRTHPLACE (city or town) (State or country) Baltimore County, Md.

15. MAIDEN NAME Sarah Trine

16. BIRTHPLACE (city or town) (State or country) Baltimore County, Md.

17. INFORMANT Miss Anna Wonn

(Address) 1718 Longwood Street

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date April 3rd 1939

19. UNDERTAKER Wm. J. Tickner & Sons

(Address) North & Penna Aves.

20. FILED ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) mar 31 . 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1937, to mar 31, 1939

I last saw her alive on mar 31, 1939. Death is said to have occurred on the date stated above, at 10 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
my dear auntie	
Cerebral hemorrhage	one
terminal	
Other contributory causes of importance:	
arteri-sclerosis,	
coronary sclerosis	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) L. J. Frank, M. D.

(Address) 4329 Arunah

6717 HEALTH DEPARTMENT—CITY OF BALTIMORE 56717

CERTIFICATE OF DEATH

V 210-M

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2421 Barclay Street St. 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Henry Pentz

(a) Residence: No. 2421 Barclay Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Aliene Pentz

7. DATE OF BIRTH (month, day, year) June 8, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... C. & P. Telephone Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Retired)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 y

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME Columbus Pentz

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Susan Ziegler

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Miss Louise R. Pentz

(Address) 2421 Barclay Street

18. BURIAL, CREMATION, OR REMOVAL

Place Spesutia Cemetery Date Apr. 4, 1939

19. UNDERTAKER Hy Tarring & Sons

(Address) Aberdeen, Md.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above 9:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of L. Leg	
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, Suicide or Homicide? Accident Date of March 8, 1939

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Crossing in 2500 Bl. N. Calvert St

Nature of injury struck by Auto.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. R. Culen M. D.
Coroner

(Address) 2737 N. Calvert St

HEALTH DEPARTMENT—CITY OF BALTIMORE 56718

718

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1231 Cleveland St. 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Anna B. WALLMOEFFER

If U. S. Veteran specify WAR

(a) Residence: No. 1231 Cleveland St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) March 6th 186[illegible]

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	0	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Cooper Wallmoeffer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Ernestia Bartley

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Cooper Wallmoeffer

(Address) 1231 Cleveland St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date April 4-39

19. UNDERTAKER Bernard C. Hark

(Address) 521 N. Eden St.

FILED APR 3 - 1939, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31st 1939

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1939 to March 31, 1939

I last saw h.e alive on March 31, 1939 Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	
Other contributory causes of importance: Arteriosclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

14. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Louis H. Carr M.D.

(Address) 216 N. Wolfe St.

56719

HEALTH DEPARTMENT—CITY OF BALTIMORE

56719

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 705 Warner St., 22-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth ? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Margaret Rechtenwald

(a) Residence: No. 705 Warner St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Gustav NICHOLAS RECHTENWALD

DATE OF BIRTH (month, day, year) Aug 18 1856

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	7	13/14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Fritz Styler

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Gustav Rechtenwald
(Address) 705 Warner St

18. BURIAL, CREMATION, OR REMOVAL Holy Cross Cem Co Date 4 5th, 1939

19. UNDERTAKER Bernard C. Hahn
(Address) 121 E. West St

20. FILED , 19 Thos. Williams, Registrar.

APR 3 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1st, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/23, 39, to 4/1, 39

Last saw h alive on 4/1, 1939 Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	3/20/39

Other contributory causes of importance:
Generalized arterio-Sclerosis
Cardio-Vascular Disease 10 yrs

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Joseph H. Lankaitis M. D.

(Address) 1649 Washington Blvd

Michael Black

720 F 56720

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 174

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward) 11-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Michael Black If U. S. Veteran specify WAR World War

(a) Residence: No. 438 Moore St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Daisy Black

6. DATE OF BIRTH (month, day, year) 1899

7. AGE: Years 40 | Months — | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas

MOTHER FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT (Address) Josie Black 16 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL U. S. National Cem. Date Apr. 3 1939

19. UNDERTAKER (Address) Adolphus Halstead 9182 Druid Hill Ave.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-29-1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Inquest, Autopsy or Inquiry)

learned by said autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stab wound of Chest	3/28/39
Other contributory causes of importance:	39

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 3/28/39

Where did injury occur? 438 Moore Alley Baltimore (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Was stabbed with knife

Nature of injury Stab in chest

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jorge S. Illera M. D. Coroner

(Address) 500 Druid Hill Ave

56721

HEALTH DEPARTMENT—CITY OF BALTIMORE

56721

CERTIFICATE OF DEATH

✓ 82-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 3014 St. Paul Street St. 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. 4 mos. 29 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Doctor Gustavus Charles Dohme

If U. S. Veteran specify WAR NONE

(a) Residence: No. 3014 St. Paul St. St., 12 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	WIDOWED

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ada Frances Dohme

DATE OF BIRTH (month, day, year) November 5, 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	4	29 26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Medicine

10. Date deceased last worked at this occupation (month and year) 1936 | 11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Gustavus C. Dohme

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Martha Vickers

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Alice I. Cooper Dohme (Sister)
(Address) 3014 St. Paul St., City.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date April 3, 1939

19. UNDERTAKER Stewart & Mowen Company
(Address) 108 W. North Ave., City.

20. FILED ..... 19.... Registrar.

APR 3-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1st, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar. 21, 1939, to April 1, 1939

I last saw him alive on April 1, 1939. Death is said to have occurred on the date stated above, at 4.17 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage (right)	Mar 25.

Other contributory causes of importance:

Arterio-sclerosis	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

no. If so, specify

(Signed) Ernest S. Cronin, M. D.

(Address) 1035 N. Calvert St.

56722 F 56722

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V. 92-a

Registered No. 206

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3104 Bigault Lane St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sawney Brawner

(a) Residence: No. 3104 Bigault Lane St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah Brawner

DATE OF BIRTH (month, day, year) Jan 27 1881

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	2	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cement Finisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building

10. Date deceased last worked at this occupation (month and year) 1083

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charles County Maryland

13. NAME OF FATHER Jordan Brawner

14. BIRTHPLACE (city or town) (State or country) Charles County Maryland

15. MAIDEN NAME OF MOTHER Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Thelma Harvey
(Address) 3107 Bigault Lane

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date April 4, 1939

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 S Schroeder St

20. FILED APR 3 - 1939 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1939 to March 31, 1939

I last saw him alive on March 30, 1939. Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Rheumatic Valvulitis	
Decay of Heart	Contd
Coronary Embolus	3/27/39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Eliot W. Hellman M. D.

(Address) 843 S Fremont Ave

56723 HEALTH DEPARTMENT—CITY OF BALTIMORE 56723

CERTIFICATE OF DEATH

43368 JS
54-B
Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hospt. St. 19-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annabelle Williams
If U. S. Veteran specify WAR

(a) Residence: No. 1526 W. Lexington St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	Separated

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 3-4-1895

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	0	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) N. C.
(State or country)

13. NAME Joseph Poole

14. BIRTHPLACE (city or town) N. C.
(State or country)

15. MAIDEN NAME Anna Roster

16. BIRTHPLACE (city or town) N. C.
(State or country)

17. INFORMANT B. C. H. records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Western Star Date April 4, 1939

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Schroeder St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-30, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-28, 1939, to 3-30, 1939
I last saw her alive on 3-30 1939. Death is said to have occurred on the date stated above, at 10 30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fibromyoma of uterus	?
Leucorrhea	?
Anemia	?
Shock	

Other contributory causes of importance:

Was an operation performed? yes Date of 3-29-39
For what disease or injury? Fibromyoma of uterus
Name of operation Hysterectomy
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. L. Bourne, M. D.
(Address) Balto City Hosp.

PR 3-1939

HEALTH DEPARTMENT—CITY OF BALTIMORE

56724

CERTIFICATE OF DEATH

V

56724

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1134 Russell St., 21-L 108 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Albert Green

If U. S. Veteran specify WAR

(a) Residence: No. 1134 Russell St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Halifax Co.

13. NAME Boston Green.

14. BIRTHPLACE (city or town) (State or country) Halifax Co.

15. MAIDEN NAME Maria Freeman

16. BIRTHPLACE (city or town) (State or country) Halifax Co.

17. INFORMANT Harriet Edmonds

(Address) 1134 Russell St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 4/3 1939

19. UNDERTAKER Walter B. Sayes

(Address) 1534 Hanover St.

20. FILED APR 3 - 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/30/39

22. I HEREBY CERTIFY, That I attended deceased from 3/27/39 to 3/30/39

I last saw him alive on Mar 30 1939. Death is said to have occurred on the date stated above, at 1130 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/27/39
Other contributory causes of importance:	

Was an operation performed? — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) D. T. Tyson M. D.

(Address) 911 Warren Ave

6725

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 30

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL Ward)

6 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME ELMER PLOTTS

If U. S. Veteran Specify WAR

(a) Residence: No. MITCHELLSVILLE, PRINCE GALVERT CO. MD St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	MARRIED

3. If married, widowed, or divorced HUSBAND of (or) WIFE of ELSIE PLOTTS

DATE OF BIRTH (month, day, year) SEPT. 9, 1910

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	7 6	2 3	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. FARM

10. Date deceased last worked at this occupation (month and year) 1 M

11. Total time (years) spent in this occupation 10 Y.

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME WALLACE

14. BIRTHPLACE (city or town) (State or country) PA.

15. MAIDEN NAME MINNIE BINGER

16. BIRTHPLACE (city or town) (State or country) MD.

17. INFORMANT Hospital Records

(Address) Lombard & Green

18. BURIAL, CREMATION, OR REMOVAL Mitchellville Md. Date 4-5-39

19. UNDERTAKER Ritchie Bros.

(Address) Upper Marlboro

Registration Filed APR 5 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/2, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/3, 1939 to 4/2, 1939

I last saw him alive on 4/2, 1939 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Kidney	9/1939
Other contributory causes of importance:	

Was an operation performed? Yes Date of 1/6

For what disease or injury? Tuberculosis of Kidney

Name of operation Nephrectomy

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Charles F. Douglas M. D.

(Address) University Hospital

58726 F 58726

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE (No. Balto. City Hospitals St. 28-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John P. Prell

If U. S. Veteran specify WAR

(a) Residence: No. 5109 Belleville Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

DATE OF BIRTH (month, day, year) 1868 ANNA PRELL

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 60 yr

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME John Prell

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Annie

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Baltimore Cem. Date April 4, 1939

19. UNDERTAKER Thomas Kelly

(Address) 3615-17 Edmondson Ave.

20. FILED APR 3 - 1939, 19 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/1/39, 19

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938, to April 1, 1939.

I last saw him alive on April 1, 1939. Death is said to have occurred on the date stated above, at 1:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart disease	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Lautelle M. D.

(Address) Baltimore City Hospitals

56727 MEEKER E 56727

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Sq. Hosp. Registered No. 59

CITY OF BALTIMORE: (No. ..... St. 13-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Emma Meeker

If U. S. Veteran specify WAR .....

(a) Residence: No. 3303 Paine St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	M.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of CHARLES B. MEEKER

7. DATE OF BIRTH (month, day, year) APRIL 2, 1875

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) MD.

13. NAME JOSEPH WILLIAMS.

14. BIRTHPLACE (city or town) (State or country) MD.

15. MAIDEN NAME MARY J. WILLIAMS.

16. BIRTHPLACE (city or town) (State or country) MD

17. INFORMANT CHARLES B. MEEKER.

(Address) 3303 PAINE ST.

18. BURIAL, CREMATION, OR REMOVAL

Mt. Olivet Hampden Date April 5, 1939

19. UNDERTAKER Ehlinger & Son

(Address) 3615-17 Edmondson Ave.

20. FILED APR 3 - 1939 1939 Huntington Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1939, to April 2, 1939.

I last saw her alive on April 1, 1939. Death is said to have occurred on the date stated above, at 2:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Diabetes mellitus.

Hypertension

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Friedman M. D.

(Address) Franklin Sq. Hosp.

. D. B. 1268-9

F 56728

56728 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3 N. Bradford St. 6-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Teresa Drimal

(a) Residence: No. 3 N. Bradford St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Drimal

DATE OF BIRTH (month, day, year) Oct. 15, 1848

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	91	5	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) March 16, 39

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Pilsen Austro-Hungary

13. NAME Vaclav Ulver

14. BIRTHPLACE (city or town) (State or country) Pilsen Austro-Hungary

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country) Pilsen Austro-Hungary

17. INFORMANT Antoinetta Hearn

(Address) 3 N. Bradford St

18. BURIAL, CREMATION, OR REMOVAL. Place Holy Redeemer Cem. Date April 4/39

19. UNDERTAKER Charles E. Schimunek

(Address) 2603 E. Madison St.

19. FILED APR 3 - 1939 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1 . 1939

22. I HEREBY CERTIFY, That I attended deceased from March 16 . 1939 to April 1 . 1939

I last saw her alive on March 31 . 1939. Death is said to have occurred on the date stated above, at 3:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	1934

Other contributory causes of importance:

Name of operation none Date of ...

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ...

(Signed) J. Karl Grossmann M. D.

(Address) 1212 N. Patterson Park Ave

58729 HEALTH DEPARTMENT—CITY OF BALTIMORE 58729

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 95-8 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rachael Goldmann

(a) Residence: No. 3304 Fairview Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

13. NAME Alexander

14. BIRTHPLACE (city or town) (State or country) Lith.

15. MAIDEN NAME Judith

16. BIRTHPLACE (city or town) (State or country) Lith.

17. INFORMANT Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Hebrew Friendship Date 4/3/39 19

19. UNDERTAKER Jack Levine
(Address) 1432 E. Pratt St.

FILED APR 3 - 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) April 2 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 21st 1939 to Death 19...

I last saw her alive on April 1st 1939 Death is said to have occurred on the date stated above, at 5:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Renal shutdown (Cause -?)	

Other contributory causes of importance: Arteriosclerotic Heart disease Bronchopneumonia

Was an operation performed? Yes Date of Feb 20, 1939

For what disease or injury?

Name of operation Laparotomy

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Elwyn A. Mikels M. D.

(Address) Sinai Hospital

56730 HEALTH DEPARTMENT—CITY OF BALTIMORE E56730

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH Hebrew Home for Aged & Infirm
CITY OF BALTIMORE: (No. Belvedere & Greenspring Ave Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Isaac Milgraum
If U. S. Veteran specify WAR .....
(a) Residence: No. Belvedere & Greenspring Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	widowed

If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Pauline Rauma

DATE OF BIRTH (month, day, year) 865

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

8. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Simrie

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Fannie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sig. Pauline Rauma
(Address) Belvedere & Greenspring

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 4-3-39

19. UNDERTAKER Jack Levin Co.
(Address) 1439 E. Balto St

4-3-1939 Huntington Pittmann, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-3, 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-2, 1937 to 4-3, 1939

I last saw h[illegible] alive on 4-3, 1939. Death is said to have occurred on the date stated above, at 2.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Arteriosclerosis	
Other contributory causes of importance:	

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Edmund Levin, M. D.
(Address) Levindale

56731 HEALTH DEPARTMENT—CITY OF BALTIMORE 56731

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1747 Ashland Av. 7-5 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Booker

If U. S. Veteran specify WAR .....

(a) Residence: No. 1747 Ashland Av St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Booker

DATE OF BIRTH (month, day, year) 1889

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) ? Va

13. NAME Joe Booker

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Josephine

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Josephine Booker

(Address) 1747 Ashland Av.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery. Date April 3rd 1939

19. UNDERTAKER Chas D Wilson

(Address) 1000 Pennsylvania Ave

20. FILED ..... 19.....

Registrar

APR 3 1939 Hamilton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3·31 1939

22. I HEREBY CERTIFY, That I attended deceased from 3·28 1939 to 3·31 1939

I last saw him alive on 3·30 1939 Death is said to have occurred on the date stated above, at 12:10 m. P

The principal cause of death and related causes of importance were as follows:

	Date of onset
aortic insufficiency	?
Mitral insufficiency	?

Other contributory causes of importance:

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) A. Monroe M. D.

(Address) 1500 E. Madison St

Lucia Bobbitt

HEALTH DEPARTMENT—CITY OF BALTIMORE

5732 — 50732

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 120 N. Luzerne Ward) 6-2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lucia Bobbitt

If U. S. Veteran specify WAR

(a) Residence: No. 120 N. Luzerne ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

6. If married, widowed or divorced HUSBAND of (or) WIFE of Frank

DATE OF BIRTH (month, day, year) June 8 1861

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	77	9	23 22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co.

13. NAME Jacob Young

14. BIRTHPLACE (city or town) (State or country) Balto Co

15. MAIDEN NAME Margaret ?

16. BIRTHPLACE (city or town) (State or country) Balto Co

17. INFORMANT Charles Bobbitt

(Address) 1901 E. Hayward St.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date April 4, 1939

19. UNDERTAKER Martin W. C. Dippel

(Address) 37 S. Ann St.

20. FILED APR 3 1939 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 38 to April 1, 1939

I last saw h[illegible] alive on April 1, 1939 Death is said to have occurred on the date stated above, at 2 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial disease	?
Hypertension	?
Chronic nephritis	?
Arteriosclerosis	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Wm. F. Holmes M. D.

(Address) 2623 E. Monument

. D. B. 1268-9

56733

F 56733

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 109 N. Rose St. 6-2 Ward)

ength of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Ignatius Franciszkowski

(a) Residence: No. 109 N. Rose St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6. If married, widowed, or divorced
HUSBAND of (or ~~WIFE of~~) Katherine Franciszkowski

DATE OF BIRTH (month, day, year) July 4, 1852

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
86	87	8	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Posen Poland

13. NAME Theodore Franciszkowski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Constance ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Katherine Franciszkowski

(Address) 109 N. Rose St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date April 5, 1939

19. UNDERTAKER Martin H. Lippe

(Address) 27 S. Eutaw St

20. FILED 1939 Municipal Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1939 to April 2, 1939

I last saw him alive on April 2, 1939 Death is said to have occurred on the date stated above, at 10 45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4 days
Arteriosclerotic Cardiovascular Disease	1935
Other contributory causes of importance:	
Cerebral Hemorrhage a Hemiplegia	1935

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) J. Karl Hagerman, M. D.

(Address) 1242 N. Patterson Park Ave

6734 F 58734

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 823 N. Gilmore St., 16-W Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME John W. Waters Jr.

(a) Residence: No. 823 N. Gilmore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	cd	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Eva

DATE OF BIRTH (month, day, year) Feb. 8, 1877

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	1	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. church

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Leesburg, Va

13. NAME John W. Waters, Sr

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Nancy Moss

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Thomas E. Kelaon
(Address) 1303 Presstman St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 4/4 38

19. UNDERTAKER Thomas E. Kelaon
(Address) 1303 Presstman St

20. FILED 3-1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from NOV 28 1938 to Mch 30 1939

I last saw h alive on March 29 1939 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Vascular Renal Disease	?
Other contributory causes of importance: Ex Hemiplegia	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Huntington Williams M.D.

(Address) 1413 United Hill Bldg

56735

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1626 N Fulton Ave St. 15-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Margaret Louise Reed

(a) Residence: No. 1626 N. Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of William Hamilton Reed

DATE OF BIRTH (month, day, year) March 17-1853

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	—	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Violet Graham

(Address) 1655 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date April 4 1939

19. UNDERTAKER Mamie Cook Myers

(Address) 600 West North Ave

20. FILED Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 18 1939 to April 1 1939

I last saw her alive on April 1 1939. Death is said to have occurred on the date stated above, at 6:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Brights disease.	2 mo.
Hemiplegia.	1 mo.
Myocardial Insufficiency.	3 da
Other contributory causes of importance:	
Cirrhosis of liver.	10 yrs.
edema of legs and ankles.	2 mo

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Coltrane M. D.

(Address) 806 N. Fulton Ave.

6736 F 56736

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 234 Collins Ave., St., 20 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 9 mos. 11 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR ----------

2. FULL NAME DOLORES MARIE SCHAPER

(a) Residence: No. 234 Collins Ave. St., 20 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, year) June 20 1935

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
3	9	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ----

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ----

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Albert F. Schaper

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

15. MAIDEN NAME Margaret H. Fischer

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Mr. Albert F. Schaper (Address) 234 Collins Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date Apr. 3/39 19

19. UNDERTAKER F. B. Siebert & Sons (Address) 1500 EUTAW PLACE

20. FILED ..... 19.... Registrar.

4-3-1939 Hunting for Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31-39

22. I HEREBY CERTIFY, That I attended deceased from 16 Oct 38 to 31 Mar 39

I last saw her alive on 31 Mar 39 Death is said to have occurred on the date stated above, at 10: A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Kidney	Oct 1938
Other contributory causes of importance, Metastasis Lung	1939

Was an operation performed? No Date of ---

For what disease or injury? No

Name of operation .....

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Vance Hooper M. D.

(Address) 2565 Frederick

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

Registered No. 56[illegible]

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Michael F. Fitzpatrick

If U. S. Veteran specify WAR ...

(a) Residence: No. 2827 Beechland St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Married

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie E. Fitzpatrick

DATE OF BIRTH (month, day, year) 12-8-1864

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
74	3	23	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telegrapher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Peter Fitzpatrick

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Breen

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Annie E. Fitzpatrick

(Address) 2827 Beechland ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 4-5 1939

19. UNDERTAKER Leonard J. Byrd

(Address) 5303 Harford ave

20. FILED ..., 19.. Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4 - 1 , 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1937 to 4 - 1, 1939

I last saw him alive on 4 - 1, 1939 Death is said to have occurred on the date stated above, at 1.0 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid colon	2-27-37
Other contributory causes of importance: Generalized metastases.	

Was an operation performed? Yes Date of 2-27-39

For what disease or injury? Intestinal obstruction

Name of operation Curettotomy & resection

What test confirmed diagnosis? Op. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W C Dunnigan M. D.

(Address) Mercy

56738 HEALTH DEPARTMENT—CITY OF BALTIMORE E56738

CERTIFICATE OF DEATH

46F

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 615 E. 34th St. St., 9-3 Ward)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wilbur J. Gosline

If U. S. Veteran specify WAR

(a) Residence: No. 615 E. 34th St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Emily D. Gosline

DATE OF BIRTH (month, day, year): Nov. 3rd, 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	4	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Chief Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Employers Liability Ins. Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Newtown News Brunswick Can.

13. NAME: John Albert Gosline

14. BIRTHPLACE (city or town) (State or country): New Brunswick Can.

15. MAIDEN NAME: Clara Knollin

16. BIRTHPLACE (city or town) (State or country): New Brunswick Can.

17. INFORMANT: Miss Ethel Gosline

(Address): 615 E. 34th St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Parkwood Cem Date: April 4, 1939

19. UNDERTAKER: William J. Tickner & Sons

(Address): North & Pennsylvania Aves

20. FILED 19 [illegible] Registrar.

APR 3-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 1 1939

22. I HEREBY CERTIFY, That I attended deceased from December 10, 1938 to April 1, 1939

I last saw him alive on April 1, 1939. Death is said to have occurred on the date stated above, at 4:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Pancreas with metastasis	3 Months
Other contributory causes of importance:	

Was an operation performed? Yes Date of 2/20/39

For what disease or injury? Palliative Gastrostomy

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry M. Nelson, M. D.

(Address) 305 E. Preston Street

56739 HEALTH DEPARTMENT—CITY OF BALTIMORE 56739

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 134

CITY OF BALTIMORE: (No. 2815 Frenchman St., 16-7 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nella Dennis. If U. S. Veteran specify WAR

(a) Residence: No. 2815 Frenchman St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Widow.

6. If married, widowed or divorced HUSBAND of (or) WIFE of Clarence E. Dennis

7. DATE OF BIRTH (month, day, year) Dec. 11, 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	3	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Odenton Md

13. NAME Thomas J. Lowman

14. BIRTHPLACE (city or town) (State or country) Odenton Md

15. MAIDEN NAME Martha B. Brotherton

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs. Carl Anderson

(Address) 3901 Ridgewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Apr. 3 19 39

19. UNDERTAKER Wm. Tickner Sons

(Address) Monk & Paines

20. FILED 19 Registrar.

R 3-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 9, 1936 to April 1st 1939,

I last saw h[illegible] alive on April 1st, 1939. Death is said to have occurred on the date stated above, at 9.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Arteriosclerosis	1936
Nephrolithiasis	1936
Other contributory causes of importance: pyonephrosis	1939

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Jesse A. Lucas, M. D.

(Address) 3030 Edmondson Avenue

56740 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 56740

CERTIFICATE OF DEATH

93-D

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3217 Vickers Road St. 15-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Otho Selby

If U. S. Veteran specify WAR

(a) Residence: No. 3217 Vickers Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Virginia F. Selby

DATE OF BIRTH (month, day, year) Feb. 4, 1850

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	1	27	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wood- Worker (Cabt

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Richard Selby

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Priscella Neale

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Bertha Graham

(Address) 3217 Vickers Road

18. BURIAL, CREMATION, OR REMOVAL

Place Wilmington Del Date April 4 1939

19. UNDERTAKER William J. Tickner & Sons

(Address) North & Pennsylvania Aves

20. FILED ..... 19..... Registrar.

APR 3-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 16 1939, to Apr 1 1939

I last saw h.. alive on April 1, 1939. Death is said to have occurred on the date stated above, at 7:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cateris - senilis	Several years
Other contributory causes of importance: Myocardial insufficiency	March 27/39

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W Bowman Hood M. D.

(Address) 2200 Garrison Blvd

56741 ✓ F 56741

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 431 N. Gilmor St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Helen Johnson

(a) Residence: No. 431 N. Gilmor St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 25-1902

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	7 8	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Carlton Johnson

14. BIRTHPLACE (city or town) (State or country) Cockeysville Md.

15. MAIDEN NAME Mary Ada Humphries

16. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

17. INFORMANT Carlton Johnson

a. (Address) 431 N. Gilmor

18. BURIAL, CREMATION, OR REMOVAL

Place M.M. Carlton Date 4-5 1939

19. UNDERTAKER Joseph H. Chase & Son

(Address) 2218 Pennsylvania Ave.

20. FILED Apr 5 1939 Thurlow Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 28 1939 to April 5 1939

I last saw her alive on April 5 1939 Death is said to have occurred on the date stated above, at 6.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis with Dilatation.	
Other contributory causes of importance: Fibroid Tumor with Pelvic abscess.	over

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation Hysterectomy

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify

(Signed) C. T. Burns M. D.

(Address) 822 N. Arlington Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56742

CERTIFICATE OF DEATH

108 F 56742

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Baltimore Gen. Hosp. St. 22-1 Ward)

Length of residence in city or town where death occurred ... yrs ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME James Speare

(a) Residence: No. 4 York (YY) St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	S

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept.15,1906

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
32	6	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S.C.

13. NAME Un

14. BIRTHPLACE (city or town) (State or country) S.C.

15. MAIDEN NAME Un

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT So.Balto.Gen'l Hosp.
(Address)

18. BURIAL, CREMATION, OR REMOVAL JOHNS HOPKINS MEDICAL SCHOOL APR 3 - 1939
Place Date 19
COMMISSIONER OF HEALTH

19. UNDERTAKER Per H. A. Moore
(Address)

FILED APR 3 - 1939 Hampton Williams, M.D. Registrar

s 6 4694

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/21/ , 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquir (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquir (Inquest, Autopsy or Inquiry) and that said deceased came his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia, Hemolytic Strep	3/15/39
Lobar Pneumonia, Lower rt. lobe	3/15/39

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis clinical Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) I. Littman, M. D. Coroner

(Address) 1304 E. Chase Street

S. Charles St. In city about 17 yrs

HEALTH DEPARTMENT—CITY OF BALTIMORE

56743 10

CERTIFICATE OF DEATH

94-B

F 56743

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Edw. Smith

If U. S. Veteran specify WAR

(a) Residence: No. Cambridge, Md. St. Ward.

(Usual place of abode) (If not resident give city or town and State) S. Charles St.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 1-1-1850

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	2	29	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

8. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Charlie Smith

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Lizzie Smith

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Johns Hopkins Medical School APR 3 - 1939 19

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

20. FILED 19 Registrar.

4695

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938 to March 30, 1939

I last saw him alive on March 30, 1939. Death is said to have occurred on the date stated above, at 5:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	3-30-39
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Lautelle M. D.

(Address) Baltimore City Hospitals

5744

HEALTH DEPARTMENT—CITY OF BALTIMORE

5744

CERTIFICATE OF DEATH 47 CGK--43364

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 35 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Antonio DiAngelo

(a) Residence: No. 1036 Granby St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna

7. DATE OF BIRTH (month, day, year) July 2, ~~1866~~ 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
64	64	9	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Dominick

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Fanny ?

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Holy Redeemer Date April 3, 39

19. UNDERTAKER Dendel & Boyle
(Address) 1601 E. Lombard St.

20. FILED APR 3 - 1939 19 E. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 4-2, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-28, 1939 to 4-2, 1939

I last saw him alive on 4-2, 1939. Death is said to have occurred on the date stated above, at 2.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Larynx	?
Bronchopneumonia	final days

Other contributory causes of importance:

Was an operation performed? Yes Date of 4-1-39

For what disease or injury?

Name of operation Biopsy Larynx

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) L Kuhlenbeck M. D.

(Address) Balto City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

56745

CERTIFICATE OF DEATH

50 F 56745

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1936 Light St. 23-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susie Thomas

If U. S. Veteran specify WAR

(a) Residence: No. 1936 Light St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Frank C. Thomas

DATE OF BIRTH (month, day, year) April 9. 1874

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	11	22 23	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Prince William
(State or country) Co. Virginia

13. NAME Edward Horton Va.

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME Amanda Tolson Va.

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Edward Horton
(Address) 156 Randall St

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date April 4 1939

19. UNDERTAKER Margaret [illegible]
(Address) 1422 Light St.

20. FILED Huntington Mills Registrar
APR 3 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 2nd, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1939 to April 2, 1939

I last saw her alive on April 1, 1939 Death is said to have occurred on the date stated above, at 1.20 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of right breast, with metastases into liver and stomach.	?
Other contributory causes of importance: Acute myocarditis	3/23/39

Was an operation performed? no Date of

For what disease or injury? - -

Name of operation - - -

What test confirmed diagnosis? P. & S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harry Beller, M. D.

(Address) 1226 Hanover St.

56746

HEALTH DEPARTMENT—CITY OF BALTIMORE 56746

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 Brune St. 17-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James R Andersen

If U. S. Veteran specify WAR Worlds

(a) Residence: No. 606 Brune St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Natalie Andersen

6. DATE OF BIRTH (month, day, year) Dec 23 - 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

MOTHER FATHER

13. NAME Wm A Andersen

14. BIRTHPLACE (city or town) (State or country) Balto md

15. MAIDEN NAME Ella Andersen

16. BIRTHPLACE (city or town) (State or country) Balto md

17. INFORMANT Mrs Ella Andersen

(Address) 606 Brune St

18. BURIAL, CREMATION, OR REMOVAL

Place National Date Apr. 5 1939

19. UNDERTAKER Mrs. Geo. Holland

(Address) 1631 Edmondson Ave

20. FILED Apr 6 1939 Hunting for Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Cerebral Apoplexy

Date of onset Apl 1 1939

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Necropsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George S. Allen M. D.

Coroner

(Address) 501 Eutaw St

56747

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C 56747

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 320 Mt. Holly St., 15-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John N. Engel

If U. S. Veteran specify WAR

(a) Residence: No. 1301 N. Fulton Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Late Rose Engel

DATE OF BIRTH (month, day, year) Dec. 3, 1862.

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	76	3	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0004

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Henry Engel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Annie Lowman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Ferdinand H. Engel (Son)

(Address) 320 Mt. Holly St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Park Date April 4/39

19. UNDERTAKER Harry E. Little

(Address) 4101 Edmondson Ave.

20. FILED APR 3 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1939.

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1939. to April 1, 1939.

I last saw him alive on Mar. 31, 1939. Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 hr.

Other contributory causes of importance:

Arteriosclerosis Myocarditis	several years

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Arthur C. Blake M. D.

(Address) Med. Arts Bldg

56748

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 F 56748

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 650 Gutman Ave St., 7-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Chas. Howard Carthee

If U. S. Veteran specify WAR

(a) Residence: No. 650 Gutman Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

If married, widowed or divorced HUSBAND of (or) WIFE of John L. Carthee

DATE OF BIRTH (month, day, year) Nov. 12. 1869

6. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	4	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Chas. Howard

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Caroline Mason

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Annie Poe

(Address) 3009 Mattfeast St

18. BURIAL, CREMATION, OR REMOVAL

Place Dulaney Date 4-4-39

19. UNDERTAKER John L. Butler Inc

(Address) 2435 E. Oliver St

20. FILED APR 3-1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-1-1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1938 to April 1, 1939

I last saw h.e alive on April 1, 1939 Death is said to have occurred on the date stated above, at 4.05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio Vascular Renal Disease	Sept 1938
Other contributory causes of importance:	
Cerebral Embolis	March 27 1939

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas D Edmunds M. D.

(Address) 2746 Alameda

H. D. H. 1268-b

6749 **HEALTH DEPARTMENT—CITY OF BALTIMORE** K 56745

CERTIFICATE OF DEATH

823

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3819 Juniper Rd St. 12-1 Ward)

Length of residence in city or town where death occurred 2 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Richard Andrew Ebe

(a) Residence: No. 3819 Juniper Rd. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Aurelia Ebe

7. DATE OF BIRTH (month, day, year) Jan 2, 1869

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	2	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Columbus, Ohio
(State or country)

13. NAME Andrew Ebe

14. BIRTHPLACE (city or town) Ohio
(State or country)

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) Ohio
(State or country)

17. INFORMANT Mrs. Ebe wife
(Address) 3819 Juniper Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date 4/4 1939

19. UNDERTAKER Henry W. Meares & Son
(Address) 805 W Calvert St.

20. FILED 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1939, to April 2, 1939

I last saw h[illegible] alive on April 1, 1939. Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism & Thrombosis - softening of brain	[illegible]

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical & Symptoms, signs, course Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. F. Shamwell, M. D.

(Address) 3310 Tioga Parkway

D. B. 1269-9

750

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56750

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 132 Lafayette St., 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sophia Margaret Mullikin

(a) Residence: No. 153 W Lanvale St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Dec 3 1855

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	83	3	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Prince George County Md.

13. NAME OF FATHER Richard C Mullikin

14. BIRTHPLACE (city or town) (State or country) Prince George Co Md

15. MAIDEN NAME OF MOTHER Mary M Hayes

16. BIRTHPLACE (city or town) (State or country) Carlisle Pa

17. INFORMANT Agnes L Leggett

(Address) Ma Life Bldg Balto Md

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date April 4 1939

19. UNDERTAKER H W Jenkins & Co

(Address) Garrison Blvd & Gallows Rd

20. FILED April 4 1939

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2 1939

22. I HEREBY CERTIFY, That I attended deceased from about ... 19 00 to April 2 1939

I last saw h[illegible] alive on April 1 1939 Death is said to have occurred on the date stated above, at 6 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	months
(Cerebral Hemorrhage)	1936
Senility	
Other contributory causes of importance:	
Bronchitis	Feb 20

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Carey B Gratke Jr M. D.

(Address) 3918 Dr Clinton

56751

HEALTH DEPARTMENT—CITY OF BALTIMORE F 56751

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 805 University Parkway, 13-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Meta Packard

If U. S. Veteran specify WAR .....

(a) Residence: No. 805 University Parkway St., ... Ward.
(Usual place of above) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Joseph Packard (Dec'd)

DATE OF BIRTH (month, day, year) Aug 6 1856

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82	7	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Richmond, Va.

13. NAME Frederick W. Hauswirkel

14. BIRTHPLACE (city or town) (State or country) Bremen, Germany

15. MAIDEN NAME Roberta C. Nicholls

16. BIRTHPLACE (city or town) (State or country) Georgetown D.C.

17. INFORMANT Chas Packard

(Address) Bellona Ave. Woodbrook, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date April 11 1939

19. UNDERTAKER Henry W. Jenkins & Sons

(Address) Orchard Jct. Cold Spring Lane

20. FILED ..... 19..... Registrar.

3-1939 Huntingtown, Calvert Co., Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 29 1939 to April 3 1939

I last saw her alive on April 3 1939. Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Feature
Hypertension	
Arterio-Sclerosis	
Bronchitis Chronic	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) W. B. Moody M. D.

(Address) 1403 Park Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

56752 **CERTIFICATE OF DEATH** ×56 **F 56752**

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Wallace Paul Wartman

If U. S. Veteran specify WAR

(a) Residence: No. McDonough Rehab, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Oct 4-1920

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
18	5	34	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME Mr. Charles H. Wartman (dad)

14. BIRTHPLACE (city or town) Balt. Md.
(State or country)

15. MAIDEN NAME Margaret Paul (dad)

16. BIRTHPLACE (city or town) Balt. Md.
(State or country)

17. INFORMANT Mr. Charles H. Wartman (Brother)
(Address) 534 S. 46th St.

18. BURIAL, CREMATION, OR REMOVAL Baltimore Cem. Date Apr. 5. 1939
Place

19. UNDERTAKER HENRY SANDER & SONS, INC. by J. Parker
(Address) Baltimore & Broadway.

20. FILED APR 8 1939, 19 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2. 1939

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1939, to April 2, 1939

I last saw him alive on April 2, 1939. Death is said to have occurred on the date stated above, at 3:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Pan-Carditis	1937
Acute Cardiac Dilatation	3-27-39

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. A. Warren Kerr M. D.

(Address) Union Mem. Hosp.

F 3961

F 56753

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56753

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Lanvale St., — Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Betty Bridget

If U. S. Veteran specify WAR .....

(a) Residence: No. 210 W Preall St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race B | 5. Single, Married, Widowed, or Divorced (write the word) S

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Jan 7th 1939

7. AGE — Years | Months 2 | Days | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER'S MAIDEN NAME

13. NAME .....

14. BIRTHPLACE (city or town) .....
(State or country)

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place [illegible] Date APR 3 - 1939 19...

19. UNDERTAKER Pop N. A. Moore
(Address) [illegible]

20. FILED APR 3 - 1939 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-30-39 19...

22. I HEREBY CERTIFY, That I attended deceased from 3-29-39, 19... to 3-30-39, 19...

I last saw her alive on 3-30-39, 19... Death is said to have occurred on the date stated above, at 6.25 m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	3-23-39

Other contributory causes of importance:

Bronchitis, since birth
Congenital Lues.

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) C. F. Maloney M. D.

(Address) Provident Hospital.

4697

754 HEALTH DEPARTMENT—CITY OF BALTIMORE 56754

CERTIFICATE OF DEATH

Registered No. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2833 Lauretta Ave St. 20-2 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William J G Taylor

(a) Residence: No. 2833 Lauretta Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Mar 19 - 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	mo	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Builder Contr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Const Co

10. Date deceased last worked at this occupation (month and year) Three years

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME William Taylor

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Marion Taylor Son, (Address) 2833 Lauretta Ave

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Park Date 4/4/39

19. UNDERTAKER Charles P Towell (Address) 2727 Edmondson Ave

20. FILED 4-1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/2 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 21 - 39 to Apr. 1 1939

I last saw him alive on 9:30 PM 4/1 1939 Death is said to have occurred on the date stated above, at 11:00 Am.

The principal cause of death and related causes of importance were as follows:

Arterio-Sclerosis — Date of onset —

Other contributory causes of importance:

Uremia — Date of onset 3/27/39

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C P Rostring M. D.

(Address) 2623 Washington Blvd

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 56755

5

CERTIFICATE OF DEATH

59

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 837 Brinkwood Rd St., 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 7 mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Olevia E. Ingma

(a) Residence: No. 837 Brinkwood Rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. ~~Single, Married, Widowed,~~ or Divorced (write the word): widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank C. Ingma

6. DATE OF BIRTH (month, day, year) Aug 19-1861

7. AGE: Years 77 | Months ~~9~~ 7 | Days 12 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Oliver D. Ingma

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Cecelia Ingman

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Emma E. Ingma
(Address) 837 Brinkwood Rd

18. BURIAL, CREMATION, OR REMOVAL Baltimore Cem Date 4/4/1939

19. UNDERTAKER Chas. E. Franck
(Address) 502 Madison Ave

20. FILED APR 3 1939 Harry Lee Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1- 1939

22. I HEREBY CERTIFY, That I attended deceased from ..... 1919, to April 1- 1939

I last saw h~~e~~r alive on April 1 1939. Death is said to have occurred on the date stated above, at 9 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	20 Yrs
Other contributory causes of importance:	
Myocarditis & degeneration Kyelitis -	2 Days

Was an operation performed? ✓ Date of .....

For what disease or injury? ✓

Name of operation ✓

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ..... 19.....

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) Frederick V. Porter M. D.

(Address) The Rice Sta Bldg - Baltimore

HEALTH DEPARTMENT—CITY OF BALTIMORE

56756

CERTIFICATE OF DEATH

23 F 56756

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 9-S Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. 1 mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mr. George T. Warfield

If U. S. Veteran specify WAR

(a) Residence: No. 513 E. 33rd St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or WIFE of) Mrs Estelle Warfield.

7. DATE OF BIRTH (month, day, year) June 10, 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	4		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Jessops, Md.
(State or country)

13. NAME George T. Warfield.

14. BIRTHPLACE (city or town) Jessops
(State or country) md.

15. MAIDEN NAME Miranda Jacobs.

16. BIRTHPLACE (city or town) Jessops
(State or country) md.

17. INFORMANT Daughter
(Address) 513 E 33rd St.

18. BURIAL, CREMATION, OR REMOVAL Baldon Park Date April 5, 1939

19. UNDERTAKER Wellman Cook
(Address) 1820 St. Paul St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1939 to April 2, 1939

I last saw him alive on April 2, 1939 Death is said to have occurred on the date stated above, at 9:50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
PULMONARY Tuberculosis With Hemorrhage.	?
Other contributory causes of importance: Secondary Anaemia.	3-25-39
Pneumonia, Hypostatic.	3-31-39

Was an operation performed? None Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W. Lehman Singleton M. D.

(Address) Church Home & Infirmary

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56757

CERTIFICATE OF DEATH

94-B F 56757

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital 2-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John F. Reilly

(a) Residence: No. 1614 Linkford Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of ~~(or WIFE)~~ Eugenia V. Reilly

6. DATE OF BIRTH (month, day, year) Nov. 26, 1880

7. AGE	Years	Months	Days	If LESS than 1 day.... hrs. or min.
	58	4	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Veterinary Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, day, year) 1914

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md. Brets.

13. NAME Peter F. Reilly

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Mary Burke

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Eugenia V. Reilly

(Address) 1614 Linkford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date August 5 1939

19. UNDERTAKER William Cook

(Address) 1614 Linkford Ave.

APR 3 1939 Huntington Williams, M.D.

FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) between and from the evidence obtained by (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schumacher M. D.

Coroner

(Address) Coroner

S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

56758

CERTIFICATE OF DEATH

184 F 56758

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Peter Lewis

(a) Residence: No. 860 Vine St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Child

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) Nov 12, 1927

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
11	—	18 19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Peter Lewis

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Velma Deighman

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Thelma Lewis

(Address) 860 Vine St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 4/4/39 19

19. UNDERTAKER Charles H. Wolfe Jr

(Address) 214 N. Calhoun St Huntington Williams, Md

20. FILED APR 5 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio respiratory Collapse	45 min
Cerebral Hemorrhage	

Other contributory causes of importance:

Gun Shot wound of Brain	45 Min

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Yes Date of injury 3/31, 1939

Where did injury occur? Balto Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Rear of 860 Vine St

Manner of injury Bullet wound of head - Hit by playmates.

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Michael A. Hynes M. D. Coroner

(Address) 2360 Eutaw Place

56759 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 56759

1. PLACE OF DEATH Balto. City Hospitals 186-a

CITY OF BALTIMORE: (No. Bay View St., 19-4 Ward)

Registered No. 8,2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret M. Matthews

If U. S. Veteran specify WAR

(a) Residence: No. 51 S. Monroe St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred G. Matthews

7. DATE OF BIRTH (month, day, year) Nov. 27-1883

8. AGE 55 Years | Months 4 | Days 5 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denver Colorado

13. NAME Thomas Wiles

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Catherine Frank

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Margaret Radcliffe

(Address) 104 N. Lakewood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 4/4/39

19. UNDERTAKER H. St. Mears & Son

(Address) 805 N. Calvert St.

20. FILED 19 Huntington Williams Registrar

APR 3-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 19 39

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	May
Fracture Middle 3rd Left femur	1939

Other contributory causes of importance:

Was an operation performed? Yes Date of Dec. 6-1938

For what disease or injury? Fracture Middle 3rd Left femur

Name of operation Open reduction Date of Dec. 6 1938

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury? Dec. 4 19 38

Where did injury occur? 51 S. Monroe St.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down cellar steps

Nature of injury Fracture as above

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood Coroner M. D.

(Address) 1712 N. Broadway

JANOS

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

56760

53-E F 56760

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2725 E. Monument St., 7-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? 50 yrs. mos. ds.

2. FULL NAME Frank Janos

If U. S. Veteran specify WAR

(a) Residence: No. 2725 E. Monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Antonie Janos

7. DATE OF BIRTH (month, day, year) Jan 26, 1878

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	2	7 6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

13. NAME John Janos

14. BIRTHPLACE (city or town) (State or country) Bohemia

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Frank Janos

(Address) 2726 E. Monument St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date April 5 1937

19. UNDERTAKER Frank Ewald & Son

(Address) 1066 Ashland Ave

Filed APR 3 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 29 1937 to Apr. 2 1937.

I last saw him alive on Apr 2 1937. Death is said to have occurred on the date stated above, at 7:25 p.m.

The principal cause of death and related causes of importance are as follows:

	Date of onset
Tuberculosis Meningeal Inoperable disease	? ?
Other contributory causes of importance: Carcinoma - Cervical glands	1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis T. Klimes M. D.

(Address) 2623 E. Monument

Rec'd Apr 4

F 56761

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-6 Ward)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 10 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Garland Mason

(a) Residence: No. 614 Clark Ave St., Pocomoke Md. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, year) 2-3-00

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39	2	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Truck Driver

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Pocomoke City Md.

13. NAME of Father Thomas Mason

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME of Mother Daisy Russell

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

17. BURIAL, CREMATION, OR REMOVAL

Place Pocomoke City Date April 6 1939

18. UNDERTAKER Wm. J. Tilghman Sons.

(Address) Pocomoke City Md.

19. FILED 4-7-1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar. 8, 1939 to April 3, 1939

I last saw him alive on April 3, 1939 Death is said to have occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	1938 1 yr 3 months
Myocardial Failure	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Lowering Neal M.D.

(Address) Johns Hopkins Hospital

D. B. 1268-9

F 56762

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH 2508 G Baker

CITY OF BALTIMORE: (No. 805 Pitalon St. 21-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Travers.

(a) Residence: No. 805 Pitalon St. St., (Otterbein) Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C. Travers.

DATE OF BIRTH (month, day, year) Dec. 24, 1858

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	3	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Retired

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Easton Md.

13. NAME Samuel B. Travers

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Maude McMorich

(Address) 835 S Paca

18. BURIAL, CREMATION, OR REMOVAL

Place LOUDON PARK Date 4/4/39

19. UNDERTAKER Chas B Ruehlmann & Son

(Address) 631 S. Paca St.

20. FILED ... 19... ... Registrar.

APR 4 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-1- 1939

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1939 to April 1, 1939

I last saw him alive on April 1, 1939. Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(Heart (myocardial) Failure.	
Other contributory causes of importance: Arteriosclerosis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Louis J. Law, M. D.

(Address) 716 Madison Ave

53 F 56763

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 121

1. PLACE OF DEATH Md. Gen'l. Hosp. 16-7
CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wallace F. Lowe

If U. S. Veteran specify WAR .....

(a) Residence: No. 3039 Belmont Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C Lowe

DATE OF BIRTH (month, day, year) Jan 6 1872

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	67	2	24	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Highway Dept.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Gov't

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

7. BIRTHPLACE (city or town) (State or country) Va.

12. NAME John T. Lowe

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Mary Cooper

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Aubrey M Lowe
(Address) 3039 Belmont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Park Cem Date Apr 4 1939

19. UNDERTAKER H. Howard Strong
(Address) 715 Light St

20. FILED ... By Evelyn Lee Williams Registrar.

APR 4 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-29 1939 to 4-1 1939

I last saw him alive on 4-1 1939 Death is said to have occurred on the date stated above, at 1.46 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Appendix	3-28-39

Other contributory causes of importance:
Chr. Myocarditis
& Pulmonary Edema

Was an operation performed? Yes Date of 3-29-39

For what disease or injury? Acute Appendicitis

Name of operation Appendectomy

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) C. L. Ewald M. D.

(Address) Md. Gen'l. Hosp.

F 56764

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 7 mos. 2 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Ida Goss

(a) Residence: No. 50 Texas Ave (Usual place of abode) St. Parkville, Md Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) April 8 1920

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	18	11	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Robert Goss

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Ida Hayden

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 4/6/39 19 ..

19. UNDERTAKER Leonard J. Rapp

(Address) 5305 Harford Road

FILED APR 4 1939 19.. Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-31-38 19 38 to April 3 19 39

I last saw her alive on April 3 19 39 Death is said to have occurred on the date stated above, at 9 2/4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia rheumatic heart disease - valvular	? 1935
Other contributory causes of importance:	

Was an operation performed? ved Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ved If so, specify .....

(Signed) J. Lawrence Negly M. D.

(Address) Johns Hopkins Hospital

56765 Juskevicus F 56765

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4515 Wilmslow Road 27th Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Veronica Juskevicus

(a) Residence: No. 4515 Wilmslow Road St., 27th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph L Juskevicus

6. DATE OF BIRTH (month, day, year) 1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Adolph

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Albert Joseph Juskevicus
(Address) 4515 Wilmslow Road

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date April ..., 1934

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1934 to April 3, 1934

I last saw her alive on April 3, 1934. Death is said to have occurred on the date stated above, at 3-31 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis Do not Autopsy	
Positive Sputum Examination March 11 1934 Baltimore City Health Department	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Sputum Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. Woronzoff Frazier M. D.

(Address) 4822 Roland Ave

766

HEALTH DEPARTMENT—CITY OF BALTIMORE F 56766

CERTIFICATE OF DEATH

✓ 46-F

1. PLACE OF DEATH West Balto Gen'l Hosp. Registered No.

CITY OF BALTIMORE: (No. ..... St., 9-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Katherine Mueller

If U. S. Veteran specify WAR

(a) Residence: No. 724 E. North Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Mueller

7. DATE OF BIRTH (month, day, year) Sept. 25-1881

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	6	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME William Bohn

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Theresa Schwing

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Michael Mueller (Husband)

(Address) 724 E. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date April 5 19 39

19. UNDERTAKER Lilly & Leiby Inc.

(Address) 402 N. Wolfe St.

20. FILED ... 19 ... Registrar.

APR 4 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1 . 19 39

22. I HEREBY CERTIFY, That I attended deceased from March 7 . 19 39 to April 1 . 19 39

I last saw her alive on March 31 . 19 39. Death is said to have occurred on the date stated above, at 4 15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Tail of Pancreas	
Death metastases to Livers	
(cystic degeneration of primary growth)	
Other contributory causes of importance)	
Cachexia	

Was an operation performed? Yes. Date of March 23, 1939

For what disease or injury? For present illness

Name of operation Exploratory

What test confirmed diagnosis? ... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .../.../... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) ...

F 56767

56767 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secour Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Bartas

(a) Residence: No. 2108 Penrose Avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of late Lucy Bartas

7. DATE OF BIRTH (month, day, year) Unknown 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Lithuania

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Mr Stanley Raymond
(Address) # 2108 Penrose Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 4/5/1939

19. UNDERTAKER John J. Cowan & Son
(Address) Hollins & Eppleton Sts

20. FILED ..... Registrar

4-8 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2nd, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)
His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of R. Femur	
Fracture of R. Clavicle	
Shock	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury April 1, 1939 19.....

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Crossing Pulaski & Lexington St

Nature of injury struck by Auto.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. R. Nuelsen M. D.
Coroner

(Address) 2737 mm

HEALTH DEPARTMENT—CITY OF BALTIMORE

56768

CERTIFICATE OF DEATH

F 56768

810 N.

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Johns Church (Hospital or Institution) Carroll & Forest Sts (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Registered No.

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henrietta Mitchell

If U. S. Veteran specify WAR

(a) Residence: No. 1702 Division St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Howard Mitchell

6. DATE OF BIRTH (month, day, year): Sept 6-1881

7. AGE: Years 57 | Months 6 | Days 28 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Howard Mitchell

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Amanda Keith

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT (Address): Raymond S. Mitchell 1702 Division St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem Date Apr. 6, 1939

19. UNDERTAKER: Mrs. Geo. E. Holland

(Address) 1631 Druid Hill Ave

APR 4 1939 Huntington Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 2, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest, find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Apoplexy	April 2 1939

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George S. Allen, M. D.

(Address) 20 Marquette Pl Toronto

54

HEALTH DEPARTMENT—CITY OF BALTIMORE 56769

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 17-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Howard Williams

If U. S. Veteran specify WAR

(a) Residence: No. 710 Dolphin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	cd	widowed

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Belle

DATE OF BIRTH (month, day, year) 1889

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Howard Williams

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Williams

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Fannie Thomas Wells

(Address) 710 Dolphin St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 4/6 39

19. UNDERTAKER Thomas E. Nelson

(Address) 1303 Pennsylvania Ave

20. FILED APR 4 1939 Harrington Williams Registrar

GPB

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) April 3 1939

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1939 to April 3, 1939

I last saw him alive on April 3, 1939. Death is said to have occurred on the date stated above, at 1230 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis c hypertension.	?
Cardiac hypertrophy and dilatation	?
Other contributory causes of importance:	
Pulmonary Edema	3/26/39
Bronchopneumonia	3/29/39
Uraemia	

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ernest A. Davis, M. D.

(Address) University Hospital

M. D. B 1268-9

F 56770

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 147-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4111 Belle Ave St., 28-1 Ward)

Length of residence in city or town where death occurred 13 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jennie M. Baker

If U. S. Veteran specify WAR .....

(a) Residence: No. 4111 Belle Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles C. Baker

6. DATE OF BIRTH (month, day, year) Nov 11 - 1873

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
65	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 007

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince Wm Co Va

FATHER

13. NAME Joseph W. Owen

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary R. Canard

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Carolyn Baker Burns

(Address) 4111 Belle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem Date April 4 39

19. UNDERTAKER Chas. H. Grady & Bro Inc

(Address) 118 W. Mt Royal Ave

Huntington, Williams, Undertaker.

20. FILED APR 4 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2 - 39

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came
(Inquest, Autopsy or Inquiry)
to ..... death on the day stated above. 1 30 p m,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Ulcer	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. Kann, M. D.
Coroner

(Address) 1216 Hanover

71

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56771

CERTIFICATE OF DEATH

✓ 92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4007 Norfolk Ave St. 15-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry C. Lawrence

(a) Residence: No. 4007 Norfolk Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Marie E. Hayes Lawrence

6. DATE OF BIRTH (month, day, year): Mar 2 1883

7. AGE — Years: 56 — Months: 1 — Days: 0 — If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Traveling Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Wm. E. Hooper Co.

10. Date deceased last worked at this occupation (month and year): Mar 1939

11. Total time (years) spent in this occupation: 8yrs

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER FATHER

13. NAME: John Lawrence

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

15. MAIDEN NAME: Elizabeth Ulrich

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mrs Marie E. Lawrence 4007 Norfolk ave

18. [illegible] Date: April 1939

19. UNDERTAKER (Address): Edwin W. Franklin & Son 924 Eutaw st.

20. FILED: APR 2 1939

19 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 2 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence [illegible] (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above at 6.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart lesion	

Other contributory causes of importance: Pulmonary Edema

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Hays, M. D.
Coroner

(Address) 1215 Hanover

56772 F 56772

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 CC

1. PLACE OF DEATH Home Registered No. 872

CITY OF BALTIMORE: (No. 2212 Boston St. 1-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Adam Balakier If U. S. Veteran specify WAR

(a) Residence: No. 2212 Boston St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	✓

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 4-1939

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or 0 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Walter Balakier

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Josephine Rzolicka

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Josephine Balakier
(Address) 2212 Boston St. Balto Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date April 4 1939

19. UNDERTAKER Wm. S. Fialkowski
(Address) 2107 Eastern Ave

20. FILED Huntington Williams M.D. Registrar
A 4 1939
Fn

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	6 Months
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation. Clinical Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. W. Wood M. D.
Coroner

(Address) 1712 N. Broad St.

5773 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 56773

CERTIFICATE OF DEATH ✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 24 S. Mederia St., 1-5 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residenre in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Ganzemiller

If U. S. Veteran specify WAR .....

(a) Residence: No. 24 S. Mederia St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Ganzemiller

DATE OF BIRTH (month, day, year) Nov. 5 1866

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	72	4	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship Carp

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 30+

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Bernhard Ganzemiller

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Elizabeth Ganzemiller
(Address) 24 S Mederia

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel (Cem.) Date April 5 1939

19. UNDERTAKER John M Weber
(Address) 401 N Charles St

20. FILED ... 19... Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1939 to April 3, 1939

I last saw him alive on April 2, 1939. Death is said to have occurred on the date stated above, at 5 am m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia, Bronchopneumonia	4 days
acute nephritis	10 d
hypertension	40

Other contributory causes of importance:

Chronic interstitial Nephritis	40

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? Urinalysis & Blood Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Thos. Fa Stevens M. D.

(Address) 2878 Harford Rd

4-1939 A

HEALTH DEPARTMENT—CITY OF BALTIMORE

56774 F 56774

CERTIFICATE OF DEATH CGK--42988

Registered No. 21-1 V 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

life

2. FULL NAME William ~~Quasky~~ Quasky

If U. S. Veteran specify WAR .....

(a) Residence: No. 1140 Ridgley St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of B. Barbara Quasky

DATE OF BIRTH (month, day, year) 10-15-1880

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	58	6 5	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Henry Quasky

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Eva

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Cem. Date 4-6 1939

19. UNDERTAKER Bernard C. Harlo

(Address) 121 E West St

20. FILED APR 4 1939 Huntington Williams MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1939, to April 3, 1939

I last saw him alive on April 3, 1939. Death is said to have occurred on the date stated above, at 2230 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	3-16-39

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H. C. De Lautelle M. D.

(Address) Baltimore City Hospitals

6775 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 56775

CERTIFICATE OF DEATH

✓ 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 8 - S Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Frederick L. Meier

(a) Residence: No. 2010 N. Washington St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or WIFE of) Anna L. Meier

6. DATE OF BIRTH (month, day, year) Feb. 18, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	1	N	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Expressman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md. Balto.

13. NAME Leonard Meier

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Roth

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna L. Meier

(Address) 2010 N. Washington St.

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cem. April 6 1939

Place Date 19

19. UNDERTAKER Henry Waltemeyer & Sons Inc.

(Address) 1301 E. Eager St.

20. FILED 4-5-1939 Washington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber Coroner, M. D.

(Address) Coroner

S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56776

6776

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1525 Gorsuch Ave. St., 4-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred about 50Yrs. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Howard J. Hetrick

If U. S. Veteran specify WAR

(a) Residence: No. 1525 Gorsuch Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of the late Elizabeth Hetrick

DATE OF BIRTH (month, day, year) June-13-1861

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77Yrs,	9Mo.	19Days	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman on the road.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) York Pa.

13. NAME not known

14. BIRTHPLACE (city or town) (State or country) not known

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Mrs. Helen Armstrong

(Address) 4722 York Rd.

18. BURIAL, CREMATION, OR REMOVAL April-
Place St. Mary Cem Govenstown Date 5-1939 19

19. UNDERTAKER Henry Hoech & Sons Inc.

(Address) 1301 E. Eager St.

20. FILED 19 Registrar.

4-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April-2-1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 16 19 39 to April 2 19 39

last saw h. alive on April 2 1939 Death is said to have occurred on the date stated above, at 10.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular Renal Disease	Jan 1939
Other contributory causes of importance:	
Cardiac Hypertrophy, Dilitation, Anuresis	March 31 1939

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas W. Edmunds M. D.

(Address) 2746 Alameda

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 56777

56777

Registered No. 93 E

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2312 E Fairmount Ave. 6-3 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Ernest Jones

(a) Residence: No. 2312 E Fairmount ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Jones

DATE OF BIRTH (month, day, year) Jan 6-189

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	2	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundryman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Queen Anne Co Md

13. NAME John H Jones

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Sarah E Draper

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT L. Earl Jones

(Address) 0200 Carter Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Apr 5 1939

19. UNDERTAKER John Ulrich

(Address) 2002 Eutaw

20. FILED 1939

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1939 to Apr 2 1939

I last saw him alive on Apr 2 1939. Death is said to have occurred on the date stated above, at 1 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset

Duration about 3 months

Other contributory causes of importance:

Myocarditis

Duration about 2 yrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Was there an autopsy? No

What test confirmed diagnosis? Clinical

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) B. V. Kelly M. D.

(Address) 100 N. Linwood Ave

F 56778

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 F 56778

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 213 N Chester St. 6-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Heisner

If U. S. Veteran specify WAR

(a) Residence: No. 213 N Chester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of March 2-1868

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	1	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Char woman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office Building

10. Date deceased last worked at this occupation (month and year) Dec 1936

11. Total time (years) spent in this occupation about 20

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME John E Heisner

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Leonhardt Rudt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Amelia Ecus
(Address) 213 N Chester St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date April 5 19 39

19. UNDERTAKER John Ulrich & Sons
(Address) 2005 Eastern Ave

20. FILED APR 4 1939 19 Hunting Town Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3- 1939

22. I HEREBY CERTIFY, That I attended deceased from March 24 1939 to April 3 1939

I last saw h[illegible] alive on April 3 1939 Death is said to have occurred on the date stated above, at 12 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1934
Alimentary Carcinoma (?)	1938
Chronic Interstitial Nephritis	1938

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James F Kavanagh M. D.
(Address) 3378 McElderry St.

F 56779

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56779

CERTIFICATE OF DEATH

Registered No. 1872

1. PLACE OF DEATH Balto. City Hospitals 159 CC
CITY OF BALTIMORE: (No. Bon Air St., 2 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Baby Girl Smallwood
(a) Residence: No. 912 N. Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Single
6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, year)
7. AGE: Years | Months | Days | If LESS than 1 day: hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country): Baltimore Md.
13. NAME: Samuel Brown
14. BIRTHPLACE (city or town) (State or country): Balto. Md.
15. MAIDEN NAME: Addie Smallwood
16. BIRTHPLACE (city or town) (State or country): Balto. Md.
17. INFORMANT: Addie Smallwood Mother
(Address) 912 Calhoun St.
18. BURIAL, CREMATION, OR REMOVAL: JOHNS HOPKINS MEDICAL SCHOOL APR 4 - 1939
Place Date of Burial, 19
Commissioner of Health
19. UNDERTAKER: For H. S. Moore
(Address) Lexington Williams, Md.
APR 4 - 1939 Registrar
#1701

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28, 1939
22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis	Hours
Prematur Birth	Months

Other contributory causes of importance:

Was an operation performed? No Date of
For what disease or injury?
Name of operation Clinical Date of
What test confirmed diagnosis Was there an autopsy Yes
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood Coroner M. D.
(Address) 1712 N. Broadway

S 6

F 56780 HEALTH DEPARTMENT—CITY OF BALTIMORE F 56780

CERTIFICATE OF DEATH

Registered No. 1872

1. PLACE OF DEATH Balto City Hospitals 122-B
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bay View St., 12-6 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Fred Brown (Empty House)

(a) Residence: No. 601 E. Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 1876

8. AGE 63 Years | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mercy Hospital Slip (Address) & City Hospitals dead

18. BURIAL, CREMATION, OR REMOVAL JOHNS HOPKINS MEDICAL SCHOOL APR 4 - 1939 19
Place Date

19. UNDERTAKER COMMISSIONER OF HEALTH
(Address) Per H. L. Moore

APR 4 - 1939 19 Huntington Williams, M.D. Registrar

4780

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock Intestinal obstruction Sigmoid	4 days
Other contributory causes of importance: Extreme Emaciation	Years
Was an operation performed? No Date of	
For what disease or injury?	
Name of operation. Nonical Date of	
What test confirmed diagnosis? Was there an autopsy? No.	

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... March 23, 1939
Where did injury occur? On pavement Mercy Hospital
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place He was taken sick on pavement
Manner of injury Undetermined
Nature of Injury As above

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) Chas. W. Wood M. D. Coroner
(Address) 1712 N. Broadway Balto. Md.

F 56781

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56781

CERTIFICATE OF DEATH

186-a CC

Registered No. 1822

1. PLACE OF DEATH Balto. City Hospitals

CITY OF BALTIMORE: (No.) Bay View St., 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Is U. S. Veteran specify WAR

2. FULL NAME Joseph L. Arnold

(a) Residence: No. E. Camden St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE of~~ Minnie Arnold

7. DATE OF BIRTH (month, day, year) Nov. 17-858

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	4	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 2000 Infirmary Co. H.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sept. 24-1930

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince George's Co. Md.

13. NAME Joseph Arnold

14. BIRTHPLACE (city or town) (State or country) Prince George's Co. Md.

15. MAIDEN NAME Mary E. King

16. BIRTHPLACE (city or town) (State or country) Prince George's Co. Md.

17. INFORMANT Relative Balto. City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL JOHNS HOPKINS MEDICAL SCHOOL APR 4 - 1939, 19

19. UNDERTAKER Commissioner of Health

(Address) APR 4 - 1939

20. FILED By H. A. Meyers Registrar

4699

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) adduced by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull. Concussion of brain Laceration right wrist	March 1-1939
Other contributory causes of importance: Arterio-sclerosis general	Some years.

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury March 1, 1939.

Where did injury occur? Infirmary (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Balto. City Hospitals

Manner of injury Fell from stairs

Nature of injury as. above.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. E. Wood, M. D. Coroner

(Address) 1712 N. Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE 56782

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 S. Glover St., 1-3 Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME CHARLES A. NORWOOD

(a) Residence: No. 711 S. Glover St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Norwood

DATE OF BIRTH (month, day, year) July 13.1858

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	8	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Can Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 80 yrs

10. Date deceased last worked at this occupation (month and year) 1928 | 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME John E. Norwood

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Mary C. ?

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Wm. J. Gross (Daughter)
(Address) 711 S. Glover St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Matthew's Cem. Date Apr. 3, 1939

19. UNDERTAKER HENRY SAUER & SONS, INC.
(Address) Baltimore & Broadway.

20. FILED ..... 19.... [illegible] Registrar
Apr 4 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 3. 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1939 to Apr 3, 1939

I last saw h.. alive on Apr 1, 1939. Death is said to have occurred on the date stated above, at 8.05 a. m.

The principal cause of death and related causes of importance were as follows:

Cause A Arteriosclerosis. C Hypertension — Date of onset

Other contributory causes of importance: Cerebral Hemorrhage

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Wm J Schmitter M. D.

(Address) 350 S Bond St. City

CARTNAIL

HEALTH DEPARTMENT—CITY OF BALTIMORE

56783

CERTIFICATE OF DEATH

24 F 56783

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 7 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Earl Cartnail

If U. S. Veteran specify WAR

(a) Residence: No. 314 East Church St., Frederick, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Mar 14, 1934

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
4	4	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Frederick, Md.
(State or country)

13. NAME Earl Cartnail Jr.

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME Ida Harris

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Father

(Address)

18. BURIAL, CREMATION, OR REMOVAL
Fidelity Mill Work Co Md. Date Apr 5 1934

19. UNDERTAKER C. N. Zepp & Bro P. Lee Zepp

(Address) Brunswick Md

20. FILED 1934 Hartington Hill Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1934 to April 4, 1934

I last saw him alive on April 3, 1934 Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	3/23/34
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Myron G. Tull M. D.

(Address) Sydenham

56784

HEALTH DEPARTMENT—CITY OF BALTIMORE

56784

CERTIFICATE OF DEATH

94-B

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1813-N. Patterson Pk. Ave. Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Valentine Wyroba

If U. S. Veteran specify WAR .....

(a) Residence: No. 1813-N. Patterson Pk. Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary (Treczk

DATE OF BIRTH (month, day, year) 2/14/1884

AGE	Years	Months	Days	If LESS than 1 day XXXXX or ..... min.
	55	1	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Upholsterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME James Wyroba

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Mary Wyroba
(Address) 1813-N. Patterson Pk. Ave.

18. BURIAL, CREMATION, OR REMOVAL.
Place Holy Redeemer Date 4/4/39 19

19. UNDERTAKER George J. Ruth, Inc.
(Address) 1735-Hertford Ave.

20. FILED ..... 19..... Registrar.

APR 4 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1939.

22. I HEREBY CERTIFY, That I attended deceased from November 2, 1938 to April 2, 1939
I last saw him alive on April 1, 1939 Death is said to have occurred on the date stated above, at 9:30 m P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	11-2-38.
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) Albert G. Singewald, M. D.

(Address) 1613 E. Norfolk Ave.

56785

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

43312 (MB) 56785

Registered No. 10-324

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR World War

2. FULL NAME John Slaughter

(a) Residence: No. 1017 Hager Court St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Alberta (separated)

DATE OF BIRTH (month, day, year) July 8, 1884

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	8	22	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Md.
(State or country)

13. NAME Richard

14. BIRTHPLACE (city or town) N. Y.
(State or country)

15. MAIDEN NAME Hattie ?

16. BIRTHPLACE (city or town) N. Y.
(State or country)

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore National Date 4/5 1939

19. UNDERTAKER Rayner Sanders
(Address) 1413 E. Preston St.
Huntington Williams, M.D.

20. FILED ..... 19..... Registrar.

APR 4 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30. 1939

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1939, to March 30, 1939

I last saw him alive on March 30 1939. Death is said to have occurred on the date stated above, at 7:5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-23-39
Other contributory causes of importance:	DON'T

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) H. G. De Hentalle M. D.

(Address) Baltimore City Hospitals

786

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56786
#43054
SF

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 4-1 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James P. Cahill

If U. S. Veteran specify WAR

(a) Residence: No. 602 Baltimore St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	Widower

3. If married, widowed, or divorced
HUSBAND of (or) WIFE of Clara

DATE OF BIRTH (month, day, year) 12/11/1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
84	84	3	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

13. NAME Timothy

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Mary Lewis

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Mem Date April 5th 1939

19. UNDERTAKER Leo E. Cook
(Address) 1701 N. Patterson Park Ave

20. FILED APR 4 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/1/39 , 19

22. I HEREBY CERTIFY, That I attended deceased from March 19 1939 to April 1 1939

I last saw him alive on April 1 1939. Death is said to have occurred on the date stated above, at 5:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

55253 56787

CERTIFICATE OF DEATH

F 56787

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 7-5 Ward) 114-B

Length of residence in city or town where death occurred ..... yrs. 4 mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Madge Pritt

(a) Residence: No. Mill Creek St., ... Ward. West Va (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-7-18

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	20	7	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) W. Va

13. NAME Clarence Pritt

14. BIRTHPLACE (city or town) (State or country) W. Va

15. MAIDEN NAME Laura Fineham

16. BIRTHPLACE (city or town) (State or country) W. Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Filed Clerk W Co 4/4 1939

19. UNDERTAKER Jenkins & Fahey

(Address) Fulton Ave & Fayette

Huntington, West Virginia

20. FILED APR 4 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1938 to April 4, 1939

I last saw her alive on April 4, 1939. Death is said to have occurred on the date stated above, at 2.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung abscess	Sept, 1938
Mediastinal shift + chest	
following intrapleural	
pneumolysis	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 4-3-39

For what disease or injury? Lung Abscess

Name of operation Intrapleural pneumolysis

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Isabella Hemmeter M. D.

(Address) Johns Hopkins Hospital

F 56788

HEALTH DEPARTMENT—CITY OF BALTIMORE

56788

CERTIFICATE OF DEATH

X120

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., W. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Henry Bachman

If U. S. Veteran specify WAR

(a) Residence: No. Berry maine Lane (Usual place of abode) Perkinston Md Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ruth Wintera

DATE OF BIRTH (month, day, year) Jan 23 1908

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	2	11 10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 803

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Conrad Bachman

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Anna Snyder

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Ruth Bachman

(Address) Berry maine Lane Perkinston Miss

18. BURIAL, CREMATION, OR REMOVAL

Place Lawson Park Date 4/5 1939

19. UNDERTAKER John J. Tabor & Sons

(Address) 1312 Pennsylvania Ave.

20. FILED Hattie Williams Registrar.

1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1939.

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1939, to April 3, 1939

I last saw him alive on April 3, 1939. Death is said to have occurred on the date stated above, at 9:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia, Lobular	March 22, 1939
Perforation of bowel, peritonitis	Apr 2, 1939

Other contributory causes of importance:

Was an operation performed? Yes Date of April 2, 1939

For what disease or injury? Bronchopneumonia Peritonitis

Name of operation Laparotomy & Drainage

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. A. Dodd M. D.

(Address) Mercy Hospital

789 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 56789

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 262 Robert St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm H. Thompson — If U. S. Veteran specify WAR

(a) Residence: No. 262 Robert St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Col	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Thompson

DATE OF BIRTH (month, day, year) Sept. 4, 1852

AGE — Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
86	8	18	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Wm H. Thompson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Annie A. Johnson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Minnie Thompson

(Address) 262 Robert.

18. BURIAL, CREMATION, OR REMOVAL

Place W. Baltimore Cemetery Date April 5, 1939

19. UNDERTAKER Archibald J. Waddis

(Address) 2101 E. Baltimore St.

20. FILED 4-6-1939 Huntington Williams, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1939 to March 29, 1939

I last saw h... alive on March 29, 1939 Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Disease + Dilatation	Jan 39

Other contributory causes of importance:

Hypertension	

Was an operation performed? — Date of —

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Bascham Higgins M. D.

(Address) 2243 Maryland Ave

F 56790

56790 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 210-M

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St.Joseph's Hosp St., 9-b Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas Binyon

(a) Residence: No. 1911 E.30th.St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) April 3,1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	0	0/	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.Md.

MOTHER FATHER

13. NAME Thomas Binyon

14. BIRTHPLACE (city or town) (State or country) Balto.Md.

15. MAIDEN NAME Rebecca Harris

16. BIRTHPLACE (city or town) (State or country) Balto.Md.

17. INFORMANT (Address) Mrs. Sprague 1911 E.30th.St.

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cem Date Apr.6/39 19

19. UNDERTAKER (Address) Philip Herwig Sons 2016 Orleans St.

20. FILED 5-1939 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr.4/39, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Accident Date of injury April 3, 1939, 19

Where did injury occur? Balto. Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Crossing Harford Av at White Av.

Nature of injury Struck by Auto.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H.R. Oschner M. D.

Coroner

(Address) 2757 Lanvale

56791 Weinbush F 56791

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 174

CITY OF BALTIMORE: (No. Johns Hopkins Hospital 4-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Wunbush — If U. S. Veteran specify WAR

(a) Residence: No. 1728 Orleans St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Allie Wunbush

7. DATE OF BIRTH (month, day, year): 1891

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Fish Peddler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 004

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Halifax Va

13. NAME OF FATHER: Thomas Wunbush

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME OF MOTHER: Ella Palmer

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT (Address): Allie Wunbush 1728 Orleans St

18. BURIAL, CREMATION, OR REMOVAL — Place: Mt Carmel Date: 4/5/39

19. UNDERTAKER (Address): Wm B. Wilson 1000 Pennsylvania Ave

20. FILED ..., 19.., Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 1, 1939

22. I HEREBY CERTIFY, That I ~~saw~~ last attended the deceased from ... to ..., that I last saw ... alive on ..., and that death occurred on the date stated above.

Autopsy (Inquest, Autopsy or Inquiry) thereon and from the evidence ... Autopsy (Inquest, Autopsy or Inquiry) I find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stab wound of chest	April 1 39

Other contributory causes of importance:

Was an operation performed? — Date of ...

For what disease or injury? —

Name of operation — Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury: 4-1-39

Where did injury occur? 1129 Bond Bond St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: home

Manner of injury: was stab by ?

Nature of injury: sustab blade knife in chest

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) George L. Allen, M. D. Coroner

(Address) 555 Fairmount St

I. D. B. 1268-9

5792

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56792

CERTIFICATE OF DEATH

93-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1028 E. 20th St., 9-E Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Orchard

(a) Residence: No. 1028 E 20th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed or divorced (HUSBAND of) (or) WIFE of William E Orchard

7. DATE OF BIRTH (month, day, year) March 31 1866

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	—	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (20 37)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lima Ohio

FATHER

13. NAME Christopher Wiemer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Andrea

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr & Mrs E Orchard

(Address) 1028 E 20th St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date April 6. 1938

19. UNDERTAKER William M Mareck

(Address) 715 Light St

20. FILED 5 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3. 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1938 to April 3 1938

I last saw her alive on April 3 1938 Death is said to have occurred on the date stated above, at 2.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Myocarditis (Chronic)	

Other contributory causes of importance:

Hypostatic Pneumonia

Name of operation None Date of

What test confirmed diagnosis? Urine Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Foley M. D.

(Address) 520 3 Hanford Rd

6793 HEALTH DEPARTMENT—CITY OF BALTIMORE E 56793

CERTIFICATE OF DEATH

✓ 94-B

1. PLACE OF DEATH

Registered No.....

CITY OF BALTIMORE: (No. 4011 Belvoir Ave St., 15-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edna Clifton Wilson

If U. S. Veteran specify WAR

(a) Residence: No. 4011 Belvoir Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) July 18 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	8	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 1968

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School Teacher

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va.

13. NAME Allen N. Wilson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Edna Newman

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Isaac L. Wilson

(Address) 4011 Belvoir Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Moriah Date 4-6-39

19. UNDERTAKER J. Fred Lucas

(Address) Govans Md.

20. FILED ..... 19.....

5 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3. 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 11 1938 to Apr 3 1939

I last saw her alive on Apr 3 1939 Death is said to have occurred on the date stated above, at 11.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Dec 1938
Cerebral Hemorrhage	Apr 3. 1939

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Isaac L. Wilson M. D.

(Address) 4011 Belvoir Ave

4/C

4/3/36

56794

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56794

CERTIFICATE OF DEATH

93-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5210 Belleville ave 28-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carroll R Anderson

If U. S. Veteran specify WAR .....

(a) Residence: No. 5210 Belleville ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct - 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	5	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. gas station attendant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unemployed

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Charles R Anderson

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Cora R Smith

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mr Chas. R Anderson

(Address) 5210 Belleville ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date 4/5/39

19. UNDERTAKER Geo L Boyer Jr

(Address) 512 Fulton St

20. FILED APR 5 - 1939 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Acute Myocarditis.	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Hagen M. D.

Coroner

(Address) 12 W Franklin St

56795 Dudley

HEALTH DEPARTMENT—CITY OF BALTIMORE F 56795

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1023 S Howard St. 23-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Henrietta Dudley

(a) Residence: No. 1023 S Howard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Daniel Dudley

6. DATE OF BIRTH (month, day, year): July 9-1869

7. AGE: Years 69 | Months 8 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Old Age Pension 1000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Mrs Alice Ford (Address) 1023 S. Howard St

18. BURIAL, CREMATION, OR REMOVAL: Place McCulloh St Date 4/5/39 19

19. UNDERTAKER: Donald Brown & Son (Address) 188 W Montgomery St

RECD 1939 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 1, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry)

... and by said ... (Inquest, Autopsy or Inquiry) died that said deceased came ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Mar 1 1939

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

(Signed) George C. Alley M. D.

(Address) 5 E Lexington St

56796 HEALTH DEPARTMENT—CITY OF BALTIMORE 56796 96295 A

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto. City Hospitals Registered No. 18

CITY OF BALTIMORE: (No. Bay View St., 4-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alexander Tasker ☐ U. S. Veteran specify WAR

(a) Residence: No. 405 N. Ann St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of Julia Tasker

7. DATE OF BIRTH (month, day, year) 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fertilizer Works

10. Date deceased last worked at this occupation (month and year) March 7-1939

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER'S MAIDEN

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Julia Tasker (Address) 405 N. Ann St

18. BURIAL, CREMATION, OR REMOVAL Place Arbutus Memorial Date Apr 5- 1939

19. UNDERTAKER Mrs R. C. Elliott Daughter (Address) 1129 N. Caroline St

Huntington Williams M.D. Registrar

APR 5 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	March 29-1939

Other contributory causes of importance: Valvular Heart disease Year

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 171 N. Broadway

HEALTH DEPARTMENT CITY OF BALTIMORE

Greene

F 56797

CERTIFICATE OF DEATH

1. PLACE OF DEATH 519 N. Carey St

CITY OF BALTIMORE: (No. ..... St., 18-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah M. Greene

(a) Residence: No. 519 N. Carey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Greene

7. DATE OF BIRTH (month, day, year) Sept 1. 1874

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	7	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Joseph Lee

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Marie Edwards

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Jas Mackey
(Address) 519 N. Carey St

18. BURIAL, CREMATION, OR REMOVAL
Place St. Peter Date April 10, 39

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Schroeder St

20. FILED APR 5 1939, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1939, to Apr. 4, 1939

I last saw her alive on Apr. 3, 1939. Death is said to have occurred on the date stated above, at 5 9, m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) La Grippe	
(2) Acute Bronchitis	

Other contributory causes of importance:
Broncho pneumonia

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Charles S. Greenfield, M. D.

(Address) 1230 Linden ave.

798

HEALTH DEPARTMENT—CITY OF BALTIMORE 56798

CERTIFICATE OF DEATH

√ 82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1029 N. Mount St., 16-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Susan Jenifer

If U. S. Veteran specify WAR

(a) Residence: No. 1029 N. Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Jenifer

DATE OF BIRTH (month, day, year) May 4 1869

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	10	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) 2-27-39

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) St. Mary Co. Md

13. NAME Frank Handy

14. BIRTHPLACE (city or town) (State or country) St Mary Co. Md

15. MAIDEN NAME Mary Jenifer

16. BIRTHPLACE (city or town) (State or country) St Mary Co. Md

17. INFORMANT Ann Wallace

(Address) 1029 N Mount St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date April 6, 39

19. UNDERTAKER Mrs Kate R. Williams

(Address) 322 S Schroeder St.

Huntington Williams M.D.

20. FILED Registrar.

APR 5 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-3-, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-20-, 1939, to 4-3-, 1939

I last saw her alive on 4-2-, 1939 Death is said to have occurred on the date stated above, at 9:20 A.m.

The principal cause of death and related causes of importance were as follows:

Cerebal Hemorrhage — Date of onset 2-18-39

Other contributory causes of importance:

Aortic Sclerosis + hypertension — Unknown

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Lab. + Physical examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Frank Saunders M. D.

(Address) 1029 N. Stricker St.

6799

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 56799

CERTIFICATE OF DEATH

✓ 160-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St., 5-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hall

If U. S. Veteran specify WAR

(a) Residence: No. 1241 McElderry St. St., Ward. B2

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, year) March 23, 1939

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Francis Hall

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Viola Northern

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date APR 5 - 1939, 19

19. UNDERTAKER Commissioner of Health

(Address) Per H. E. Myers

20. FILED 19 Registrar.

APR 5 1939 17041

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from Ca 4-23, 1939, to 19

I last saw h alive on 4-23, 1939 Death is said to have occurred on the date stated above, at 4 30 a m.

The principal cause of death and related causes of importance were as follows:

? Intracranial haemorrhage — Date of onset 4-23-39

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Caroline Jackson, M. D.

(Address) Johns Hopkins Hospital

F 56800

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56800

CERTIFICATE OF DEATH

164-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 S. Collington Ave. St., 1-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Le Brun

(a) Residence: No. 517 S. Collington Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of single

DATE OF BIRTH (month, day, year) March 26, 1939

AGE Years	Months	Days	If LESS than 1 day, 16 hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME William Boyd

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Catherine LeBrun

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL Johns Hopkins Medical School APR 5 - 1939
Place ..... Date ..... 19...
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED APR 5 1939 ..... 19... Hunting to William Boyd

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1939, to March 26, 1939.
I last saw him alive on March 26, 1939. Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Erythroblastosis, Hydrops Fatalis	
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Caroline Jackson, M. D.

(Address) Johns Hopkins Hospital

56801 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 56801

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Franklin Square Hosp. St. 32-2 Ward)

Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Alphonses Kurtz — If U. S. Veteran specify WAR .....

(a) Residence: No. 634 Portland St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor Shop
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lithuania

13. NAME SIMON KURTZ

14. BIRTHPLACE (city or town) (State or country) Lithuania

15. MAIDEN NAME MARY CRAUKAS

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Mrs. Matthews
(Address) 634 Portland St

18. BURIAL, CREMATION, OR REMOVAL
Place Russian Cem. Date April 7, 1939

19. UNDERTAKER Joseph Kaminskas Inc
(Address) 1610 Wash. Blvd

20. FILED ..... 19..... Registrar.
4-5-1939 Hedwig E. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-5, 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-3, 1939, to 4-5, 1939.

I last saw him alive on 4-5, 1939. Death is said to have occurred on the date stated above, at 12:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Bronchopneumonia	
Other contributory causes of importance:	
Hypnosis	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) J. T. Battaglia M. D.
(Address) 7 Franklin Sq. Hosp.

302 F 56802

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital V173 Registered No.

CITY OF BALTIMORE: (No. ... St., 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 20 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Arthur Henson If U. S. Veteran specify WAR

(a) Residence: No. 1509 Gilmore St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Henson

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince George Co. Md.

MOTHER FATHER

13. NAME Charles Henson

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Wally

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary Henson

(Address) 1509 Gilmore

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Apr 5 1939

19. UNDERTAKER Adolphus Pickard

(Address) 715 Druid Hill Ave

Huntington Williams, Jr.

APR 5 - 1939

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry) to ... death on the day stated above. 6 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound of abdomen	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury April 1 1939

Where did injury occur? 1606 Gilmore (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place On street league

Manner of injury Shot with pistol

Nature of injury Abdomen.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Mann, M. D.

Coroner

(Address) 1215 Hairwood

56803 Homer F 56803

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1012 S. East Ave. St. 26-11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Dora Haner

(a) Residence: No. 1012 S. East Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John Haner

DATE OF BIRTH (month, day, year) Jan. 4, 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	4	29	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not known

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Elizabeth Haner

(Address) 1012 S. East Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date April 8, 19

19. UNDERTAKER Jos. H. Burke

(Address) 727 E. Eager St.

20. FILED Apr 5 1939 Thurlington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apl. 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1939 to Apl. 3, 1939

I last saw her alive on Apl. 3, 1939 Death is said to have occurred on the date stated above, at 7:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	6 yrs.
Arteriosclerosis	5 yrs.
Chronic Myocarditis	2 yrs.
Pulmonary Edema	3 days

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Henry B. Athey, M. D.

(Address) 204 E. Lexington St.

F 56804 HEALTH DEPARTMENT—CITY OF BALTIMORE

82-a F 56804

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St Joseph Hospital St., 12-5 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rosetta Brooks

(a) Residence: No. 1718 Brentwood Ave St.
(Usual place of abode)
Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 12 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	0	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

FATHER
13. NAME William Brooks
14. BIRTHPLACE (city or town) Md
(State or country)

MOTHER
15. MAIDEN NAME Mary Green
16. BIRTHPLACE (city or town) Baltimore
(State or country) Md

17. INFORMANT Jacob Brown
(Address) 1718 Brentwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem Date 4/6 1939

19. UNDERTAKER Joseph G. Locke Jr
(Address) 1704 Central Ave

20. FILED APR 5 1939 Huntington Williams M.D. Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Apoplexy	April 3 39

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George Allen M. D.
Coroner
(Address) 501 Edgewood St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56805

CERTIFICATE OF DEATH

93-C F 56805

Registered No.

1. PLACE OF DEATH Edgewood San

CITY OF BALTIMORE: (No. 6000 Bellona Ave. St. 15-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marion C. Johnson

If U. S. Veteran specify WAR

(a) Residence: No. 3404 Oakfield Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of James Frazier Johnson

DATE OF BIRTH (month, day, year) Sept. 20, 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	6	16 15	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (month and year) 40 37

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Baltimore Md.

12. NAME John E. Feast

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Jane Nealey

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Murray Tinges

(Address) 3404 Oakfield Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date April 6 19 39

19. UNDERTAKER John O. Mitchell & Sons, Inc.

(Address) 1300 Eutaw Place

APR 5 - 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/5/39. 19

22. I HEREBY CERTIFY, That I attended deceased from July 1937 to 4/5/39 19

I last saw her alive on 4/4/39 19 Death is said to have occurred on the date stated above, at 7:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Gradual
Hypertension	
Arterio-Sclerosis	
Other contributory causes of importance:	
Cerebral Hemorrhage	2 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) O. A. Woody M. D.

(Address) 1403 Park Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56806

CERTIFICATE OF DEATH

48 F 56806

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1742 Homestead St., 9-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. 1 mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Loretta A Denson

If U. S. Veteran specify WAR

(a) Residence: No. 1742 Homestead St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6. If married, widowed, or divorced (or) WIFE of Lee Denson

DATE OF BIRTH (month, day, year) Feb 14-1891

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	1	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Laurence F. Kries

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Laura A Hooper

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Lee Denson

(Address) 1742 Homestead St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Apr 6 1939

19. UNDERTAKER J. Richard Jones

(Address) Md

20. FILED 1939 Hunting for Witness Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3 1939

22. I HEREBY CERTIFY, That I attended deceased from October 4 1938 to April 3 1939

I last saw her alive on April 3 1939. Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum.	Sept. 1938.
Other contributory causes of importance:	
Carcinoma of the uterus.	1934.

Was an operation performed? Yes. Date of June 1934.

For what disease or injury? Carcinoma of uterus.

Name of operation Abdominal hysterectomy.

What test confirmed diagnosis? Laboratory tests. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1939

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas L Singewald M. D.

(Address) 1613 E. North Ave.

807 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 56807

CERTIFICATE OF DEATH

94-B

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3506 Fairview Ave St. 15-8 Ward)

Length of residence in city or town where death occurred 39 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? 39 yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Ida Honick

(a) Residence: No. 3506 Fairview Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louis

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Lazor

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Celia

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Dr. Honick
(Address) 3506 Fairview Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Mem. Pk. Date 4-6-39. 19

19. UNDERTAKER Jack Levine Inc
(Address) 1439 E Baltimore St

20. FILED ..... 19 .....
APR 5 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-4-39. 19

22. I HEREBY CERTIFY, That I attended deceased from Jan'l, 1932, to April 4, 1939

I last saw her alive on April 4, 1939. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis with Hypertension	1931
Other contributory causes of importance: Coronary Thrombosis	15 mins

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M K Brown M. D.

(Address) 711 W. Monument St

HEALTH DEPARTMENT—CITY OF BALTIMORE

56808

CERTIFICATE OF DEATH

46-D F 56808

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. 5 mos. 20 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Etta Warfield

(a) Residence: No. 3401 N. Calvert St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

6. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Mr Charles A Warfield

DATE OF BIRTH (month, day, year) October 15, 1877

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	5	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore
(State or country) md

13. NAME Charles H. Fish

14. BIRTHPLACE (city or town)
(State or country) Maryland

15. MAIDEN NAME Clara Fisher

16. BIRTHPLACE (city or town)
(State or country) Maryland

17. INFORMANT Patient
(Address) Church Home & Inf

18. BURIAL, CREMATION, OR REMOVAL Lorraine Cemty Date April 7 1939

19. UNDERTAKER Lucian Cook
(Address) 1217 St Paul St Baltimore, Md

20. FILED APR 5 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1939, to April 5, 1939

I last saw her alive on April 5, 1939, Death is said to have occurred on the date stated above, at 7.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	2 yrs
Other contributory causes of importance:	
Hypostatic pneumonia	3 days
Secondary anemia	

Was an operation performed? Yes Date of Mar 31, 1939

For what disease or injury? Cancer of Rectum

Name of operation Sigmoidostomy

What test confirmed diagnosis? Cl Lab Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) W. Johnson Bangham, M. D.

(Address) Church Home & Infirmary

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56809

CERTIFICATE OF DEATH

94-E

F 56809

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Hospital St., 9-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME T. Edgar Perry

(a) Residence: No. 3614 Elkader Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Frances E.

DATE OF BIRTH (month, day, year) Aug 27, 1898

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
41	7	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Standard Oil Co

10. Date deceased last worked at this occupation (month and year) March 27 1939

11. Total time (years) spent in this occupation 20 Yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John Edgar Perry

14. BIRTHPLACE (city or town) (State or country) Leonardstown Md

15. MAIDEN NAME Martha Emma Koller

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Frances Perry

(Address) 3615 Elkader Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date April 7 1939

19. UNDERTAKER William Cook

(Address) 1217 St. Paul St.

20. FILED APR 5 1939 19... Huntington Hillegas Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1939, to April 5, 1939

I last saw him alive on April 5, 1939. Death is said to have occurred on the date stated above, at 12 05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? EKG Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward F. Cotter, M. D.

(Address) University Hosp.

F 56810

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

75 F 56810

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 12-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME James H. Barnes

(a) Residence: No. 3126 Remington Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
M	W	Married

6a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Lila Barnes

6. DATE OF BIRTH (month, day, year) Jan 16th - 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	0	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (FOREMAN) Time Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Balto.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 25 YRS.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Millard F. Barnes

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Laura A. T. Kirkson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Laura V. Barnes

(Address) 3126 Remington Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date April 6 1939

19. UNDERTAKER Wm Cook

(Address) 1212 St. Paul St.

20. FILED APR 5 - 1939 Hillington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1939.

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by autopsy (Inquest, Autopsy or Inquiry) found that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Vasomotor Circulatory Collapse	4-1-39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel Boyle Coroner, M. D.

(Address) 1331 E. North Ave

V 5 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

56811

CERTIFICATE OF DEATH

82-c F 56811

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4230 Loch Raven Blvd Northwood Apts St., 27-9 Ward)

Length of residence in city or town where death occurred 5 yr., mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary E Dieter

If U. S. Veteran specify WAR .....

(a) Residence: No. Northwood Apts St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John A. Dieter

DATE OF BIRTH (month, day, year) July 31-1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	8	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hx Home and

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME OF FATHER Victor Bichy

14. BIRTHPLACE (city or town) (State or country) France

15. MAIDEN NAME OF MOTHER Katherine Frederick

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Paul B Leonard

(Address) 3707 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Date April 6 1939

19. UNDERTAKER William Cook

(Address) 1217 St Paul St Huntington Millwaukee, Md

20. FILED APR 5-1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 2 1939 to April 4 1939

I last saw h alive on April 3 1939 Death is said to have occurred on the date stated above, at 8 1 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis with cerebral softening	?
Other contributory causes of importance: Hypostatic pneumonia	March 31 1939

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical examination

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thomas Fritz M. D.

(Address) 2435 Maryland Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

56812 F.

CERTIFICATE OF DEATH

CGK--42683 F 56812

1. PLACE OF DEATH

Registered No. 17-1347

CITY OF BALTIMORE: (No. Baltimore City Hospital St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Wright

If U. S. Veteran specify WAR .....

(a) Residence: No. 622 Franklin St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) March 26, 1886

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	53	0	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hod-Carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0035

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Florida
(State or country)

13. NAME John Wright

14. BIRTHPLACE (city or town) Florida
(State or country)

15. MAIDEN NAME Martha Robinson

16. BIRTHPLACE (city or town) Florida
(State or country)

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SURG. Date APR 5 - 1939 19
Commissioner of Health

19. UNDERTAKER .....
(Address) For H. A. Moore

20. FILED APR 5 - 1939 19 Huntington Hill Registrar

4708

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 - 29 , 1939

22. I HEREBY CERTIFY, That I attended deceased from 3 - 7 , 1939 to 3 - 29 , 1939

I last saw him alive on 3 - 29 , 1939 Death is said to have occurred on the date stated above, at 1P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephrolithiasis	?
Uremia	4 days
Other contributory causes of importance:	
uncl	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) L. K. Woodward M. D.

(Address) Balto. City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE #43355

56813

F 56813

CERTIFICATE OF DEATH

34-J-95-B

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 4 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alverta Jones

If U. S. Veteran specify WAR

(a) Residence: No. 614 Sarah Ann St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	Widow

6. If married, widowed, or divorced BUSBAND of (or) WIFE of John

DATE OF BIRTH (month, day, year) 5/5/1883 ?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
5 ?	55	10	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HW

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME George Wilson

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Eliza Brown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL [illegible] APR 5- 1939 Place [illegible] Date [illegible] 19

19. UNDERTAKER Per H. A. Moore

(Address)

20. FILED APR 5 1939 Huntington Hill Registrar

4710

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/30/39 . 19

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1939 to March 30, 1939

I last saw her alive on March 30, 1939. Death is said to have occurred on the date stated above, at 5 25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease Unknown	
Other contributory causes of importance: Cirr	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Sanctis M. D.

(Address) Baltimore City Hospitals

56814

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-0F 56814

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Jail St. 10-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James Walker
If U. S. Veteran specify WAR

(a) Residence: No. Baltimore City Jail St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) —

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Balto City Police Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL APR 5 - 1939
Place JOHNS HOPKINS MEDICAL SCHOOL Date , 19
Commissioner of Health

19. UNDERTAKER
(Address) By M. A. Koerm
Huntington Williams, M.D.
Registrar

20. FILED APR 5 - 1939 , 19 4709

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-23-39

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so specify

(Signed) Samuel C. Wolfe, M. D.
Coroner

(Address) 1331 E. North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

56815

CERTIFICATE OF DEATH

F 56815

92-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3531 Oakmont ave St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Fabian Selig Zeligman

If U. S. Veteran specify WAR .....

(a) Residence: No. 3531 Oakmont ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan 12/1929

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	10	2	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Aaron Zeligman

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Harriett Herman

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Aaron Zeligman
(Address) 3531 Oakmont ave

18. BURIAL, CREMATION, OR REMOVAL
Hebrew Rozedale Date April 6 1939

19. UNDERTAKER Sol Levinson & Bro
(Address) 1124-26 W Lenthall ave

20. FILED APR 5 1939 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from May, 1937, to April 4, 1939

I last saw him alive on April 4, 1939. Death is said to have occurred on the date stated above, at 8.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Endocarditis & Myocarditis	Feb? 1937
Mitral & aortic insufficiency.	
Cardiac Decompensation	March 1939
Other contributory causes of importance:	
Bronchopneumonia (terminal)	Apr 1, 1939

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Lawson Hoffman, M. D.

(Address) 1014 St Paul St

56816 HEALTH DEPARTMENT—CITY OF BALTIMORE F 56816

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH 3922-6th St Brooklyn 25th

CITY OF BALTIMORE: (No. 3922 - 6th St., 25 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna Marek

(a) Residence: No. 3922 6th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert J. Marek 1925

6. DATE OF BIRTH (month, day, year) Feb. 2nd 1873.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66-64	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work 10 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Stach Bohemia

MOTHER FATHER

13. NAME Thomas Stach

14. BIRTHPLACE (city or town) (State or country) Stach Boehmia

15. MAIDEN NAME Unkown

16. BIRTHPLACE (city or town) (State or country) Stach Bohemia "

17. INFORMANT Mrs. Mary Walz. Daughter "
(Address) 3922-6th St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date April 7th 1939

19. UNDERTAKER Charles W. Dill.
(Address) 3109 Fredrick Ave.

20. FILED APR 5 - 1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4 . 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1 . 1936 to April 4 . 1939

I last saw her alive on March 29 . 1939. Death is said to have occurred on the date stated above, at 3:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis; Long standing	
Chronic interstitial nephritis; long standing	
Cerebral Hemorrhage	Nov 15th '38
	and April 4/39

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes, specify

(Signed) Leon D. Horlick M. D.

(Address) 4700 Pennsylvania Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Johnston Hospital Registered No. [illegible]

CITY OF BALTIMORE: (No.) St. 17 Ward 9 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Stables If U. S. Veteran specify WAR

(a) Residence: No. 11 Mitchell Md Rt #2 Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 2/16/39

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
	1	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mitchell Md

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Mildred Stables

16. BIRTHPLACE (city or town) (State or country) Mitchell Md

17. INFORMANT Mrs Dorothy Stables (Address) 11 Mitchell Md

18. BURIAL, CREMATION, OR REMOVAL Place White Hall Md Date 2-6- 1939

19. UNDERTAKER Wm Clark Sons (Address)

20. FILED 2-6-1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/4/39

22. I HEREBY CERTIFY, That I attended deceased from 2/4/39 to 2/5/39

I last saw h. alive on 2/5/39. Death is said to have occurred on the date stated above, at 7:30 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Born	

Other contributory causes of importance: Dehydration

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) T. Bordon Davis, M. D.

(Address) Union Memorial Hosp.

56818 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 56818

CERTIFICATE OF DEATH

4/46-F

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Maryland General Hosp. St. 11-3 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. 6 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Turnbaugh

(a) Residence: No. Pleasant Hill, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or WIFE of) William Turnbaugh

DATE OF BIRTH (month, day, year) April 15, 1883

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
55	11	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Owings Mills Md.
13. NAME Manuel Beck.
14. BIRTHPLACE (city or town) (State or country) Balto Co. Md.
15. MAIDEN NAME Brown
16. BIRTHPLACE (city or town) (State or country) Balto Co. Md.
17. INFORMANT Mrs Wm. Turnbaugh (Address) Pleasant Hill, Md.
18. BURIAL, CREMATION, OR REMOVAL Place Pleasant Hill Date April 8, 1939
19. UNDERTAKER Wm. Berry Manchester (Address) Reisterstown, Md.
20. FILED APR 8 1939 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1939
22. I HEREBY CERTIFY, That I attended deceased from March 29, 1939, to April 5, 1939
I last saw her alive on April 5, 1939. Death is said to have occurred on the date stated above, at 5:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas	2
& metastasis to Liver	
Other contributory causes of importance:	
Secondary Anaemia	2

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John M. Scott, M. D.
(Address) Maryland General Hosp.

56819 F 56819

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 326 N Paca St St. 4-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles E Austin

(a) Residence: No. 326 N. Paca St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Hannah Austin

6. DATE OF BIRTH (month, day, year) June 4. 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	10	1 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman 062

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Locke Insulator Co

10. Date deceased last worked at this occupation (month and year) 4/39

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME — Austin

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Sophia —

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Flora E Elliott

(Address) 3831 S. Hanover

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date April 8 39

19. UNDERTAKER Wilkinson Cook

(Address) 1217 St Paul St

FILED: 4-8 1939 Huntington Baltimore Md Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr myocarditis Arteriosclerosis	1 2 yrs
Other contributory causes of importance: Coronary thrombosis	1 hr

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical history Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Michael A Hanna, M. D. Coroner

(Address) 326 N Paca St

U S 6

56820 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 56820

CERTIFICATE OF DEATH

V 162

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1509 N. Caroline St., 8-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mary Lavinia Davis

If U. S. Veteran ... specify WAR ...

(a) Residence: No. 1509 N. Caroline St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced (Husband of) (or) WIFE of Dr Robert G. Davis

DATE OF BIRTH (month, day, year) Oct 9-1859

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	5	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Delaware

13. NAME OF FATHER George T. Price

14. BIRTHPLACE (city or town) (State or country) Pittston Penna

15. MAIDEN NAME OF MOTHER Susanna Blake

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Dr Robert G. Davis

(Address) 1509 N. Caroline St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood County Date ... 19...

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

20. FILED ... 19... Registrar.

3-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4th, 1939

22. I HEREBY CERTIFY, That I attended deceased from January, 1938, to April 4th, 1939

I last saw him alive on April 4th, 1939. Death is said to have occurred on the date stated above, at 10:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility age 9	
marked Exhaustion	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) R. O. Carman, M. D.

(Address) 1701 N Caroline St

56821 HEALTH DEPARTMENT—CITY OF BALTIMORE F 56821

CERTIFICATE OF DEATH 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 565 Orchard St., 17-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ida Matthews

(a) Residence: No. 565 Orchard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin

6. DATE OF BIRTH (month, day, year) 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Rebecca Smith

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Joseph Matthews (Address) 1326 N. Carlton St.

18. BURIAL, CREMATION, OR REMOVAL Mt. Auburn Cem. Date Apr 3 1939

19. UNDERTAKER Adolphus Hilleard (Address) 718 Druid Hill Ave

20. FILED Apr 3 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry) to death on the day stated above 7.46

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset .....

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. Hann M. D.
Coroner

(Address) 1215 Harlem Ave

F 56822

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH Md. General Hosp.

CITY OF BALTIMORE: (No. Linden Ave. & Madison Ward) 15-3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Minnie O. Beck

If U. S. Veteran specify WAR

(a) Residence: No. 1815 Thomas St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	M

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Beck

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

13. NAME Jacob Baily

14. BIRTHPLACE (city or town) (State or country) Penna.

15. MAIDEN NAME Maryland

16. BIRTHPLACE (city or town) (State or country) Mary. D. Huff Penn Russell

17. INFORMANT Hospital

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date Apr 7 1939

19. UNDERTAKER A. S. Manekhall

(Address) 2538 Pennsylvania Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-4-1939

22. I HEREBY CERTIFY, That I attended deceased from 4-2-1939 to 4-4-1939

I last saw her alive on 4-4 1939 Death is said to have occurred on the date stated above, at 6:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	

Other contributory causes of importance:

Diabetes Mellitus
Arteriosclerosis - Sec. Anemia

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) W. F. Stuntebeck M.D.

(Address) Linden Ave - Madison

APR 6 - 1939

5823 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 56823

CERTIFICATE OF DEATH

✓ 349-23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 3-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME ~~Ethel~~ Estell Jones (colored)

If U. S. Veteran specify WAR .....

(a) Residence: No. 31 S. Bond St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Nov. 25, 1905

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	33	4	8 ?	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic at home

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Henry Jones

14. BIRTHPLACE (city or town) (State or country) N. Car.

15. MAIDEN NAME Virginia Berkin

16. BIRTHPLACE (city or town) (State or country) N. Car.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 4-6- 1939

19. UNDERTAKER Robert Francis Kelly
(Address) 1780 Edgerton Ave

20. FILED 4-6-1939 Thomas J. Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 3, 1939 to April 2, 1939

I last saw her alive on April 2, 1939. Death is said to have occurred on the date stated above, at 9:20 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Dec. 1938
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

6 - 1939

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

824 F 56824 ✓ 340-23

1. PLACE OF DEATH

Registered No.....

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 16-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Arralia Parham (37989)

If U. S. Veteran specify WAR .....

(a) Residence: No. 1623 Harlem Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) June 4, 1890

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	10		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) N. Car.

13. NAME Alfred Leach

14. BIRTHPLACE (city or town) (State or country) N. Car.

15. MAIDEN NAME Fannie Turner

16. BIRTHPLACE (city or town) (State or country) N. Car.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Norfolk, Va. Date 4/6 39

19. UNDERTAKER Wm. E. Gideon

(Address) 1303 Freestamon St

20. FILED ..... 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from October 14, 1938 to April 4, 1939

I last saw her alive on April 4, 1939. Death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	July 1938
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) L. M. Curtis, M. D.

(Address) Balto. City Hospitals

25

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56825

CERTIFICATE OF DEATH

CGK 12628 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 14-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rosa Smith

If U. S. Veteran specify WAR .....

(a) Residence: No. 2239 Brunt St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert

7. DATE OF BIRTH (month, day, year) 1885

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Tessa Louse

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date 4/7 19 39

19. UNDERTAKER Thos. G. Kelson

(Address) 1302 Pennsylvania Ave

APR 6 1939 Huntington Williams M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938, to April 4, 1939

I last saw her alive on April 4, 1939. Death is said to have occurred on the date stated above, at 3:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4-4-39
Other contributory causes of importance: Arteriasclerosis	1935

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. De Sanctis M. D.

(Address) Baltimore City Hospitals

EKE

(Otis Jackson)

56826

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56826

CERTIFICATE OF DEATH

Registered No. 173

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hospital (St.) 16-1 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.
If U. S. Veteran specify WAR ...

2. FULL NAME Otis Jackson
(a) Residence: No. 1104 Riggs Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or race: Col
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John Jackson
6. DATE OF BIRTH (month, day, year): 1908
7. AGE: Years: 31; Months; Days; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: (037)
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Portsmouth Virginia

MOTHER
13. NAME: Mary E. Jackson
14. BIRTHPLACE (city or town) (State or country): Va

FATHER
15. MAIDEN NAME: Margaret Callaway
16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT (Address): Mrs. Hallaway 210 Pulaski St

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Auburn Date: 4/6, 1939

19. UNDERTAKER: Monroe E. Nelson
(Address) 1313 Pennsylvania Ave.

20. FILED: APR 6 1939
Huntington Williams, Registrar
VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 2, 39

22. I HEREBY CERTIFY, That I took charge of the remains described above, held a ... (Inquest, Autopsy or Inquiry) and that said deceased came to ... death by said ... (Inquest, Autopsy or Inquiry) on the day stated above.

The principal cause of death and related causes of importance were as follows:
Bullet wound chest & abdomen
Date of onset: April 1 1939

Other contributory causes of importance:

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? Yes
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury April 1 1939
Where did injury occur? 1200 Raggs Ave (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury was shot by another
Nature of injury Gun shot & revolver
24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) E. Callaway M. D.
(Address) 210 Pulaski St Citizens

56827

F 56827

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-W CC

1. PLACE OF DEATH Balto. City Hospitals — Registered No. 1877

CITY OF BALTIMORE: (No.) Bay View St., 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jefferson D. Grimaldi

(a) Residence No. 2855 W. North Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of ~~last WIFE~~ of Mary Parks Grimaldi

6. DATE OF BIRTH (month, day, year) Oct 8-1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Thomas J. Grimaldi

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Elizabeth Clayton

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Jefferson D. Grimaldi

(Address) 3200 Dorchester Rd. Balto

18. BURIAL, CREMATION, OR REMOVAL

Place W. L. Dulel Cemetery Date Apr. 7- 39 19

19. UNDERTAKER C. Richard Fleming

(Address) 1426 Light St.

20. FILED 19 Registrar

APR 6 1939 Standley & Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	Very
Valvular heart disease	Year
Other contributory causes of importance: Arterio-sclerosis General	Some time

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood Coroner M. D.

(Address) 1712-N. Broadway

56828

F 56828

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 921 Whatcoat St. 16-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Susan Coates

(a) Residence: No. 921 Whatcoat St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mark Coates

6. DATE OF BIRTH (month, day, year): 1854

7. AGE: Years 85; Months —; Days —; If LESS than 1 day, hrs. or min. —

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Old Age Pension

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Prince George Md

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Andrew Hill

(Address) 1614 Mulberry Street

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Cem. Date 4-7th 1939

19. UNDERTAKER: Jas. M. Steiner

(Address) 927 W. Mount St

20. FILED: Huntington Williams, M.D. Registrar

APR 7 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4-4 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Interstitial hemorrhage — Date of onset: 3/4/38

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Hestry — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D. (Coroner)

(Address) 5807 Harford Rd.

56829

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56829

CERTIFICATE OF DEATH.

V 133

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 119 West Franklin ST., 4-1 WARD)

2-FULL NAME Maria Lovell Eaton

(a) RESIDENCE NO. 119 West Franklin ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 89 yrs 2 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 27, 1850

7 AGE 89 Years 2 Months 8 Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

PARENTS

10 NAME OF FATHER George Nathaniel Eaton

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York, N.Y.

12 MAIDEN NAME OF MOTHER Susan Brimmer Norfleet

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant ~~Margaret~~ Frances E. Weld

(Address) 119 West Franklin St. (private)

15 6-7 1939 . 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 4, 1939

17 I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1939, to April 4, 1939, that I last saw her alive on April 4, 1939, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Old age

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cystitis Pyelonephritis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urine examinations with cultures

(Signed) Mary A. Hodge, M. D.

, 19 (Address) 319 Eutaw Place Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem

DATE OF BURIAL April 7 19 39

20 UNDERTAKER Henry H. Jenkins & Son Co

ADDRESS Eutaw & Mulberry

F 56830

6830 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 108

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sinai Hospital St. 13-4 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME Leon Lobe (Loeb) If U. S. Veteran specify WAR

(a) Residence: No. 2329 Bryant Ave St. Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Not Known

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telephone Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montgomery Alabama

FATHER

13. NAME Simon

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Bessie

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hosp. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Plan Jewish Friendship Date 4-6-39. 19

19. UNDERTAKER Jacob Levine Inc (Address) 1439 E. Balto St

20. FILED 6-1939 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-4-39. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the date stated above

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance: —

Was an operation performed? No Date of

For what disease or injury?

Name of operation. — Date of

What test confirmed diagnosis Clinical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Maurer Coroner, M. D.

(Address) Coroner

56831

HEALTH DEPARTMENT—CITY OF BALTIMORE

56831

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 918 N. Fulton Ave St., 16-4 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura M. Staudt.

If U. S. Veteran specify WAR None.

(a) Residence: No. 918 N. Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Married.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rev. E. F. M. Staudt.

6. DATE OF BIRTH (month, day, year) Nov. 19 - 1871.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Long Island; N. Y.

FATHER

13. NAME Geo. W. F. Forbell.

14. BIRTHPLACE (city or town) (State or country) New York.

MOTHER

15. MAIDEN NAME Francis Abrams.

16. BIRTHPLACE (city or town) (State or country) New York.

17. INFORMANT Rev. E. F. M. Staudt.
(Address) 918 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Stone Chapel Cemetery Date April 7- 1939.

19. UNDERTAKER Charles J. Schwab.
(Address) 505 N. Monroe St.

20. FILED APR 8 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4. 1939

22. I HEREBY CERTIFY, That I attended deceased from October 13. 1938. to April 4. 1939.

I last saw h.. alive on April 4. 1939. Death is said to have occurred on the date stated above, at 1.10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Hypertension	over
Cardiac	

Other contributory causes of importance:

Arteriosclerosis.	

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No. Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) W. E. Wroth M. D.

(Address) 2314 W. North Ave

32

HEALTH DEPARTMENT—CITY OF BALTIMORE 56832

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 3531 Roland Ave. St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 1 mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Webster Bull

If U. S. Veteran specify WAR

(a) Residence: No. 3531 Roland Ave., St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Cora M. Bull

6. DATE OF BIRTH (month, day, year): Jan 17 1869

7. AGE: Years 70 | Months 7 | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Mt Vernon-Woodbury Mills

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Nicholas Bull

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Amelia

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Earl E. Bull
(Address) 3531 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: N. Mary's Cemetery Date: April 8 1939

19. UNDERTAKER: Horace F. Burgee
(Address) 3631 Falls Road

20. FILED 19
Registrar.

APR 6 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1939 to April 5, 1939

I last saw him alive on April 3, 1939. Death is said to have occurred on the date stated above, at 3:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation	4/5/39
Other contributory causes of importance: Arteriosclerotic cardio-renal disease.	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Wm R. McDaniel M. D.

(Address) 840 W. 36th St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56833

CERTIFICATE OF DEATH

✓131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5106 Maple Park Ave St. 25-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas R. Munroe

(a) Residence: No. 5106 Maple Park Ave St., ; Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Florence M. Munroe

6. DATE OF BIRTH (month, day, year): Sept. 13-1862

7. AGE — Years: 76 | Months: 6 | Days: 20 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired 8 years

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Co. Maryland

FATHER

13. NAME: James A. Munroe

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Rebecca N. Parks

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Frank F. Munroe

(Address) 3822 Barrington Road

18. BURIAL, CREMATION OR REMOVAL

Place: N. Mary's Cemetery Date: April 6- 1939

19. UNDERTAKER: Percy F. Burgee

(Address) 3121 Falls Road

20. FILED APR 6 - 1939 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1937 to Apr 3 - 1939

I last saw h alive on Apr 2 1939. Death is said to have occurred on the date stated above, at 8 20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic parenchymatous Nephritis	about Jan 1937
Myocarditis	Dec 1938
Malignant neoplasm	June 1938
Cystitis and pyelitis - about 6 mo duration	
Other contributory causes of importance: Arteriosclerosis	?

Was an operation performed? — Date of

For what disease or injury?

Name of operation: Cystoscopy & Catheterism

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was illness or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter L. Wilkins M. D.

(Address) 2220 Garrison Blvd

56834 Robert C Ferrell E 56834

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Division St. 16-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Usual residence (Place of residence in city or town where death occurred) yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Ferrell

WWI Veteran specify WAR

(a) Residence: No. 1206 Mosher St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Divorced

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Helen Ferrell

6. DATE OF BIRTH (month, day, year) 6/1 1901

7. AGE 37 Years | Months 4 10 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co Md

FATHER

13. NAME Charles Ferrell

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Charlotte Williams

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Edna Fitzhelly

(Address) 1206 Mosher St

18. BURIAL, CREMATION, OR REMOVAL Place Dulaney Valley Md Date 4/6 39

19. UNDERTAKER William A Jackson

(Address) 416 Pennsa Ave

20. FILED ..... 19.. Registrar.

APR 6-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-3- , 1939

22. I HEREBY CERTIFY, That I attended deceased from 10-13-38, 19.., to 4-3-39, 19..

I last saw h.. alive on 4-3-39, 19.. Death is said to have occurred on the date stated above, at 12.40 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis Chr. Interstitial Nephritis	Oct 1937 June 1938

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. F. Maloney M. D.

(Address) Provident Hospital

56835 F 56835

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 918 W. Franklin St., 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Estella Johnson

If U. S. Veteran specify WAR .....

(a) Residence: No. 918 W. Franklin St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, year) 2/19/1879

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	1	17 16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework, Do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME James H Johnson

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Elizabeth Holliday

16. BIRTHPLACE (city or town) (State or country) Harford County Md

17. INFORMANT Blanch Butler

(Address) 918 W. Franklin St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 4/8, 39

19. UNDERTAKER William A Jackson

(Address) 916 Penna ave

20. FILED Huntington Williams, M.D. (Signature)

R 6 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from June, 1911, to Apr 6, 1939.

I last saw h... alive on Apr 4, 1939. Death is said to have occurred on the date stated above, at 12 01 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Disease of Heart	6 mos
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. J. Mooney M. D.

(Address) 959 W. Fayette St

F 56836

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH 820 Harlem Ave

CITY OF BALTIMORE: (No. ..... St. 17-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Sarah S. Drakes

If U. S. Veteran specify WAR .....

(a) Residence: No. 820 Harlem Ave St. ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): May 7, 1908

8. AGE: Years 30 | Months 10 | Days 27 | If LESS than 1 day ..... hrs. or ..... min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Laundry

11. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Greenville S. C. South Carolina

13. NAME: Mrs Sarah Drakes

14. BIRTHPLACE (city or town) (State or country): Greenville S. C.

15. MAIDEN NAME: Sallie Rogers

16. BIRTHPLACE (city or town) (State or country): Greenville S. C.

17. INFORMANT: Archie Drakes

(Address) 315 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date April 7, 1939

19. UNDERTAKER Mr Katie R. Williams

(Address) 322 S Schroeder St

20. FILED ..... 19 ..... Registrar.

APR 6 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/4, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/20, 1939 to 4/4, 1939

I last saw h[illegible] alive on 4/4 1939 Death is said to have occurred on the date stated above, at 5:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	3/20/39
Other contributory causes of importance	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

56837

HEALTH DEPARTMENT—CITY OF BALTIMORE

56837

CERTIFICATE OF DEATH

43359 (MB)

17-5 ✓ 82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Matilda Legg

(a) Residence: No. 1726 E. Madison St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Unknown~~ John T. Legg.

7. DATE OF BIRTH (month, day, year) Jan 15 1874 ~~Unknown~~

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
65 ?		2	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~Housework~~

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) ~~Unknown~~ Pa

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) ~~Unknown~~ Pa

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Apr 7 1939

19. UNDERTAKER John Ellwos
(Address) 211 E Ellwos

20. FILED ..... 19..... Registrar.

APR 6 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1939, to April 4, 1939

I last saw her alive on April 4 1939. Death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	3-28-39
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. D. De Santelle, M. D.

(Address) Baltimore City Hospitals

56838 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 56838

41505 JS

CERTIFICATE OF DEATH

✓ 59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 1 - 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Moser

If U. S. Veteran specify WAR

(a) Residence: No. 11 S. Robinson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Moser

6. DATE OF BIRTH (month, day, year) 4-23-1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73 74	11	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME John H. Hoffman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Bureau records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date April 1939

19. UNDERTAKER John Gellert

(Address) 2000 Eutaw

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4 - 5 - 1939

22. I HEREBY CERTIFY, That I attended deceased from 1 - 31 - 1939 to 4 - 5 - 1939

I last saw her alive on 4 - 5 - 1939 Death is said to have occurred on the date stated above, at 6:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic gangrene foot	5 mos
Diabetes Mellitus	?
Hypertension	?
Other contributory causes of importance:	

Was an operation performed? yes Date of 2-18-39

For what disease or injury? gangrene

Name of operation Mid thigh amputation

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. H. Bruns M. D.

(Address) Balto. City Hosp.

- 1939

6839 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 56839

CERTIFICATE OF DEATH

79-a

1. PLACE OF DEATH South Balto. Gen. Hosp. 24-3 Registered No.

CITY OF BALTIMORE: (No. St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. 1 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Florence Simmons If U. S. Veteran specify WAR

(a) Residence: No. 134 E. Birckhead St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced (or) WIFE of James Simmons

6. DATE OF BIRTH (month, day, year) Feb. 20, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles A. Schumann

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Elizabeth Richardt

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT (Address) Joseph Simmons 1426 Covington St.

18. BURIAL, CREMATION, OR REMOVAL Place Balto. Cem. Date 4/6/39. 19

19. UNDERTAKER (Address) J. F. McGinley 130 E. Fort Ave.

20. FILED 4/6 1939 Harrington Williams M.D. Registrar.

Baptist

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-3. 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-29 1939 to 4-3, 1939

I last saw h[illegible] alive on 4-2, 1939. Death is said to have occurred on the date stated above, at 10[illegible] p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic-Lymphocytic Meningitis	?
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis J. Krol M. D.

(Address) South Balto. Gen. Hosp.

56840 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 56840

CERTIFICATE OF DEATH

UGK--40235 107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Conrad W. Becker

If U. S. Veteran specify WAR No

(a) Residence: No. 3018 Barclay St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Katherine

6. DATE OF BIRTH (month, day, year): 12-10-1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unknown 80

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto.

MOTHER FATHER

13. NAME: Valantine Becker

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Clara ?

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 4/8/39, 19

19. UNDERTAKER: George J. Kirk Sons

(Address) 23 Hanover Ave.

20. FILED ..... 19 Huntington Williams, Jr. Registrar.

APR 6 1939

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year): April 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 24 1938, to April 5, 1939

I last saw her alive on April 5, 1939. Death is said to have occurred on the date stated above, at 9:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4-1-39
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. W. De Sanctis M. D.

(Address) Baltimore City Hospitals

41 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 56841

CERTIFICATE OF DEATH

V 59

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 321 S. Fulton Ave. St., 19-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Catherine I. McKenna

(a) Residence: No. 321 S. Fulton Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 31. 1875.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	5	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland.

13. NAME John McKenna

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mr George A. Miller

(Address) # 321 S. Fulton Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 4 7 / 1939

19. UNDERTAKER JOHN J. COWAN & SON

(Address) Hollins & Eppleton Sts.

20. FILED ..... 19..... Registrar.

APR 6-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5th. 1939

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1939, to April 5, 1939

I last saw her alive on April 4, 1939 Death is said to have occurred on the date stated above, at 3.15 m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Cerebral Cardiac dilatation	

Other contributory causes of importance:
Chronic Myocarditis & Hypertension
Diabetes Mellitus

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. P. Cole M. D.

(Address) 4 N. Fulton

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56842 — CERTIFICATE OF DEATH — 82-a — F 56842

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2912 Walbrook Avenue St. 15-L Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where deat ccurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles J. McGeoy

If U. S. Veteran specify WAR

(a) Residence: No. 2912 Walbrook Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of Martha R. McGeoy

7. DATE OF BIRTH (month, day, year) June 6th 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	9	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Milwaukee, Wis.
(State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Ireland
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Mrs. Martha R. McGeoy
(Address) 2912 Walbrook Avenue.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem. Date April 7th 1939

19. UNDERTAKER Wm. J. Tickner & Sons.
(Address) North & Penna Aves.

20. FILED 19 Registrar.

APR 6 - 1939 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 5 . 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr 2 , 1939 to April 5 , 1939

I last saw h.im alive on April 5 , 1939 Death is said to have occurred on the date stated above, at 11 30 m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	
Cerebral Hemorr hage	4 days
Acute pulmonary Oedema	1 day

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edwin K. Ballard M. D.

(Address) 1622 W. Royal Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56843 CERTIFICATE OF DEATH 42891 (MB) F 56843

Registered No. 15-135

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ruth Emma Kent

(a) Residence: No. 1629 N. Gilmor St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 12/17/15

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waitress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER FATHER

13. NAME Roland Andrew Kent

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Ruth Emma Johnson

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 4/8/ 1939

19. UNDERTAKER Thomas E. Kelly
(Address) 1363 Pennsylvania Ave

20. DATE APR 8 - 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-5-1939

22. I HEREBY CERTIFY, That I attended deceased from 3-13-1939 to 4-5-1939

I last saw her alive on 4-4-1939. Death is said to have occurred on the date stated above, at 12:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphogranuloma Inguinale with Rectal Stricture	?
Peritonitis	1 week

Other contributory causes of importance:

Was an operation performed? Yes Date of 3-27-39

For what disease or injury? Rectal Stricture

Name of operation Rectal Dilatation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Unknown If so, specify

(Signed) L. K. Woodward M. D.

(Address) Balto City Hosp.

F 56844

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. ✓108

CITY OF BALTIMORE: (No. ..... St. 2-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Wloczewski — If U. S. Veteran specify WAR .....

(a) Residence: No. 18 S. Ann St., ... Ward. Baltimore Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

3. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 3-8-39

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
—		27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Frank Wloczewski

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Georgenna Miller

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date April 6 1939

19. UNDERTAKER Martin H. E. Lippel
(Address) 37 S Ann St

20. FILED APR 6 - 1939 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1939.

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1939, to April 5, 1939.
I last saw him alive on April 5, 1939. Death is said to have occurred on the date stated above, at 6:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute primary pneumonia	4/1/39
	over

Other contributory causes of importance:
Malnutrition

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Henry P. Goldberg M. D.

(Address) Johns Hopkins Hospital

F 56845

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 106-3 F 56845

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3603 Clifton Avenue St., 15-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. -- mos. -- da. How long in U. S. If of foreign birth? -- yrs. -- mos. -- da.

If U. S. Veteran specify WAR

2. FULL NAME Katharine M. Grannan

(a) Residence: No. 3603 Clifton Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Eugene E. Grannan

7. DATE OF BIRTH (month, day, year) ---------

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	---	---	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Alphonsus Beil

14. BIRTHPLACE (city or town) (State or country) ------ Germany

15. MAIDEN NAME Margaret Locke

16. BIRTHPLACE (city or town) (State or country) ------- Germany

17. INFORMANT Mrs. Helen Grannan Murphy
(Address) 3603 Clifton Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 4/7 1939

19. UNDERTAKER Henry H. Preas & Son
(Address) 505 N. Calvert St

20. FILED APR 5 - 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 4 1939

22. I HEREBY CERTIFY, That I attended deceased from Feby 23 1938 to Apr. 4 1939

I last saw her alive on Apr 14 1939 Death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Edema — Date of onset 4/4/39
Chronic Bronchitis — 7
acute myocardial — 1
(Other contributory causes of importance) Senility

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury No

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. Hartley Cole M. D.

(Address) 7207 Harrison Blvd

F 56846

HEALTH DEPARTMENT—CITY OF BALTIMORE 56846

CERTIFICATE OF DEATH

V 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Gen. Hospital Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Alderton

(a) Residence: No. 605 Jeffries St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	—

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 1, 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		4 days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. B. Gen. Hospital

FATHER

13. NAME Baby Boy Alderton

14. BIRTHPLACE (city or town) (State or country) Davis, West Va.

MOTHER

15. MAIDEN NAME Alice Vaughn Lagrie

16. BIRTHPLACE (city or town) (State or country) Lynchburg Va

17. INFORMANT .....

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date APR 5 - 1935

[illegible] of Health

19. UNDERTAKER

(Address) Per E. A. Moore

20. FILED APR 6 - 1935 [illegible] Huntington Williams, Registrar.

4711

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1935, to April 5, 1935. I last saw him alive on April 5, 1935. Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Samuel L. Fox, M. D.

(Address) S. Baltimore Gen. Hosp.

56847 F 56847

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1907 E. 30th St. 9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Emma R. Unverzagt

(a) Residence: No. 1907 E. 30th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William F. Unverzagt

7. DATE OF BIRTH (month, day, year) Aug. 28, 1858

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

MOTHER FATHER

13. NAME William H. Read

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

15. MAIDEN NAME Julia A. Mason,

16. BIRTHPLACE (city or town) (State or country) Phila., Pa.

17. INFORMANT (Address) Mrs. John P. Lutz, 1905 E. 30th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date April 7 1939

19. UNDERTAKER F. Lauenhuman (Address) 7401 Belair Road

20. FILED APR 6 - 1939 Huntingtown Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5th. 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1939, to April 5, 1939.

I last saw he alive on April 5, 1939. Death is said to have occurred on the date stated above, at 8:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	2 mo.
Other contributory causes of importance: none	

Was an operation performed? no Date of

For what disease or injury?

Name of operation 0

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. J. Heermans M. D.

(Address) 1710 E. 33rd St

5848

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56848

CERTIFICATE OF DEATH

46-E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2602 Hamilton Ave. St. 27-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Nicholas Hetz

(a) Residence: No. 2602 Hamilton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie M. Hetz

7. DATE OF BIRTH (month, day, year) Sept. 13, 1868

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	6	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank

10. Date deceased last worked at this occupation (month and year) March 1939

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

13. NAME Nicholas Hetz

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

FATHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Germany

17. INFORMANT (Address) Mrs. Annie M. Hetz, 2602 Hamilton Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Mausoleum-4/8/ 1939

19. UNDERTAKER (Address) F. Lauraline Low 7401 Belair Road

20. FILED 1939 Registrar. Huntington Williams, M.D. 4/5/39

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1938 to April 5 1939

I last saw h alive on April 5, 1939 Death is said to have occurred on the date stated above, at 4:45A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of	
liver	

Other contributory causes of importance: arterio sclerosis

Was an operation performed? — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Chas Smith M. D.

(Address) 4706 Gwynn Road

56849

HEALTH DEPARTMENT—CITY OF BALTIMORE

56849

CERTIFICATE OF DEATH

✓ 46-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen Hosp St., 22-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Ella Hoffman

If U. S. Veteran specify WAR

(a) Residence: No. 2211 Rogers Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Josiah Hoffman

6. DATE OF BIRTH (month, day, year): Sept 3, 1864

7. AGE — Years: 74 — Months: 7 — Days: 1 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER FATHER

13. NAME: John McCann

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME: Mary Crim

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Ella Condoby

(Address): 2211 Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Western Date: Apr 8, 1939

19. UNDERTAKER: William Cook

(Address): 1217 St Paul St

20. FILED, 19 Registrar.

APR 6 - 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 6, 39, 1939

I HEREBY CERTIFY, That I attended deceased from March 25, 1939, to April 6, 1939

I last saw her alive on April 6, 1939 Death is said to have occurred on the date stated above, at 8 05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum.	?
Ch. myocarditis	?

Other contributory causes of importance: Intestinal obstruction 3-20-39

partial

Was an operation performed? Yes Date of 4-2-39

For what disease or injury? Carcinoma of Rectum

Name of operation Sigmoidectomy

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Mansfield, M. D.

(Address) Md Gen Hosp

56850

HEALTH DEPARTMENT—CITY OF BALTIMORE

56850

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2817 W. LAFAYETTE AVE St. 16-6 Ward)

Length of residence in city or town where death occurred 68 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Anna L Blankner

(a) Residence: No. 2817 W Lafayette Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	WIDOWED

6a. If married, widowed, or divorced (or) WIFE of WILLIAM E.

7. DATE OF BIRTH (month, day, year) MARCH 4, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	1	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

MOTHER

13. NAME PATRICK DOWNEY

14. BIRTHPLACE (city or town) (State or country) IRELAND

15. MAIDEN NAME MARGARET KIELY

16. BIRTHPLACE (city or town) (State or country) IRELAND

17. INFORMANT MR. GEORGE JOHNSON

(Address) 2817 W. LAFAYETTE AVE

18. BURIAL, CREMATION, OR REMOVAL

Place WESTERN Date APRIL 10, 1939

19. UNDERTAKER Williams, Cook

(Address) 1317 St. Paul St.

20. FILED ..... 19..... Registrar.

Huntington Printing Co., Md.

APR 6-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1939, to April 6, 1939

I last saw h.. alive on April 6, 1939. Death is said to have occurred on the date stated above, at 8:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilation of Heart.	
Other contributory causes of importance: Myo-Carditis - endocarditis	
Chronic nephritis	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Herbert M. Foster, M. D.

(Address) 2720 St. Paul St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56851

CERTIFICATE OF DEATH

✓ 12 / F 56851

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 5-b Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Hurd.

If U. S. Veteran specify WAR .....

(a) Residence: No. 1520 (Usual place of abode) Brady Ave St, ... Ward. .....

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) July 12, 1928

7. AGE — Years: 10 | Months: 8 | Days: 25 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

13. NAME William Hurd

14. BIRTHPLACE (city or town) (State or country) Fairfield, Md.

15. MAIDEN NAME Ida Coles

16. BIRTHPLACE (city or town) (State or country) Balto, Md

17. INFORMANT Ida Hurd (Address) 1520 Brady Ave

18. BURIAL, CREMATION, OR REMOVAL

Place N.Y. Auburn Date Apr. 8 19 39

19. UNDERTAKER Wm. Geo F. Holland (Address) 1631 Druid Hill Ave

20. FILED APR 8 - 1939 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-5 , 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-18 , 1939 to 4-5 , 1939

I last saw her alive on 4-5 , 1939 Death is said to have occurred on the date stated above, at 4:25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Appendix	3/14/39
Generalized Peritonitis	
Subphrenic abscess.	

Other contributory causes of importance:

Was an operation performed? Yes. Date of 3-18-39

For what disease or injury? Ruptured Appendix

Name of operation Appendectomy with Drainage.

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Bernard Harris, M. D.

(Address) Provident Hospital

F 56852

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

216-M F 56852

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Beatrice Plater

(a) Residence: No. 1244 Columbus Av. Pittsburgh Pa. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Plater

6. DATE OF BIRTH (month, day, year) July 4, 189[illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H.W.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Robert Hicks

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Nettie Jackson

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT William Plater

(Address) 1244 Columbis Av Pittsburgh

18. BURIAL, CREMATION, OR REMOVAL

Place Pittsburgh Pa. Date 4/7 19[illegible]

19. UNDERTAKER Jas. Geo. A. Holland

(Address) 1631 Druid Hill Ave

20. FILED APR 6 1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)
to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of R. Femur	
Fracture of L. Elbow	
Septicemia from Injury to Arm	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, Homicide or Suicide? Accident Date of Injury Sept. 5, 1938, 19...

Where did Injury occur? Carroll Co. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Road

What was the Injury? Auto upset on Route # 31 on Rd from Westminster to New Windsor

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ...

(Signed) [signature] M. D.
Coroner

(Address) 2757 [illegible]

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

56853

CERTIFICATE OF DEATH

#129 F 56853

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Martin

If U. S. Veteran specify WAR

(a) Residence: No. Sparrows Point Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) May 8, 1914

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Mill

10. Date deceased last worked at this occupation (month and year) 3/28/39

11. Total time (years) spent in this occupation 4yrs

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Moses S. Martin

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Lucinda Gardner

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Edgar Martin

(Address) 310 D St. Sp. Pt. Md

18. BURIAL, CREMATION, OR REMOVAL

Place Churchville Md Date 4/7/39

19. UNDERTAKER Leonard D. Covington

(Address) 21 W. 25th St.

20. [illegible] APR 6 - 1939 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-4, 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-1, 1939, to 4-4, 1939

I last saw h/m alive on 4-4, 1939 Death is said to have occurred on the date stated above, at 3.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diffuse Peritonitis	
Source of Infection Undetermined	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Theo E Woodward M. D.

(Address) Univ. Hospital

6854 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 56854

CERTIFICATE OF DEATH

V 92-6

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3204 Hudson St. Ward) 26-1

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Dudek

If U. S. Veteran specify WAR .....

(a) Residence: No. 3204 Hudson St. St., Ward.
(Usual place of abode) same (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Dudek-d—

7. DATE OF BIRTH (month, day, year) 8-6

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) =

15. MAIDEN NAME =

16. BIRTHPLACE (city or town) (State or country) =

17. INFORMANT Catharine Zidgel
(Address) 3204 Hudson St

18. BURIAL, CREMATION, OR REMOVAL
Place Forest Park Date 4/8 19 39

19. UNDERTAKER John J. Puda
(Address) 2829 Hudson St

20. FILED Apr 11 19 39 Registrar.

R 6-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 19 39

22. I HEREBY CERTIFY, That I attended deceased from November 12, 19 37 to April 5, 19 39

I last saw him alive on April 4, 19 39 Death is said to have occurred on the date stated above, at 8:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	
Hemiplegia, following cerebral embolism, right.	11-12-37
Mitral regurgitation, chronic	
Other contributory causes of importance:	
Acute chronic myocardial insufficiency	
Acute decubitus	3-19-39

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical signs and symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) I. B. Bronushas, M. D.

(Address) 3037 O'Donnell St.

55

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56855

CERTIFICATE OF DEATH

√ 23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 113 Winter St. 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Hill, Jr.

If U. S. Veteran specify WAR

(a) Residence: No. 113 Winter St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Wh	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 22 1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) Dec 1934

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

FATHER

13. NAME William Hill Sr

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md

MOTHER

15. MAIDEN NAME Della Thorton

16. BIRTHPLACE (city or town) Fredericksburg
(State or country) Va

17. INFORMANT Ida Williams
(Address) 751 2 Mulberry

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 4/9 1939

19. UNDERTAKER Hutton & Perry
(Address) 3100 Reisterstown Rd

20. FILED APR 6 — 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 6. 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 21 1939 to Apr 6 1939

I last saw h— alive on Apr 6 1939. Death is said to have occurred on the date stated above, at 12:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumonia	
Phthisis	3 wks
Other contributory causes of importance:	

Was an operation performed? — Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
— If so, specify

(Signed) — M. D.

(Address) 911 Warner St

HEALTH DEPARTMENT—CITY OF BALTIMORE

56858

CERTIFICATE OF DEATH

F 56856

✓ 51-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 18-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Frank John Elredge Shepherd

If U. S. Veteran specify WAR none

(a) Residence: No. 892 W. Lombard St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Rose Shepherd

6. DATE OF BIRTH (month, day, year) July 22 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Trade

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME John Shepherd

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Mrs. Clara Shepherd

(Address) 892 W Lombard St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cemetery Date April 8, 1939

19. UNDERTAKER John Burns Sons

(Address) Towson Md.

20. FILED APR 8 1939 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5 1939

22. I HEREBY CERTIFY, That I attended deceased from March 13 1939 to April 5th 1939

I last saw him alive on March 5th 1939 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypernephroma of rt kidney	
Bilateral pleural effusion.	
Arterio-sclerotic Cardio Vascular Disease	
Other contributory causes of importance:	
Secondary Anemia	
Syphilis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. King B. E. Logan, Jr. M. D.

(Address) University Hospital

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56857 CERTIFICATE OF DEATH. ✓ 23 **F 56857**

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1713 Madison Ave 4-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Johnson

(a) RESIDENCE NO. 1713 Madison St. Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1922

7 AGE: Years 17 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) D. C.

PARENTS

10 NAME OF FATHER Edgar Johnson

11 BIRTHPLACE OF FATHER (city or town) D. C. (State or country)

12 MAIDEN NAME OF MOTHER Anna Stephenson

13 BIRTHPLACE OF MOTHER (city or town) D. C. (State or country)

14 Informant (Address) Mrs. Anna Johnson 1713 Madison Ave

15 Filed APR 6 1939 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April-6-1939

17 I HEREBY CERTIFY, That I attended deceased from Mar-28 1939 to April-6 1939

that I last saw h[illegible] alive on Mar-5 1939

and that death occurred, on the date stated above, at 11:30p m.

The CAUSE OF DEATH* was as follows: Acute Miliary Tuberculosis

over

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) W. F. Coleman M. D.

1939 (Address) 2039 McCulloh St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL April 8 1939

20 UNDERTAKER Archibald A. Gaddes

ADDRESS 2101 McCulloh St.

THIS IS VERY IMPORTANT. SEE INSTRUCTIONS ON REVERSE SIDE.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56858

CERTIFICATE OF DEATH

50 F 56858

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 626 S. Linwood Ave. - Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Bertha Werner

(a) Residence: No. 626 S. Linwood Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W. Cath.	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ernest Werner

6. DATE OF BIRTH (month, day, year) Oct. 20 - 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 603

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Martin Radtke

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT August Werner
(Address) 626 S. Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Schwartz's Date April 8 - 39

19. UNDERTAKER John A. Miller
(Address) 2334 Jefferson St.

20. FILED Huntington Williams Registrar
APR 8 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar. 6, 1938 to Apr. 6, 1939

I last saw her alive on Apr. 6, 1939. Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paget's Disease of Sternum.	Years ago
Contributory to Pneumonia.	
Apical.	
Other contributory causes of importance:	

Was an operation performed? None. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Ed Schumacher M. D.

(Address) 642 S. Eaton Ave.

56859 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 56859

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 310 W Lanvale St., 11-4 Ward)

Length of residence in city or town where death occurred 93 yrs. 1 mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Alice Cynthia Krause

(a) Residence: No. 310 W Lanvale St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 1 - 1846

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
93	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " "

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm Clifton

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME Anna Maria Moore

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Robert Krause
(Address) 1033 W Pratt St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Apr 5 1939

19. UNDERTAKER Chas. E. Franck
(Address) 50 E Madison St

20. FILED Apr 7 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from June, 1938, to April 6, 1939

I last saw h[er] alive on April 5, 1939 Death is said to have occurred on the date stated above, at 6:10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Chronic Nephritis	
Arteriosclerosis	
Other contributory causes of importance:	
Senility	
No	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) W. E. Nesbit M. D.

(Address) 1314-16 Nesbit Bldg

56860 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 56860

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1302 Gough St. 3-2nd Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Morris William Sapp

If U. S. Veteran specify WAR .....

(a) Residence: No. 1302 Gough St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Minnie

6. DATE OF BIRTH (month, day, year): 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Sapp

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Ralph Sapp

(Address) 1420 W Mulberry St

18. BURIAL, CREMATION, OR REMOVAL

Place: Below Young Men Date: April 7, 1939

19. UNDERTAKER: Sol Levinson Bros

(Address) 1124-26 W Northern

20. FILED: Huntington Williams M.D.

APR 7 — 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar. 30, 1938, to April 7, 1939

I last saw him alive on April 7, 1939. Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pemphigus	1938
Other contributory causes of importance: arteriosclerotic C. V. disease	1935

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Manuel Levin M. D.

(Address) 4818 Reisterstown Rd

56861 F 56861

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 165

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 8-4 Ward)

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Alexander Szocik

If U. S. Veteran specify WAR

(a) Residence: No. 1503-N. Paderia Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -- ------

6. DATE OF BIRTH (month, day, year) 2/15/1910

7. AGE	Years	Months	Days	If LESS than 1 day
	29	1	21	or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Michael Szocik

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary (?)

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mr. Walter Szocik
(Address) 516-S. Castle Street

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date 4/8/39

19. UNDERTAKER George J. Ruth, Inc.
(Address) 1735-Harford Ave.

20. FILED Huntington Williams, Registrar

APR 7 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, and (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulation by Hanging due to temporary insanity	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 4/5/, 1939

Where did injury occur? 1503 N. Paderia St Balto Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Hanged self with a rope

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) Paul Ellenberg Coroner, M. D.

(Address)

56862

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56862

CERTIFICATE OF DEATH

√131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 335 S. Calhoun St., 19-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Henry Kahl

If U. S. Veteran specify WAR

(a) Residence: No. 335 S. Calhoun St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Mary Kahl(nee Uhlenberg)

6. DATE OF BIRTH (month, day, year) April 3, 1859.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80		2 3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Kahl

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Mrs. Emma Kahl, 335 S. Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL Place Western Date April 8/39

19. UNDERTAKER Harry F. Leitze (Address) 4101 Edmondson Ave.

20. FILED 19 Registrar.

4-7-1939 Municipal Cemetery S/C

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1939 to April 6, 1939 (Mo. day) saw him alive on April 5, 1939. Death is said to have occurred on the date stated above, at 12:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia from arteriosclerotic interstitial nephritis.	Jan. 1939
Generalized arteriosclerosis	—

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Morris B. Schreiber, M. D.

(Address) 5 W. Fulton Ave.

D.K. - Paul Schenck, M.D.

56863 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 56863

CERTIFICATE OF DEATH

✓186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 6-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ✓3 yrs. mos. da. How long in U. S. If of foreign birth ✓3 yrs. mos. da.

2. FULL NAME Eva Jaffe

If U. S. Veteran specify WAR

(a) Residence: No. 2028 E. Fairmount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harris

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69			

OCCUPATION

8. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Zalman Caplan

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rebecca

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospt Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Hebrew Friendship Date 4/9/39

19. UNDERTAKER Jack Levin by
(Address) 1437 E. Baltimore St.

20. FILED 4-7-1939 21. Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-6, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-21, 1939, to 4-6, 1939

I last saw her alive on 4-6, 1939 Death is said to have occurred on the date stated above, at 935 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart failure	4-6
Arteriosclerotic heart dis.	
Other contributory causes of importance:	
Fracture of hip	3-21
Diabetes	

Was an operation performed? — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3-21, 1939

Where did injury occur? 2028 E. Fairmount
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fall while walking in her home

Nature of injury Fracture of hip

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Fersh, M. D.

(Address) Sinai Hospital

Geo

Schlutter

56864 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 56864

CERTIFICATE OF DEATH

92-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2220 Edman Ave St., 8-1 Ward)

Length of residence in city or town where death occurred 73 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna Schlutter

(a) Residence: No. 2220 Erdman Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced- (write the word)
F.	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 4-1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John H. Schlutter

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ...

16. BIRTHPLACE (city or town) (State or country) ...

17. INFORMANT Charles Schlutter
(Address) 2220 Erdman Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date April 8 1939

19. UNDERTAKER Mamie Cook Snyder
(Address) 1602 West North Ave

20. FILED APR 7 - 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-6-39

22. I HEREBY CERTIFY, That I attended deceased from Jan 1-39 to 4-6-39

I last saw her alive on 4-5-39 Death is said to have occurred on the date stated above, at 1 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	Jan 1-39
Edema of Lungs	

Other contributory causes of importance:

Arteriosclerosis	Yrs

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Was there an autopsy? ...

What test confirmed diagnosis? Finding

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) T. Fred Bussaba M. D.

(Address) 1500 E. Fayette Ave

56865 Mallebre

HEALTH DEPARTMENT—CITY OF BALTIMORE 56865

CERTIFICATE OF DEATH

28-2 94-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3219 Alameda Blvd Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joachime Mallebre

If U. S. Veteran specify WAR

(a) Residence: No. 4305 Liberty Heights Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Wht	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Mallebre

6. DATE OF BIRTH (month, day, year) Dec 25 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 4/39

11. Total time (years) spent in this occupation. 5 yrs

12. BIRTHPLACE (city or town) (State or country) Ger.

FATHER

13. NAME Mr. Boos

14. BIRTHPLACE (city or town) (State or country) Ger.

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Ger.

17. INFORMANT Mrs Rose Krug (Address) 1717 Mosher Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mem. Gdns. Date 4-10-39

19. UNDERTAKER Morris Poole Lafferty (Address) 1000 N. Dark Run.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1939, to Apr. 6, 1939

I last saw h alive on Apr. 5, 1939 Death is said to have occurred on the date stated above, at 7:30 m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris — Date of onset 2 Days

Hypertension

Other contributory causes of importance: Coronary Arteriosclerosis & Hypertension — Date of onset 8 yrs.

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. E. Smith, M. D.

(Address) 1605 N. Monroe

56866

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56866

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 755 McHenry St., 21-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Anna May Hawes

If U. S. Veteran specify WAR .....

(a) Residence: No. 755 McHenry St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Milton E. Hawes.

6. DATE OF BIRTH (month, day, year) June 13-1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40 41	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Walter Phelps

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Milton E Hawes (Address) 755 McHenry St

18. BURIAL, CREMATION, OR REMOVAL Baugh Sept Balto 4/8/39

19. UNDERTAKER J. J. Lauer (Address) Laurel Md.

Huntington Williams Undertaker

20. FILED APR 7 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 31, 1939 to April 4, 1939

I last saw her alive on April 4, 1939 Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchial Pneumonia	April 1/39
Other contributory causes of importance: Diabetes Mellitus	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

4/6/39 (Signed) R. E. Campbell M. D.

(Address) 1644 S Hanover St

56867 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 56867

CERTIFICATE OF DEATH

50

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5227 Harford Ave. St., 27-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. 3 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charlotte May Deeter

If U. S. Veteran specify WAR

(a) Residence: No. 5227 Harford Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James A. Deeter

6. DATE OF BIRTH (month, day, year) Dec. 23 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William Forrester

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Sophia A. Duhurst

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT James A. Deeter (Address) 5227 Harford Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood cem. Date Apr. 8 1939

19. UNDERTAKER I. Tim McCully (Address) 130 E. Fort Ave.

20. FILED 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5. 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 21, 1933 to April 5, 1939

I last saw h[illegible] alive on April 5, 1939 Death is said to have occurred on the date stated above, at 11:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
left	
Carcinoma of breast	May 1937
metastases to lungs and liver	Sept 1938

Other contributory causes of importance:

Was an operation performed? Yes. Date of June 1937

For what disease or injury? Removal of Carcinoma of breast

Name of operation Removal of nodule

What test confirmed diagnosis? Path. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) S. A. Alessi M. D.

(Address) 6217 Harford Rd.

56868 HEALTH DEPARTMENT—CITY OF BALTIMORE E 56868

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 521 S Ducker St. 7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George T. Mc Donald

If U. S. Veteran specify WAR

(a) Residence: No. 521 S Ducker Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Mary Mc Donald

6. DATE OF BIRTH (month, day, year) Nov 18 1854

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
74	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Grocery

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Thomas Mc Donald

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Emma Lehman

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mary Mc Donald
(Address) 521 S Ducker Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Apr 10 1939

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 N Wolfe St.

20. FILED ... 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 1st 1937 to Apr 5 1939

I last saw him alive on Apr 3 1939 Death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Liver	
Metastases	
Other contributory causes of importance:	
Abdominal	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) E J Kirby M. D.

(Address) 110 E North Ave

7-1939

56869

F 56869

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 934 Augusta St., 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Thomas Jr

If U. S. Veteran specify WAR

(a) Residence: No. 934 Augusta St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 4-1939

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
—	—	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto Md
(State or country)

FATHER

13. NAME John Thomas Sr

14. BIRTHPLACE (city or town) Balto Md
(State or country)

MOTHER

15. MAIDEN NAME Emma Armwood

16. BIRTHPLACE (city or town) NC
(State or country)

17. INFORMANT John Thomas
(Address) 934 Augusta St

18. BURIAL, CREMATION, OR REMOVAL.
Place Mt Auburn Cem Date April 7, 1939

19. UNDERTAKER Joseph S. Locke, Jr
(Address) 1604 N. Central Ave

20. FILED APR 7 1939
Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, last attended ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature delivery (6½ months)	April 6 39

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... M. D.

(Address) ... Orig

56870 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 56870

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 859 W Franklin St., 17-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Susie M. Johnson Nutt

If U. S. Veteran specify WAR .....

(a) Residence: No. 859 W Franklin St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Nutt

6. DATE OF BIRTH (month, day, year) 12/24/1921

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
17 yrs	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME William Johnson.

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Estelle Edwards.

16. BIRTHPLACE (city or town) (State or country) Northumberland Co. Va.

17. INFORMANT Estelle Johnson

(Address) 859 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Northumberland Va. Date April 9, 1939

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Schroeder St

20. FILED APR 7 1939 Hunter Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1938 to April 5, 1939

I last saw h[illegible] alive on April 3, 1939 Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary T.B. — Date of onset Aug 1938

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) 757 Druid

53

✓ F 56871

56871 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 Augusta 5-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Thomas

(a) Residence: No. 207 Augusta St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lucy James

6. DATE OF BIRTH (month, day and year): Feb 8 - 1853

7. AGE: Years 86 | Months 1 | Days 27 | If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Frederick Md

FATHER

13. NAME: Henry James

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Ellen ?

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Matthews James

(Address) 1917 Maryland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date April 8, 1939

19. UNDERTAKER: Mrs Katie R Williams

(Address) 322 N. Schroeder St.

20. FILED April 8 1939 Hunter Tong Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 5, 39

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry)

obtained by said inquest (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	Oct 1 1939
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo F Allen M. D. Coroner

(Address) 50 S Augusta St

P-7-1939

V S 6

56872 Ligans F 56872

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1937 Lauretta Ave. Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME John Ligans Ligans

If U. S. Veteran specify WAR .....

(a) Residence: No. 1937 Lauretta St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Ligans.

6. DATE OF BIRTH (month, day, year) 12/28/1853.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
55 yrs.	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Campbell Co Virginia

FATHER

13. NAME George Ligans

14. BIRTHPLACE (city or town) (State or country) Campbell Co Va

MOTHER

15. MAIDEN NAME Rachael

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Amelia Ligans

(Address) 1937 Lauretta Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date April 7, 37

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Schroeder St

20. FILED ....., 19..... Katie R. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1937 to April 3, 1937

I last saw h.... alive on April 3, 1937 Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset Feb 1937 ave.

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Vogue Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .....Date of injury....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. Kelly M. D.

(Address) 1907 Eutaw Pl.

56873 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 56873

CERTIFICATE OF DEATH X 45-E

1. PLACE OF DEATH Union Memorial Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 12-2 Ward)

Length of residence in city or town where death occurred ..... yrs. 20 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mrs. Ernest Russell Rouzer — If U. S. Veteran specify WAR .....

(a) Residence: No. 622 Dunmish Avenue, Harlem Park Ward. Maryland
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emily Eva Rouzer

6. DATE OF BIRTH (month, day, year) Feb. 8-1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt. of Pol 73

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. freight transfer station

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Thurmont Md.

FATHER

13. NAME John Rouzer

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Emma Parrish

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Ernest Russell Rouzer Jr.
(Address) 3508 Pawnatan Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place United Brethren Cemetery, Thurmont, Md. Date April 10 1939

19. UNDERTAKER Chas. H. Bloch
(Address) 742 W. North Ave.

20. FILED ..... 19 ..... Registrar. .....

4-7-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-7- , 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-17 , 1939, to 4-7 , 1939
I last saw him alive on 4-6 , 1939. Death is said to have occurred on the date stated above, at 6½ A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Carcinoma of Tonsils with extensive metastases	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Frank M. Weaver M.D.

(Address) Union Memorial Hospital

56874 F 56874

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210M

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General Hosp. 15-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma May Rogers If U. S. Veteran specify WAR

(a) Residence: No. 2120 Mt. Holly St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May, 14th 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George H. Rogers

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary E Lurtz

16. BIRTHPLACE (city or town) (State or country) St. Marys Co, Maryland

17. INFORMANT (Address) Mr. Charles E. Rogers 2120 Mt. Holly St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Cem. Date May, 7th 19 39

19. UNDERTAKER (Address) 1033 West Baltimore St.

20. FILED 19 Registrar.

APR 7 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4th. 19 39

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, Suicide or Homicide? Accident April 4, 1939 Date of injury 19

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Crossing Bloomingdale Rd & Walbrook Av. struck by Auto.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F K Cullen Coroner, M. D.

(Address) 337

56875 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓ F 56875

CERTIFICATE OF DEATH

93 c

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 136 Willard Street St., ... Ward) 20-4

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME LOUISA MORY

If U. S. Veteran specify WAR .....

(a) Residence: No. 136 Willard Street St., 20 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis Mory

6. DATE OF BIRTH (month, day, year) Dec. 6, 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 0 27

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 0 07

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Conrad Hafner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Helena Seeger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. William Otto

(Address) 136 Willard Street

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Apr. 7/39 19

19. UNDERTAKER F. B. Tebbetts & Son

(Address) 1300 EUTAW PLACE

20. FILED ... Huntington Wilson Registrar

APR 7 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5/39 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 36 to apr 5 19 39

I last saw her alive on 5 apr 19 39 Death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1935
Other contributory causes of importance:	
senile obliteration of Heart	apr 1935

Was an operation performed? no Date of .....

For what disease or injury? -

Name of operation -

What test confirmed diagnosis? Phy. Sign Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Z. Bruce Hooper M. D.

(Address) 2065 Frederick Ave

F 56876 HEALTH DEPARTMENT—CITY OF BALTIMORE 56876

CERTIFICATE OF DEATH

953

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2451 Washington Blvd St., 25-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John H. Redifer

(a) Residence: No. 2451 Washington Blvd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Matilda May Redifer

6. DATE OF BIRTH (month, day, year) Jan. 2. 1880.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	3	2 3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0009

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George Redifer

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Margaret Schaeffer

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Matilda May Redifer

(Address) 2451 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL

Place [redacted] Town Date 4-8 19 39

19. UNDERTAKER Frederick A. Cole

(Address) [redacted] Lombard St

20. FILED ..... 19.... Registrar.

Ex Williams, M.D.

APR 8 1939

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) April 5th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 18 1938 to apr 5 1939

I last saw him alive on apr 5 1939. Death is said to have occurred on the date stated above, at 5:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerotic Cardio Vascular Disease	?
Other contributory causes of importance: Bronchy pneumonia	4/4/39

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) C P Rostring M. D.

(Address) 2623 Washington Blvd

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56877

CERTIFICATE OF DEATH

93-F 56877

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1932 W Baltimore St. 20-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John M Garvey

If U. S. Veteran specify WAR

(a) Residence: No. 1932 W Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Garvey

6. DATE OF BIRTH (month, day, year) July 4 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmature

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineer Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME John Garvey

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Martin

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Wm M Garvey
(Address) 1932 W Baltimore St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date 4/8 1939

19. UNDERTAKER Geo A Stanley
(Address) Fulton & Franklin

20. FILED APR 8 - 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 6 1939 to April 6 1939

I last saw him alive on April 6 1939. Death is said to have occurred on the date stated above, at 5:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Duration
Acute cardiac dilatation	4 hrs
Other contributory causes of importance: Chronic myocarditis - hypertension Senility.	4 yrs

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C C Colas M. D.

(Address) 4 N Fulton Ave.

V9 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56878

CERTIFICATE OF DEATH

82-M F 56878

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1230 Argyle Ave St. 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elsie Walker

If U. S. Veteran specify WAR

(a) Residence: No. 1230 Argyle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 9th 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gloucester Co Va

FATHER

13. NAME Thurston Walker

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Chrissie Burrell

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Alex Walker (Address) 1716 W. Lexington St

18. BURIAL, CREMATION, OR REMOVAL Place Gloucester Co Va Date 4-7- 1939

19. UNDERTAKER Bynum Francis E. Wright (Address) 2131 E. Eldersley St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar. 30 1939 to Mar 6 1939

I last saw h alive on Mar 6 1939 Death is said to have occurred on the date stated above, at 5:40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Mar 30 1939
Other contributory causes of importance:	

Was an operation performed? — Date of —

For what disease or injury?

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Irma C. Clemmer M. D.

(Address) 22 W Eager St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56879 | CERTIFICATE OF DEATH. | 943 F 56879

Registered No. .....

1-PLACE OF DEATH

City of BALTIMORE: (No.) 738 Northern Parkway St. 2-7-8 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Charles Williams

(a) Residence No. 738 Northern Parkway St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. ? mos. ds. How long in U. S., if of foreign birth? 72 yrs. 2 mos. 20 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed or Divorced, (Write the word.): Widower

5a-If ~~married~~, widowed, ~~or divorced~~ HUSBAND of (~~or WIFE of~~): Margaret Davis

6-DATE OF BIRTH (month, day and year): Dec 1, 1867

7-AGE: 71 — 72 yrs. 4 mos. 5 6 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Machinist

(b) General nature of industry, business, or establishment in which employed (or employer): Automobiles

(c) Name of employer: Unemployed

9-BIRTHPLACE (city or town) (State or Country): Cardiff Wales

PARENTS.

10-NAME OF FATHER: John Charles Williams

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Cardiff Wales

12-MAIDEN NAME OF MOTHER: Mary Griffith

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Cardiff Wales

14- (Informant) Mrs Mallory Dugan Daughter

(Address) 738 Northern Parkway

APR 8 - 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): 4-7-1939

17- I HEREBY CERTIFY, That I attended deceased from November 1938 to April 6 1939.

that I last saw him alive on April 6 1939.

and that death occurred, on the date stated above, at 9-30 A.m.

The CAUSE OF DEATH* was as follows:

Coronary Embolism

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam, Clinical Course

(Signed) Wm. J. Fulton M. D.

, 19 (Address) 22 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Cleveland-Ohio

DATE OF BURIAL: April 8 1939

20-UNDERTAKER: Stewart Mooney

ADDRESS: 1028 W. Mt.

HEALTH DEPARTMENT—CITY OF BALTIMORE

56880)

CERTIFICATE OF DEATH

131 F 56880

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1814 East Lafayette St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John R. Lomax

(a) Residence: No. 1814 East Lafayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Rosa V. Lomax

6. DATE OF BIRTH (month, day, year): Oct 28-1872

7. AGE: Years 66 | Months 5 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Clerk P.O.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year): 1937

11. Total time (years) spent in this occupation: 38 yrs.

12. BIRTHPLACE (City or town) (State or country): St Marys Co Md

FATHER

13. NAME: Richard Lomax

14. BIRTHPLACE (city or town) (State or country): unknown

MOTHER

15. MAIDEN NAME: Eliza Cox

16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT: Mrs Rosa V. Lomax (Address) 1814 East Lafayette

18. BURIAL, CREMATION, OR REMOVAL: Place Parkwood Date April 10 1939

19. UNDERTAKER: William Boord (Address) 1217 St Paul St

20. FILED APR 8 - 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-24-1939 to 4-6-1939

I last saw him alive on 4-5-1939. Death is said to have occurred on the date stated above, at 10:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-renal disease	Indefinite

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Geo. B. Ryberts M. D.

(Address) 2802 Harford Ave

35,605
56881

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

29 F 56881 Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.) St. 10-1 Ward)

CITY OF BALTIMORE: (No. Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Length of residence in city or town where death occurred If U. S. Veteran specify WAR

2. FULL NAME Mazie Ferneyhough

(a) Residence: No. 1120 Forrest St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
F	White	Widow

5a. If married, widowed, or divorced (or) WIFE of Wilbur Ferneyhough

6. DATE OF BIRTH (month, day, year) 10-22-88

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
50	-	15 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Louis Miller

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Tiney Gseener

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Date April 10 19 39

Place Oakland Cemetery

19. UNDERTAKER William Root & Son
(Address) 122 St Paul St

Registrar. Huntington Williams, M.D.

20. FILED APR 8 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1938 to April 7, 1939

I last saw her alive on April 7, 1939 Death is said to have occurred on the date stated above, at 3 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brucellosis	all less than one year's duration
Tuberculosis of lymph glands	
Leukemia, lymphoid.	

Other contributory causes of importance:

Was an operation performed? Yes Date of? Nov '38

For what disease or injury? T.B. inguinal lymph nodes

Name of operation Exploration

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Solomon H. Lutcher M. D.

(Address) Johns Hopkins Hospital.

VS 2

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56882

CERTIFICATE OF DEATH

210-M

F 56882

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 16-2 Ward)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James A. Morris

(a) Residence: No. 1413 W. Lafayette Av. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lulu Morris

6. DATE OF BIRTH (month, day, year) April 7 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Porter

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Indied

FATHER

13. NAME John Morris

14. BIRTHPLACE (city or town) (State or country) West Indies

MOTHER

15. MAIDEN NAME Susie Scattfield

16. BIRTHPLACE (city or town) (State or country) West Indies

17. INFORMANT Lulu Morris

(Address) 1413 W. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date 4-8 1939

19. UNDERTAKER Mrs Samuel T. Hemsley.

(Address) 578 W Biddle St

20. FILED APR 8 1939 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, Suicide or Homicide? Accident Date of injury April 2, 1939, 19

Where did injury occur? McCulloh & Dolhin sts
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Collision Autos. Auto upset struc

Nature of injury Him on Sidewalk

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. R. Carlson, M. D.
Coroner

(Address) 2757 W

V S 6

F 56883

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-cF 56883

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 23-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah Elizabeth Railey

(a) Residence: No. 1723 Clarkson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Railey

6. DATE OF BIRTH (month, day, year) Feb. 22, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Alexander Marshall

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Louise Cissell

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Milton T. Railey (Son)

(Address) 1723 Clarkson St.,

18. BURIAL, CREMATION, OR REMOVAL

Place Solomons Cem. Calvert Co., Md. Date Apr. 8, 1939

19. UNDERTAKER G. Howard Strong

(Address) 715 Light St.,

20. FILED APR 8 - 1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 6, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Cor

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis Aspera Sclerosis	1 yr
Other contributory causes of importance: Coronary Thrombosis	1 hr

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A Abrams, M. D. Coroner

(Address) 2360 Eutaw Place.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56884

CERTIFICATE OF DEATH 35-C GK--40928 F 56884

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 18-1 Ward)
35

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Savoy

If U. S. Veteran specify WAR

(a) Residence: No. 903 W. Saratoga St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married (Sep)

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Elsie (Sep)

6. DATE OF BIRTH (month, day, year): 3-3-1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Louis Savoy

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Maggie Deal

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Zion, Date: April 1st, 1937

19. UNDERTAKER: Chas. L. Wilson
(Address): 1003 Pennsylvania Ave

20. FILED APR 8 - 1937, 19 ... Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4-5, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-13, 1937, to 4-5, 1937

I last saw him alive on 4-5, 1937. Death is said to have occurred on the date stated above, at 9.35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphogranuloma	?
Vesico sigmoid fistula	?
Intestinal obstruction	5 days
Other contributory causes of importance:	

Was an operation performed? Yes Date of 2-15-37

For what disease or injury?

Name of operation Repair of Vesico Sigmoid Fistula

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No (If so, specify)

(Signed) L. K. Woodward, M. D.

(Address) Balto City Hosp.

F 56885

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56885

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1644 Mullikin St. 6-5 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Albert Patterson

(a) Residence: No. 1648 Mullikin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 17—1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	6	18 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Daniel Patterson

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Elizabeth Cromwell

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Lillian Johnson

(Address) 1648 Mullikin St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn. Date April 1939

19. UNDERTAKER Edwin O Nelson

(Address) Lead Brantley Co Huntington Williams Md

20. FILED 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4 39

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) died of the cause and at the date stated above, and that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Cerebral Apoplexy — Date of onset April 4 39

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Visible — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Geo P Allen M. D.
Coroner

(Address) 60 Douglas St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56886

CERTIFICATE OF DEATH

23 F 56886

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Ruby Brown (38054)

If U. S. Veteran specify WAR

(a) Residence: No. 643 N. Calhoun St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charlie

6. DATE OF BIRTH (month, day, year) Apr. 14, 1916

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	22	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ga.

FATHER

13. NAME George Morrison

14. BIRTHPLACE (city or town) (State or country) Ga.

MOTHER

15. MAIDEN NAME Minnie Fortson

16. BIRTHPLACE (city or town) (State or country) Ga.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date 4/8 39

19. UNDERTAKER William T. Jackson
(Address) 916 Penna Ave

20. FILED APR 8 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from October 15, 1938 to April 5, 1939

I last saw her alive on April 5, 1939 Death is said to have occurred on the date stated above, at 7:35 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Sept. 1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. M. Curtis M. D.
(Address) Balto. City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56887

CERTIFICATE OF DEATH

23 F 56887

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 17-2 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leander Franklin Sanders. (42049)

If U. S. Veteran specify WAR

(a) Residence: No. 1105 Etting St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 8, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	8	29 28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Car.

FATHER

13. NAME Henry

14. BIRTHPLACE (city or town) (State or country) N. Car.

MOTHER

15. MAIDEN NAME Virginia McNeill

16. BIRTHPLACE (city or town) (State or country) N. Car.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Druid Hill Cemetery Date 4/8 39

19. UNDERTAKER William A. Jackson
(Address) 1911 Pennsylvania Ave

20. FILED APR 8 1939 Huntington Billingsley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 15, 1939 to April 6, 1939

I last saw him alive on April 6, 1939. Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	Fall 1938
Other contributory causes of importance:	

Was an operation performed? Yes Date of 3-23-39

For what disease or injury? Tuberculosis of lungs

Name of operation Pneumotomy, right

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. M. Curtis M. D.

(Address) Balto. City Hospitals

5888 F 56888

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

14-1 46-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1819 W Baltimore St Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mon. da.

If U. S. Veteran specify WAR

2. FULL NAME Florence Elizabeth Jutt

(a) Residence: No. 1819 W Baltimore St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Charles E Jutt.

6. DATE OF BIRTH (month, day, year) Sept 3 - 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Henry Demitz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ? Meyers

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Charles E Jutt

(Address) 1819 W Balto St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date April 8 1939

19. UNDERTAKER Jos Jogdeve & Son

(Address) 1217 E Paca St.

20. APR 8 - 1939 Huntington Hilliard Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1937 to Apr 5, 1939

I last saw h alive on Apr 5, 1939 Death is said to have occurred on the date stated above, at 9.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Carcinoma Rectum	Jan 37?
General Carcinomatosis	
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Exam Was there an autopsy? no

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, state

(Signed) H H Hanna M. D.

(Address) 1819 W Baltimore St

V8 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56889

CERTIFICATE OF DEATH

161

F 56889

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Mem'l Hospital St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 59 yrs. 0 mos. 6 da. How long in U. S. If of foreign birth 59 yrs. 0 mos. 6 da.

2. FULL NAME Walter Bayard Swindell Jr. If U. S. Veteran specify WAR World War

(a) Residence: No. 4-E-30-St. St., 12 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Pauline Swindell

6. DATE OF BIRTH (month, day, year) April-1-1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. President Swindell Glass Co. (Glass)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 3/21/39. 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Walter B Swindell

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Maggie Auld

16. BIRTHPLACE (city or town) (State or country) probably Balto Md.

17. INFORMANT Wm. Robt Swindell (son)

(Address) 609-W-38-St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Apl-8 19 39

19. UNDERTAKER Stewart Mortuary

(Address) 10 E Lanvale

Huntington Williams, M.D.

20. FILED Apr 8 1939 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide	
from shot in right temple	4-7-39
Cerebral hemorrhage	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, ~~homicide~~? 4-7-39 Date of injury 4-7, 1939

Where did injury occur? 4-E-30 St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Baltimore. Was at his home

Manner of injury From Revolver shot

Nature of injury in right side of head

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John A Evans, M. D. Coroner

(Address) .....

OCCUPATION IS VERY Important. Any inaccuracy will cause delay in burial permit.

V S 6

EISNER

HEALTH DEPARTMENT—CITY OF BALTIMORE

56890

CERTIFICATE OF DEATH

107-a F 56890

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Sinai Hospital St. Road Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amelia Eisner

If U. S. Veteran specify WAR

(a) Residence: No. Aged Home, Sinai Hosp. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Eisner

6. DATE OF BIRTH (month, day, year) Mch. 25 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84		12 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Conn.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. F. Hastings,
(Address) 211 East Ave.

18. BURIAL, CREMATION, OR REMOVAL
Pl. Beth Israel Date Apr. 9 19 39

19. UNDERTAKER Harris Sonnheim's Son
(Address) 1902 Eastern Ave.

20. FILED APR 8 1939 19 Huntington Wm. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1939 to April 6, 1939

I last saw her alive on April 6, 1939 Death is said to have occurred on the date stated above, at 1030p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4/2/39
Other contributory causes of importance: Arteriosclerosis, old age	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.

(Address) Sinai Hospital.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56891

CERTIFICATE OF DEATH

131 F 56891

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3301 Hudley Ave St. 26-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine E. Adams

If U. S. Veteran specify WAR

(a) Residence: No. 3301 Hudley Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of late Andrew J. Adams

6. DATE OF BIRTH (month, day, year) Jan 8th 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Louis Gorrick

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Mary Kelly

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Louis Gorrick
(Address) 3301 Hudley Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Apr 10th 1939

19. UNDERTAKER John T. Cowan & Son
(Address) 409 W. Lexington St.

20. FILED Apr 8 1939 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6 1939

22. I HEREBY CERTIFY, That I attended deceased from March 21 1939 to April 5 1939

I last saw her alive on April 5 1939. Death is said to have occurred on the date stated above, at 9.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic Interstial Nephritis	
Bronchial Pneumonia Terminal	
Other contributory causes of importance:	
Gallstones	
Cataracts	

Was an operation performed? No Date of ...

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) Walter C. Anderson M. D.

(Address) 200 Shannon Drive

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56892

CERTIFICATE OF DEATH

180 F 56892

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. St., 19-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Catherine Johnson

(a) Residence: No. 508. Harris St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	negro	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 3. 35

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ch. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Va.

FATHER

13. NAME James Johnson

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Ella Weaver

16. BIRTHPLACE (city or town) (State or country) West Va.

17. INFORMANT James Johnson

(Address) 508. Harris St

18. BURIAL, CREMATION, OR REMOVAL

Place Douglass Mem Date April 8 19 08

19. UNDERTAKER Jas. Jr. & Skinner

(Address) 922 E. Fayette St

Huntington Williamson, W.Va.

APR 8 - 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 6, 19 08

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
3rd degree Burns	4/6.
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Exam Date of

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4/6 19 08

Where did injury occur? Baltimore Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Fire in home. Fire dept attended

Nature of injury 3rd degree at various Body

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) H. Hanna M. D.

Coroner

(Address) 822. E Baltimore St

OCCUPATION IS very important. See instructions on back of this sheet.

V 5 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

56893

CERTIFICATE OF DEATH

180 F 56893

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hosp St., 9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maurice Johnson

If U. S. Veteran specify WAR

(a) Residence: No. 508 Norris St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Ma.	Negro.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 18 38

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6.5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. boy.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James Johnson Md.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Ella Weaver.

16. BIRTHPLACE (city or town) (State or country) West Va.

17. INFORMANT James Johnson.

(Address) 508 Norris St

18. BURIAL, CREMATION, OR REMOVAL

Place Douglass Mem Date April 8 1939

19. UNDERTAKER Jas. H. Skinner & Sons

(Address) 927 E. Monument St

20. FILED APR 8 - 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 6, 1939.

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Signed Jacques Jacques, Coroner

The principal cause of death and related causes of importance were as follows:

	Date of onset
3rd degree burns.	4/6.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4/4, 1939

Where did injury occur? Baltimore Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home. (Fire dept called)

Manner of injury fire in home from oil stove

Nature of injury 3rd degree burns Body

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Hamner, Coroner, M. D.

(Address) 1852 W Baltimore St

V S 6

F 56894

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56894

CERTIFICATE OF DEATH

180

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hosp St. 19-1 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elsie Johnson

(a) Residence: No. 508 N. Harris St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	negro	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 7 1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	11	29.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ch.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME James Johnson.

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Ella Wroe.

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT James Johnson.
(Address) 508 N. Harris St Balto Md

18. BURIAL, CREMATION, OR REMOVAL
Place Douglass Mem Date April 8 1939

19. UNDERTAKER Jas. H. Stamp & Sons
(Address) 627 N. Eutaw St

Huntington West Virginia
Registrar

APR 8 - 1939

OCCUPATION IS very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 6 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
3rd degree burns	4/6

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 4/6 1939

Where did injury occur? Baltimore Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fire in home Died at Univ Hosp today

Nature of injury 3rd degree burns body

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M. Hamilton M. D.
Coroner

(Address) 522 W Baltimore St

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 56895

CERTIFICATE OF DEATH

93-C

F 56895

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 433 W. Biddle St., 11-3 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....da. How long in U. S. If of foreign birth? ....yrs. ....mos. ....da.

2. FULL NAME Moses Hooper

If U. S. Veteran specify WAR .....

(a) Residence: No. 433 W. Biddle St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Landscape Gardener

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Taylors Island Eastern Shore Md

FATHER

13. NAME John Hooper

14. BIRTHPLACE (city or town) (State or country) Eastern Shore Md

MOTHER

15. MAIDEN NAME Mary Chase

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT George Hooper

(Address) Sharon Hill Pa.

18. BURIAL, CREMATION, OR REMOVAL

West Auburn Cem. Apl. 8 1939

19. UNDERTAKER Adolphus Halstead

(Address) 9120 Russell St.

20. FILED APR 8 - 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apl 5 1939

22. I HEREBY CERTIFY, That I attended deceased from March 5 1939 to Apl 5 1939

I last saw him alive on Apl 4 1939 Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Other contributory causes of importance:	
arthritis	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Thos. A. Smith M. D.

(Address) 511 Hanover St.

V8 3

CITY HALL
BALTIMORE 2 MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 1st DAY November

OF 1965 THE MICROPHOTOGRAPHS APPEARING

HEREIN STARTING WITH #F 53400 Dec. 28, 1938 AND

ENDING WITH #F 56895 April 8, 1939 ARE AC-

CURATE AND COMPLETE REPRODUCTIONS OF THE

RECORDS OF THE DEPARTMENT OF Health

BUREAU OF Vital Statistics AS DELIVERED

IN THE REGULAR COURSE OF BUSINESS FOR

PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM

MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU

OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC

COPY.

CAMERA OPERATOR: J. McFaul

END OF REEL